



(REFERENCE COPY - Not for submission)

Children's Television Programming Report

FRN: **0003716198** | File Number: **0000130987** | Submit Date: **01/11/2021** | Call Sign: **W15BU-D** | Facility ID: **66983**
City: **JOHNSON CITY** | State: **IL**
Service: **Digital Class A** | Purpose: **Children's TV Programming Report** | Status: **Received** | Status Date: **01/11/2021**
Filing Status: **Active**

Report reflects information for year 2020

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

**Applicant
Information**

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
THREE ANGELS BROADCASTING NETWORK, INC. Doing Business As: THREE ANGELS BROADCASTING NETWORK, INC.	MOSES PRIMO PO Box 220 WEST FRANKFORT, IL 62896 United States	+1 (618) 627-4651	TECH@3ABN. ORG	Company

**Contact
Representatives
(2)**

Contact Name	Address	Phone	Email	Contact Type
DANIEL N. PEEK <i>ENGINEER</i> 3ABN	PO Box 220 WEST FRANKFORT, IL 62896 United States	+1 (618) 627-4651	DAN. PEEK@3ABN. ORG	Technical Representative
MOSES PRIMO <i>DIRECTOR OF BROADCASTING OPERATIONS AND ENGINEERING</i> 3ABN	PO Box 220 WEST FRANKFORT, IL 62896 United States	+1 (618) 627-4651	MOSES@3ABN. ORG	Legal Representative

**Children's
Television
Information**

Section	Question	Response
Station Type	Station Type	Network Affiliation
	Affiliated network	Three Angels Broadcasting Network
	Nielsen DMA	St. Louis
	Web Home Page Address	www.3abn.org

**Digital Core
Programming**

Question	Response
Indicate which of the Core Programming safe harbor processing guidelines the station elected to utilize during the covered reporting period to demonstrate compliance with the Children's Television Act of 1990 (See 47 CFR Section 73.671(d))	Category A, Option 2: 156 hours annually of Core Programming, including at least 26 hours per quarter of regularly scheduled weekly programming. The remaining 52 hours of Core Programming may include programs of at least 30 minutes in length that are not regularly scheduled on a weekly basis, such as educational specials and regularly scheduled non-weekly programming.
State the total number of hours of regularly scheduled weekly Core Programming broadcast per quarter by the station on its main program stream	Q1: 7.5 Q2: 6.5 Q3: 5.75 Q4: 8.5
State the total number of hours of Core Programming that is not regularly scheduled weekly programming broadcast by the station on its main program stream during the reporting period	37.0
State the total number of hours of regularly scheduled weekly Core Programming broadcast per quarter by the station on a multicast stream	Q1: 108.0 Q2: 110.5 Q3: 110.25 Q4: 109.5
Does the Licensee provide information identifying each Core Program aired on its station to publishers of program guides as required by 47 CFR Section 73.673?	Yes

Digital Core Programs(4)

Digital Core Program (1 of 4)	Response
Title of Program	Kid's Time Praise
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	154
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:1.62, Q2:2.52, Q3:3.4, Q4:4.0 Multicast Stream Q1:12.0, Q2:12.0, Q3:12.0, Q4:12.0
Were any regular scheduled weekly programs preempted	No
Length of Program	30 minutes
Age Range of Target Child Audience	12 and under
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes

Digital Core Program (2 of 4)	Response
Title of Program	A Day with the King
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	79
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1:18.0, Q2:26.0, Q3:22.0, Q4:13.0 Multicast Stream Q1:12.0, Q2:12.0, Q3:12.0, Q4:12.0
Were any regular scheduled weekly programs preempted	No
Length of Program	30 minutes

Age Range of Target Child Audience	12 and under
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes

Digital Core Program (3 of 4)	Response
-------------------------------	----------

Title of Program	The Creation Case
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	94
State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1: 16.0, Q2: 26.0, Q3: 26.0, Q4: 26.0 Multicast Stream Q1: 0.0, Q2: 0.0, Q3: 0.0, Q4: 0.0
Were any regular scheduled weekly programs preempted	No
Length of Program	30 minutes
Age Range of Target Child Audience	12 and under
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes

Digital Core Program (4 of 4)	Response
-------------------------------	----------

Title of Program	Tiny Tots for Jesus
Did each broadcast of the program, including any rescheduled preemptions, occur between 6:00 AM and 10:00 PM?	Yes
Does the program have serving the educational and informational needs of children ages 16 and under as a significant purpose?	Yes
Type of Core Programming	Regularly scheduled weekly program
Total Times Aired	238

State the number of hours the program was aired on the station's main program stream and/or a multicast stream	Main Program Stream Q1: 63.0, Q2: 64.0, Q3: 62.0, Q4: 49.0 Multicast Stream Q1: 0.0, Q2: 0.0, Q3: 0.0, Q4: 0.0
Were any regular scheduled weekly programs preempted	No
Length of Program	30 minutes
Age Range of Target Child Audience	12 and under
For each broadcast of the program on a commercial or Class A station, did the Licensee identify the program by displaying throughout the program the E/I symbol?	Yes

**Sponsored Core
Programming (0)**

**Liaison Contact
/Other Efforts**

Question	Response
Name of children's programming liaison	Cindy Clark
Address	3391 Charley Good Road, PO Box 220
City	WEST FRANFORT
State	IL
Zip	62896
Telephone Number	(618) 627-4651
Email Address	cindy.clark@3abn.org

Certification

Question	Response
<p>The undersigned certifies that he or she is (a) the party filing the Children's Television Programming, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the Children's Television Programming; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23 (a), who is authorized to represent the party filing the Children's Television Programming, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay.</p> <p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</p> <p>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</p> <p>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).</p>	
<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</p>
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Greg Morikone <i>PRESIDENT</i></p> <p>01/11/2021</p>

Attachments

No Attachments.