Form 990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2001 calendar year, or tax year beginning , 2001, and ending C Name of organization B Check if applicable: D Employer identification number Three Angels Broadcasting Network, Inc. Address change 37 1179056 print or Number and street (or P.O. box if mail is not delivered to street address) ☐ Name change E Telephone number P.O. Box 220 Initial return (618) 627-4651 City or town, state or country, and ZIP + 4 ☐ Final return Instruc-F Accounting method: Cash Accrual West Frankfort, IL 62896 Amended return ☐ Other (specify) ▶ Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to section 527 organizations. trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Yes No G Web site: ➤ 3abn.org H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? Yes No J Organization type (check only one) ► Ø 501(c) () ◄ finsert no.) ☐ 4947(a)(1) or ☐ 527 (If "No." attach a list. See instructions.) K Check here ▶ ☐ if the organization's gross receipts are normally not more than \$25,000. The H(d) is this a separate return filed by an organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return, Enter 4-digit GEN ▶ M Check ► ☐ if the organization is not required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF). Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.) Contributions, gifts, grants, and similar amounts received: 12,323,162 1a b Indirect public support 1b c Government contributions (grants) . . 1c d Total (add lines 1a through 1c) (cash \$ 12.221.924 noncash \$ 12,323,162 14 Program service revenue including government fees and contracts (from Part VII, line 93) 2 857,768 3 4 Interest on savings and temporary cash investments 4 38.397 Dividends and interest from securities 5 35,040 6a 6b 10,576 c Net rental income or (loss) (subtract line 6b from line 6a) 24,464 60 Other investment income (describe > 7 (B) Other 8a Gross amount from sales of assets other 74,871 8a b Less: cost or other basis and sales expenses. 76,106 8b -1,235 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d -1,235 9 Special events and activities (attach schedule) a Gross revenue (not including \$ 1 9a b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) 9c 10a Gross sales of inventory, less returns and allowances . . 618,832 10a 10b 460.500 c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . 10c 158.332 11 Other revenue (from Part VII, line 103) 11 49,493 Total revenue (add lines 1d, 2, 3, 4, 5, 6c. 7, 8d, 9c, 10c, and 11) 12 13,450,381 Program services (from line 44, column (B)) 13 13 7,452,987 Management and general (from line 44, column (C)) . . . 14 14 4,016,104 Fundraising (from line 44, column (D)) 15 15 Payments to affiliates (attach schedule) . . . 16 16 Total expenses (add lines 16 and 44, column (A)) 17 17 11,469,091 Excess or (deficit) for the year (subtract line 17 from line 12) 18 18 1.981.290 19 Net assets or fund balances at beginning of year (from line 73, column (A)) . 19 13,725,626 Other changes in net assets or fund balances (attach explanation) 20 Net 2,450,614 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 18,157,530

23 : 24 1 25 (27 1 28 (29 1 30 1 1 2	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. Grants and allocations (attach schedule)	22	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
23 : 24 1 25 (27 1 28 (29 1 30 1 1 2	cash \$ noncash \$) Specific assistance to individuals (attach schedule) Benefits paid to or for members (attach schedule).					
23 : 24 125 126 127 128 129 130 13	Specific assistance to individuals (attach schedule). Benefits paid to or for members (attach schedule).					
24 125 126 127 128 129 130 1	Benefits paid to or for members (attach schedule).	23				
25 (26 (27 (28 (29 (30 (24				
26 (27 28 (29 30	Compensation of officers, directors, etc	25	143,482	52,429	91,053	
27 28 29 30	Other salaries and wages ,	26	1,901,317	772,731	1,128,586	
29 30	Pension plan contributions	27				
30	Other employee benefits	28				
	Payroll taxes	29	153,483		153,483	
	Professional fundraising fees	30				
31 /	Accounting fees	31	93,087	.,	93,087	
32	Legal fees	32	127,577		127,577	
33	Supplies	33	335,658	209,142	126,516	
34	Telephone	34	199,463	199,463		
35	Postage and shipping	35	528,479		528,479	
36	Occupancy	36	236,394	112,942	123,452	
37 I	Equipment rental and maintenance	37	2,227,793	2,139,051	88,742	
38	Printing and publications	38	337,403	231,624	105,779	
	Travel	39	541,785		541,785	·
40 (Conferences, conventions, and meetings	40				<u>.</u>
41	nterest	41	23,753		23,753	
	Depreciation, depletion, etc. (attach schedule)	42	1,594.086	1,594,086		
43 (Other expenses not covered above (itemize): a Stmt 3	43a	3,025,331	2,141,519	883,812	
b	***************************************	43b	· ·			
С	•••••••••••••	43c				
d	***************************************	43d				
е	•••••••••••••••••••••••••••••••••••••••	43e				
44 1	fotal functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13- 15	44	11,469,091	7,452,987	4,016,104	
Are an	Costs. Check ► ☐ if you are following SOP y joint costs from a combined educational campaign," enter (i) the aggregate amount of these joint costs amount allocated to Management and account.	and futs \$	ndraising solicitation	e amount allocated	to Program service:	
Dog	amount allocated to Management and general \$	1:	; and (iv) the	e amount allocated	to Fundraising \$	1
	Statement of Program Service Acc					Program Service
All org of clie	is the organization's primary exempt purpose? anizations must describe their exempt purpose a nts served, publications issued, etc. Discuss ach zations and 4947(a)(1) nonexempt charitable trusts	chiever iieveme	ments in a clear and ents that are not m	d concise manner. easurable. (Section	State the number 1 501(c)(3) and (4)	Evacator
	roduction and distribution of 24 hour per da rroughout the world.	y relig	ious programmin	g for electronic t	ransmission	
	((rants	and allocations	\$)	7,452,987
b	•••••••••••••••••••••••••••••••••••••••					
_	(0	Grants	and allocations	\$)	
С						
		`ronto	and allocations	•		
d	(0	orants	and allocations	<u>*</u>	J	
		· · · · · · · · ·				
	((Frants	and allocations	\$	·····)	
e Ot	her program services (attach schedule) (0	Grants	and allocations	\$	}	

Part IV	Balance Sheets	(See Specific	Instructions on	page 24.)
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_	Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the	description	(A) Beginning of year		(B) End of year
	45	Cash- non-interest-bearing			304,365	45	1,477,406
	46	Savings and temporary cash investments			4,109,652	46	4,121,578
	47a	Accounts receivable	47a	165,591			
		Less: allowance for doubtful accounts	47b	32,233	193,624	47c	133,358
	1	•			<u> </u>		
		Pledges receivable	48a	164,862			
	49	Less: allowance for doubtful accounts Grants receivable	48b		· · · · · · · · · · · · · · · · · · ·	48c	164,862
	50	Receivables from officers, directors, truste (attach schedule)	es, and	key employees		50	· · · · · · · · · · · · · · · · · · ·
	51a	Other notes and loans receivable (attach	• • •				
ets	Ĭ	schedule)	51a				
Assets	b	Less: allowance for doubtful accounts	51b			51c	
-	52 53	Inventories for sale or use		-	88,160	52	276,360
	54	Prepaid expenses and deferred charges . Investments- securities (attach schedule) .		Cost D EAN	307,364	53	441,430
	55a	Investments- land, buildings, and		COSt C PIVIV			
	ļ	equipment: basis	55a				-
	b	Less: accumulated depreciation (attach					
	56	schedule)	55b		 	55c	
		Land, buildings, and equipment: basis	57a	20,297,026		56	
		Less: accumulated depreciation (attach		20,201,020			
		schedule)	57b	8,413,471	9,845,142	57c	11,883,555
	58	Other assets (describe > Statement 5)	18,605,582	58	23,851,825
	59	Total assets (add lines 45 through 58) (must	equal lin	e 74)	33,453,889	59	42,350,374
	60	Accounts payable and accrued expenses .			454,336	60	42,330,374
1	61	Grants payable				61	,,,,,,,,,
16	62	Deferred revenue				62	8,571
Liabilities	63	Loans from officers, directors, trustees, and	key em	ployees (attach			
abil	64a	schedule). Tax-exempt bond liabilities (attach schedule)				63 64a	· · · · · · · · · · · · · · · · · · ·
Ϊ	b	Mortgages and other notes payable (attach s	schedule)		120,100		1,643,428
	65	Other liabilities (describe ► Statement 6			19,153,827	65	22,087,188
	66	Total liabilities (add lines 60 through 65)			19,728,263	66	24,192,844
	Orgai	nizations that follow SFAS 117, check here	and	complete lines			
ŝ		67 through 69 and lines 73 and 74. Unrestricted			44.076.726		45 364 664
aŭ		Temporarily restricted		· · • • · ·	11,976,736 1,748,890	67 68	15,364,864 2,792,666
B		Permanently restricted			1,140,000	69	2,732,000
[[Orgai	nizations that do not follow SFAS 117, check	here ► [and			
딘		complete lines 70 through 74.					
2	70 71	Capital stock, trust principal, or current funds	5			70	
Net Assets or Fund Balances	72	Paid-in or capital surplus, or land, building, a Retained earnings, endowment, accumulated	no equipi Lincome	or other funds		71 72	·
ا <u>ب</u>	73	Total net assets or fund balances (add lines	67 throu	oh 69 OR lines			
2		70 through 72;		· .			
ĺ	74	column (A) must equal line 19; column (B) m	ust equal	line 21)	13,725,626	73	18,157,530
ᆜ	74	Total liabilities and net assets / fund balanc	es (add lii	nes 66 and 73)	33,453,889	74	42,350,374

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Par	t IV-A	Financial	liation of Revenu I Statements with See Specific Instru	n Řevenue	per	Part	Fi	econciliation on Inancial Stater eturn	of Expenses nents with	per Expe	Audited enses per
а			and other support			а		enses and lo			
b	Amounts	included or	statements >	a 13,	935,319	ь	Amounts in	ancial statement included on line		a	11,940,167
(1)	=	form 990: alized gains				(1)	on line 17, Donated	Form 990: services			
(2)	on investi Donated	ments services	\$ 13,862			(2)	and use of Prior year ad				
• •	and use	of facilities es of prior	\$			(2)	reported on Form 990	line 20,			
		nts	<u>\$</u>			(3)	Losses rep line 20, For	orted on			
(4)	Stateme		\$ 471,076			(4)	Other (spe				
			s (1) through (4) >	<i>b</i>	484,938		Statemen		471,076		
			_	12	450,381	ĺ		nts on lines (1) th	- .	b	471,076 11,469,091
C		inus line b .		c 13,	///////////////////////////////////////	C.	Line a min			Ç	11,405,051
d		included o O but not o	······································			d		ncluded on line but not on line			
(1)		it expenses				(1)	Investment				
	6b, Form	ded on line	\$			1	not înclude 6b, Form 99				
(2)	Other (sp	· · -				(2)	Other (spe	··· · · 			
\- /	=					1 `-'		•			
			\$					<u> </u>	<u></u>		
	Add amo	ounts on line	es (1) and (2) 🕨	d		1		nts on lines (1)		d	
e			ne 12, Form 990			e	Total exper	nses per line 17	Form 990		44.400.004
Dat			ers, Directors, T		,450,381			s line d)		e	11,469,091
		structions or		nustees, a	niu Key	Emp	Oyees (LISI	each one even	ii not comp	CH3a	ieu, sec specific
		(A) Nam	e and address		(B) Title a	and aver devoted	age hours per to position	(C) Compensation (If not paid, enter	(D) Contribution employee benefit p deferred compens	lans &	(E) Expense account and other allowances
Stat	ement 9		•••••					143,482			
							·····		<u> </u>		
									-		<u> </u>
		************							<u> </u>		
	· · ·										
					<u> </u>						
			•••••								
75	organizati	on and all re	or, trustee, or key er elated organizations, or edule- see Specifi	of which mor	e than \$1	0,000 v	vas provided	of more than \$10 by the related or	0,000 from yoganizations?	our ▶	☐ Yes ☐ No

Pa	rt VI Other Information (See Specific Instructions on page 27.)		Yes	No				
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .	76	1	1				
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		1				
	If "Yes," attach a conformed copy of the changes.			<i>}//////</i>				
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	,,,,,,,	V				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		† 				
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		1				
80a	Oa Is the organization related (other than by association with a statewide or nationwide organization) through common							
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?							
ь	If "Yes," enter the name of the organization >	80a						
_	and check whether it is exempt OR nonexempt.							
81 a	Fakas Albania 19 a 19							
h	Did the organization file Form 1130 DOL for this way 0	2/////						
		81b		-				
024	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	00-		V				
	or at substantially less than fair rental value?	82a						
IJ	If "Yes," you may indicate the value of these items here. Do not include this amount							
920	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)							
034	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	-	├-				
04.	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	~	 _				
044	Did the organization solicit any contributions or gifts that were not tax deductible?	84a						
Þ	If "Yes," did the organization include with every solicitation an express statement that such contributions							
	or gifts were not tax deductible?	84b		 				
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		 				
D	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	mm					
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization							
•	received a waiver for proxy tax owed for the prior year.							
C	Dues, assessments, and similar amounts from members	<i>- (((()</i>						
	Section 162(e) lobbying and political expenditures	-/////						
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<i>*{/////</i>						
1	Taxable amount of lobbying and political expenditures (line 85d less 85e)							
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		—				
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its							
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax							
	year?	85h	,,,,,,,	www.				
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12							
	Gross receipts, included on line 12, for public use of club facilities							
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other							
	sources against amounts due or received from them.)							
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or							
	partnership, or an entity disregarded as separate from the organization under Regulations sections			~				
	301.7/01-2 and 301.7701-3? If "Yes," complete Part IX	88	mm	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:							
	section 4911 ▶; section 4912 ▶; section 4955 ▶							
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction							
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach			'				
	a statement explaining each transaction	89b						
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under							
	sections 4912, 4955, and 4958			0				
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.			0				
90a	List the states with which a copy of this return is filed ▶							
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions.) [90b]	9						
91	The books are in care of ► Larry Ewing Located at ► 3391 Charley Good Road, West Frankfort, IL Section 4047(a)(1)	27-465	51					
••	Located at ► 3391 Unariey Good Road, West Frankfort, IL ZIP + 4 ► 6289	6-0220) 	<u></u> .				
JZ	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041. Check here		!	▶ □				
	and enter the amount of tax-exempt interest received or accrued during the tax year 92							

Part	VII Analysis of Income-Producing /	Activities (See S	pecific Instruct	ions on p	age 32.)	
Note:	Enter gross amounts unless otherwise		usiness income		section 512, 513, or 514	(E)
indica	nted.	(A) Business code	(B) Amount	(C) Exclusion co	(D) ode Amount	Related or exempt function
93	Program service revenue:	Dusiness code	Amount	LACIOSKATIC	Allount	income
a .	Production and distribution		<u> </u>	 		857,768
Ъ.		-				
C.						
d.				ļ		
e .				ļ		
	Medicare/Medicaid payments					
	Fees and contracts from government agenci	es		<u> </u>	- 	
	Membership dues and assessments			 		20.000
	Interest on savings and temporary cash investmer	nts		-		38,397
	Dividends and interest from securities					
	Net rental income or (loss) from real estate:					
	debt-financed property			<u> </u>		
	not debt-financed property		ļ	ļ		24,464
98	Net rental income or (loss) from personal propert	ty				
99	Other investment income , , , , , , ,			<u> </u>		ļ
100	Gain or (loss) from sales of assets other than invento	ory		<u> </u>		-1,235
101	Net income or (loss) from special events .	,				
	Gross profit or (loss) from sales of inventory	·		· ·		158,332
	Other revenue: a <u>Video and Other Sales</u>			ļ		251,110
	Change in value split interest agreements	<u> </u>		 		-227,430
C.	Other			<u> </u>		25,813
ď.				ļ		
e						
	Subtotal (add columns (B), (D), and (E))		1		<i>///</i> //	1,127,219
	Total (add line 104, columns (B), (D), and (E		<u></u>		▶	1,127,219
	Line 105 plus line 1d, Part I, should equal th					
Part						
Line I	No. Explain how each activity for which incom of the organization's exempt purposes (or	ne is reported in colu	ımn (E) of Part VII	contributed	importantly to the	accomplishment
		mer man by providin	g fullus for such j	pui poses).		
	Statement 11					
						
Part	IX Information Regarding Taxable Sub	sidiaries and Dis	rogarded Entitie	e (Soo Sr	acific Instructions	on page 33.)
	(A)	(B)	(C)	S (See SE	(D)	(E)
	Name, address, and EIN of corporation,	Percentage of	Nature of a	ctivities	Total income	End-of-year assets
	partnership, or disregarded entity	ownership interest %				853613
		%	· · · · · ·			
		%				
		%	•			
Part	X Information Regarding Transfers Ass		nal Renefit Con	tracts (Sec	Specific Instruction	ns on page 33.)
						☐ Yes ☑ No
	Did the organization, during the year, receive any funds,					
	Did the organization, during the year, pay pr			personal	penerit contract?	☐ Yes ☑ No
NOL	:: If "Yes" to (b), file Form 8870 and Form				-1-1	hast of my bassiladas
	Under penalties of perjury, I declare that I have examined belief, it is true, correct, and complete. Declare	mined this return, includi ation of preparer (other	ing accompanying so than officer) is based	inequies and I on all inform	statements, and to the nation of which prepare	r has any knowledge.
Please			,		1	
Sign	Signature of officer	0			Date	
Here	Signature of officer President	tw			Date	
	1 resident					
	Type or print/hame and title.		Ta:	Chart if	1 5	DYIN Con Con Loc 115
Paid	Preparer's		Date	Check if self-	<u></u> '	r PTIN (See Gen. Inst. W)
Prepare	'S Firm's name (or yours			employed !		
Use Onl	if self-employed),			Ell		
'	address, and ZIP + 4			Pt	none no. 🕨 (

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information- (See separate instructions.)

2001

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization Employer identification number Three Angels Broadcasting Network 37:1179056 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (a) Name and address of each employee paid more (d) Contributions to (e) Expense (b) Title and average hours (c) Compensation employee benefit plans & deferred compensation than \$50,000 account and other per week devoted to position allowances Moses S. Primo Director of Engineering 50,359 PO Box 39, Thompsonville, IL 62890 Gonzalo Santos Electrician 50,818 5693 Plaster Grove Rd, Thompsonville IL Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Printers Inc. Printing services 237,012 Aeroflite Inc. Airplane maintenance and pilot 215,391 Gray, Hunter Stenn LLP Accounting and auditing services 125,367 Du Treil, Lundin, & Rackley Inc. Engineering 50,475 Total number of others receiving over \$50,000 for professional services .

301100	tule A (F	orm 990 or 990-EZ) 2001	 	Page 2
Pa	t III	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	attem or inc Part V	g the year, has the organization attempted to influence national, state, or local legislation, including any pt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid urred in connection with the lobbying activities \$\Bigsim \text{\text{Must equal amounts on line 38, 1-A, or line i of Part VI-B.}}\$	1	J
	organ	nizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other izations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of bbying activities.		
2	subst with a owner	g the year, has the organization, either directly or indirectly, engaged in any of the following acts with any antial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the actions.)		
а	Sale,	exchange, or leasing of property?	2a	1
b	Lendi	ng of money or other extension of credit? ,	2b	+
С	Furnis	shing of goods, services, or facilities?	2c	+
d	Paym	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d /	-
е	Trans	fer of any part of its income or assets?	2e	-
	Do yo e: <i>Attac</i>	the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3 4	
	rt IV	m it in furtherance of its charitable programs "qualify" to receive payments. Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions		
		zation is not a private foundation because it is: (Please check only ONE applicable box.)		
5		church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).		
6		school, Section 170(b)(1)(A)(ii). (Also complete Part V.)		
7 8		hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).		
9	□ A	medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hond state	spital's nan	ne, cit
10	{ <i>J</i>	n organization operated for the benefit of a college or university owned or operated by a governmental unit. Se Also complete the Support Schedule in Part IV-A.)		
11a	□ A S	n organization that normally receives a substantial part of its support from a governmental unit or from ection 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	the general	publi
11b 12	☑ A re it	community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) or organization that normally receives: (1) more than 331/s% of its support from contributions, members eccipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no not support from gross investment income and unrelated business taxable income (less section 511 tax) from by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	nore than 3 ousinesses a	31/3%
13	□ A d	on organization that is not controlled by any disqualified persons (other than foundation managers) and supersolution in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of selection 509(a)(3).)	oports organ	iizatio (2). (S
	_	Provide the following information about the supported organizations. (See page 5 of the instruction	ns.)	
	_	(a) Name(a) of connected econization(c)	ne number om above	
	_			
				-
	_			

Not	e: You may use the worksheet in the instructions	y if you checked : for converting fr	a box on line 10, om the accrual to	11, or 12.) Use of the cash metho	cash method of of accounting	accounting.
Cale	endar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15	Gifts, grants, and contributions received. (Do					· · · · · · · · · · · · · · · · · · ·
	not include unusual grants. See line 28.)	10,891,966	9,999,808	7,557,624	6,834,614	35,284,012
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,415,540	4,523,968	1,488,651	134,290	9,562,449
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	74,844	31,583	65,770	13,920	186,117
19	Net income from unrelated business		-			
	activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule. Do not					-
	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	14,382,350	14,555,359	9,112,045	6,982,824	
24	Line 23 minus line 17.	10,966,810	10,031,391	7,623,394	6,848,534	hamaninanina
25_	Enter 1% of line 23	143,823	145,553	91,120	69,828	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in column	n (e), line 24	▶ 26a	
b	Prepare a list for your records to show the nan governmental unit or publicly supported organizations and the same in the 20 cm.	ation) whose tota	ligifts for 1997 thi	rough 2000 exce	eded the	
С	amount shown in line 26a. Do not file this list wi	th your return. E	nter the total of all	these excess an	nounts > 26b	
d	Total support for section 509(a)(1) test: Enter lin Add: Amounts from column (e) for lines: 18				· · • • • • • • • • • • • • • • • • • •	
u						
e f	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera				▶ 26e	9/
27	Organizations described on line 12: a Fo person," prepare a list for your records to show to not file this list with your return. Enter the	r amounts includ	ed in lines 15, 16	6, and 17 that we	ere received fro	m a "disqualifie
	(2000) 2,486,056 (1999)	1,444,658	. (1998)	534,598	(1007)	0
ь	For any amount included in line 17 that was received	ed from each ners			. (1997)	
	snow the name of, and amount received for each sinclude in the list organizations described in lines the difference between the amount received and amounts) for each year:	year, that was mor 5 through 11, as w the larger amount	e than the larger of ell as individuals.) described in (1) of	of (1) the amount Do not file this list or (2), enter the se	on line 25 for the st with your retur um of these differ	year or (2) \$5,000 n. After computing rences (the exces
	(2000) 59,426 (1999)		. (1998)	43,297	. (1997)	112,040
С		35,284,012	16		. ▶ 27c	44,486,461
đ	Add: Line 27a total 4,465,312	and line 27b total	214,7	63	▶ 27d	4,680,075
е	Public support (line 27c total minus line 27d tot	:al)			▶ 27e	39,806,386
f	Total support for section 509(a)(2) test: Enter ar	nount from line 2	3, column (e)	► 27f 4	5,032,578	
g	Public support percentage (line 27e (numera	tor) divided by li	ne 27f (denomin	ator))	► 27g	1
<u>h</u>	Investment income percentage (line 18, colu					
28	Unusual Grants: For an organization described prepare a list for your records to show, for each description of the nature of the grant. Do not fi	th year, the name	e of the contribut	or the date and	amount of the	orant and a brie

Fa	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes N	VO
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		<u>/////////////////////////////////////</u>
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		Mi.
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		_
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b 33c		
q	Employment of faculty or administrative staff?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f	-	
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05	25		
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

n	E
Page	ວ

Par	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an	ecting Public (eligible organi	Charities (See zation that filed	page 9 of Form 576	the 8)	instruction	S.)	
Chec	k ▶ a ☐ if the organization belongs to an affiliat					d "limited con	trol" p	rovisions apply.
	Limits on Lobbyin	_ ,				(a) Affiliated grot totals	qu	(b) To be completed for ALL electing organizations
					36		一	
36	Total lobbying expenditures to influence public	-		· · ·	37			
37	Total lobbying expenditures to influence a legisl	-			38			
38	Total lobbying expenditures (add lines 36 and 3			· · ·	39		\neg	
39 40	Other exempt purpose expenditures			· · · F	40			
40 41	Lobbying nontaxable amount. Enter the amount							
71	* *	bying nontaxab						
	Not over \$500,000			1				
	Over \$500,000 but not over \$1,000,000 \$100,00			1 1/4				
	Over \$1,000,000 but not over \$1,500,000 . \$175,00				41		,,,,,	
	Over \$1,500,000 but not over \$17,000,000 . \$225,00	•		0,000				
		•		1 1/2				
42	Grassroots nontaxable amount (enter 25% of li	ne 41)			42			
43	Subtract line 42 from line 36. Enter -0- if line 43	2 is more than lir	ne 36	-	43			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lir	ne 38		44			
	Caution: If there is an amount on either line 43	or line 44 years	must file Form 47	20				
			d Under Secti		ماد ک	. fina admer	se ba	low
	(Some organizations that made a section See the instructions for	n 501(h) election or lines 45 throug	gh 50 on page 11	of the instru	ictio	rs.)		
		Lobbying Expenditures During 4-Year Averaging F					g Per	riod
	Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999				(e) Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e)).							
47	Total lobbying expenditures		 					
48	Grassroots nontaxable amount . ,							
49	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures]						
Pa	rt VI-B Lobbying Activity by Nonelec (For reporting only by organiza	ting Public C	harities not complete	Part VI-A) (See	page 12 c	of the	e instructions.)
Duri	ng the year, did the organization attempt to influ	uence national, s	tate or local legis	slation, includ	ling	any Yes	No	Amount
	mpt to influence public opinion on a legislative n							
а	Volunteers							
b				c through h.) .			
C	Media advertisements							
đ	Mailings to members, legislators, or the public				-	· ·		
e	•							
f	3 3 1			. ,	•	· ·		
g	Direct contact with legislators, their staffs, gov				٠	· ·		
h		•	ures, or any othe	rineans	•	· · •		
-	Total lobbying expenditures (Add lines c through "Yes" to any of the above, also attach a stall	gir n.) tement giving a (detailed description	on of the lob	byinç	activities.		

L a	(VI		n Regarding Tra ganizations (Se	Insfers To and Transactio e page 12 of the instructio	ns and Relationships With Noncha	aritable	
51	Did 501	the reporting organ	nization directly or	indirectly engage in any of the	following with any other organization des on 527, relating to political organizations?	cribed in	section
a				to a noncharitable exempt orga		Ye	s No
		(i) Cash			1a(i)	V	
	(ii)	Other assets				a(ii)	V
b	_	er transactions:					
	(i)	Sales or exchange	es of assets with a	noncharitable exempt organiza	tion	b(i)	-
	(ii)			itable exempt organization		b(ii)	1
	(iii)			ner assets		b(iii)	1
						b(iv)	~
						b(v)	1
				ship or fundraising solicitations		b(vi)	~
С				sts, other assets, or paid emplo		c	- V
đ	If the	e answer to any of t ds, other assets, or:	he above is "Yes," of services given by the	complete the following schedule.	Column (b) should always show the fair mark ganization received less than fair market values, other assets, or services received:	cet value o e in any	of the
	s) no.	(b) Amount involved	Name of none	(c)	(d)	ing arrange	mente
Liite	110.	Amount involved		charitable exempt organization	Description of transfers, transactions, and share	ing arrange	ments
						·	
						*	
							
				· · · · · · · · · · · · · · · · · · ·			
				· · · ·			
	dese	cribed in section 50 es," complete the	01(c) of the Code (other than section 501(c)(3)) or	ne or more tax-exempt organizations in section 527?] Yes	☑ No
		(a) Name of organiz	ation	(b) Type of organization	(c) Description of relationship		
		Sac.					
					_		
•		-					
		<u> </u>	<u> </u>				
							

#37-1179056

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) form Noninventory Sales

Publicly Traded Securities

Description:	Securities
Date Acquired:	Various
How Acquired:	Purchased or Donated
Date Sold:	Various
To Whom Sold:	Market Shares - Unknown
Gross Sales Price	74,871
Cost Basis	76,106
Loss on Sale	(1,235)
Statement 2	
Form 990, Part I, Line 20	
Other Changes in Net Assets or Fund Balances	
Record split interest agreements previously unrecorded Reclassification of amounts due to other ministries	2,451,034
· ·	(44.202)
previously classified as temporarily restricted	(14,282)
Net unrealized gains on marketable securities	13,862
	2,450,614

Statement 3 Form 990, Part I, Line 43 Other Expenses

		Program Management		
Other Expenses	Total	Services	& General	Fundraising
Advertising and promotion	212,798	118,579	94,219	
Bad Debts	28,160	28,160		
Broadcasting	131,066	131,066		
Camp Meeting	26,817		26,817	
Contract Labor	135,826		135,826	
Credit Card Fees	24,966		24,966	
Downlink	841,050	841,050		
Dues and Registration	103,842	103,842		
Insurance	441,646		441,646	
Miscellaneous	207,002	100,737	106,265	
Small Tools & Equipment	75,269	21,196	54,073	
Special Projects	796,889	796,889		
	3,025,331	2,141,519	883,812	

#37-1179056

Statement 4 Form 990, Part IV, Line 57 Land, Buildings and Equipment

Asset	Cost	Accum. Deprec.	Net Book Value
		·	
Aircraft	1,346,893	11,224	1,335,669
Buildings	3,517,409	436,666	3,080,743
Land	681,178		681,178
Land Improvements	187,511	22,531	164,980
Machinery & Equipment	12,456,074	7,157,788	5,298,286
Vehicles	1,564,985	785,262	779,723
Construction in Progress	542,976		542,976
	20,297,026	8,413,471	11,883,555
Statement 5 Form 990 Part IV, Line 58 Other Assets			
Annuities			7,621,899
Trusts			16,229,926
714363			23,851,825
Statement 6 Form 990 Part IV, Line 65 Other Liabilities			
Annuities			4,405,293
Liabilities under Unitrust Agreements			1,451,969
Revocable Trust Liabilities			16,229,926
			22,087,188
Statement 7 Form 990 Part IV-A, Line B(4) Other Amounts			
Cost of Goods Sold - Satelites			460,500
Rental Expenses			10,576
Nomai Expended			471,076
Statement 8 Form 990 Part IV-B, Line B(4) Other Amounts			
Cost of Goods Sold - Satelites			460,500
Rental Expenses			10,576
Remai Expenses			471,076

#37-1179056

Statement 9
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title & Avg. Hrs/Wk	Comp.	Employee Benefits	Expense Account	
Dr. Walter Thompson 174 Fox Borough Burr Ridge, IL 60521	Chairman None	0	C)	0
J. Wayne Coulter 619 Plainfield Rd., 3rd Floor Willowbrook, IL 60521-5381	Director None	0	C)	0
May E. Chung 155 Manchester Lane San Bernardino, CA 92408	Director None	0	C)	0
Dr. Robert Ford 2517 NE Kresky Chehalis, Wa 98532-2409	Director None	0	C)	0
Bill Hulsey PO Box 596 Collegedale, TN 37315	Director None	0	C)	0
Ellsworth McKee PO Box 750 Collegedale, TN 37315	Director None	0	C)	0
Danny Shelton 2954 New Lake Road West Frankfort, IL 62896	President Director 40 hrs/wk	55,504			
Linda Shelton 2954 New Lake Road West Frankfort, IL 62896	Vice Pres. Director 40 hrs/wk	49,354			
Stan Smith Box 100 Lillooet, BC V0K 1V0	Director None	0	0	1	0
G. Ralph Thompson 12501 Old Columbia Pike Silver Spring, MD 20904-6600	Director None	0	0	ı	0

#37-1179056

Statement 9
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees (Continued)

	Title & Avg.		Employee	Expense
Name and Address	Hrs/Wk	Comp.	Benefits	Account
Owen Troy	Director	0	(0
1906 Dana Drive	None			
Adelphi, MD 20783-2119				
Larry Welch	Director	38,624	(0
715 S Mulkey	40 hrs/wk			
Christopher, IL 62822			_	
		143,482	=	

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Statement 10
Form 990, Part V, Line 90A
List of States Which This Return is Filed
California
Illinois
Oregon

Statement 11 Form 990, Part VII

Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93	Payment for airtime & production of certain religious programming
95	Interest income is used to help offset general operating expenses
97	Rental income is used to help offset general operating expenses
102	Sale of satellite dishes to enable veiwers to receive programming
103	Sale of religious programming and religious books

Statement 12 Schedule A, Part IV-A, Line 27A Payments From Disqualified Persons

Disqualified Person	2000	1999	1998	1997
Dr. Robert Ford	55,000	220,000	65,000	
May E Chung	1,565	986,658	49,598	
McKee Foods Ltd.	352,000	238,000	420,000	
ASI Missions Inc.	775,000			
Hawaii Conference of SDA Church	424,749			
Edith Hawkins	877,742			
	2,486,056	1,444,658	534,598	

#37-1179056

Statement 13 Schedule A, Part IV-A, Line 27B Payments From Nondisqualified Persons

Nondisqu	ualified Person	2000	1999	1998	1997
It Is Writt	en				182,228
Transada	Advertising			134.399	
Merlin Fja	arli	189,500		101,020	
Donald S	tecker	157,572			
Subtotal		347,072		134,399	182,228
Less	143,823 X 2	287,646		,	
	91,120 X 1	-		91,120	
	69,828 X 1			,	69,828
Excess		59,426		43,279	112,400