

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  
**2008**  
 Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**Please use IRS label or print or type. See Specific Instructions.**

**C** Name of organization  
 THREE ANGELS BROADCASTING NETWORK INC

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 P O BOX 220

City or town, state or country, and ZIP + 4  
 WEST FRANKFORT, IL 62896

**D** Employer identification number  
 37-1179056

**E** Telephone number  
 (618) 627-4651

**G** Gross receipts \$ 17,046,671

**F** Name and address of principal officer:

- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)
- H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.3ABN.ORG

**K** Type of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1985 **M** State of legal domicile: IL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: PRODUCTION AND DISTRIBUTION OF RELIGIOUS PROGRAMING FOR ELECTRONIC DISTRIBUTION THROUGHOUT THE WORLD. (TELEVISION, RADIO, INTERNET)		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	13
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	9
	<b>5</b> Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	170
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	12
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . .	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	14,199,289	14,591,460
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	998,789	1,082,880
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,885	1,182,542
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	-104,145	27,438
		15,101,818	16,884,320
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .		649,210
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,460,115	4,465,341
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	12,779,038	10,045,613
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,239,153	15,160,164
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	-2,137,335	1,724,156	
		<b>Beginning of Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	58,614,541	63,174,715

Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) . . . . .	44,515,726	47,351,744
	22	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	14,098,815	15,822,971

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	***** Signature of officer		2010-01-15 Date	
	BRIAN HAMILTON Treasurer Type or print name and title.			
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
				Phone no. ▶

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y

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**Part III Statement of Program Service Accomplishments** (see instructions.)

**1** Briefly describe the organization's mission:

TO PROCLAIM THE GOSPEL OF SALVATION THROUGH JESUS CHRIST TO THE WORLD BY TELEVISION, RADIO, AND INTERNET. TO CONTINUE THE HEALING MINISTRY OF CHRIST THROUGH PROGRAMS THAT TEACH PEOPLE A BETTER WAY OF LIFE, PHYSICALLY, MENTALLY, & EMOTIONALLY.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 11,062,468 including grants of \$ ) (Revenue \$ 1,082,880 )  
PRODUCTION AND DISTRIBUTION OF RELIGIOUS PROGRAMING FOR ELECTRONIC DISTRIBUTION THROUGHOUT THE WORLD.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** \$ 11,062,468 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Contains 26 main questions and sub-questions (a-d) regarding organizational requirements and reporting.

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III.*

27		No
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**Part IV Checklist of Required Schedules (Continued)**

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .		No
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
<b>1a</b>	843		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
<b>2a</b>	170		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		No
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		No
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		No
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
<b>7d</b>	0		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		No
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		No
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		No
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		No
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		No
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources		

against amounts due or received from them.) . . . . .

<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		No



Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

Table with 3 columns: Question, Yes, No. Rows 1a-11. 1a: 13, 1b: 9. 2: No. 3: No. 4: No. 5: No. 6: No. 7a: No, 7b: No. 8a: Yes, 8b: Yes. 9a: Yes, 9b: Yes. 10: No. 11: No.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows 12a-16b. 12a: Yes, 12b: Yes, 12c: Yes. 13: No, 14: No. 15a: Yes, 15b: Yes. 16a: No, 16b: No.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OR, IL, CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BRIAN HAMILTON, 3391 CHARLEY GOOD RD WEST FRANKFORT, WEST FRANKFORT, IL 629660220

WEST FRANKFORT, IL 628960220  
(618) 627-4651

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WINTLEY PHIPPS Director	.50	X					0	0	0	
MOLLY STEENSON Vice President	40.00	X		X			61,200	0	0	
MERLIN FJARLI Director	.50	X					0	0	0	
MAX TREVINO Director	.50	X					0	0	0	
LARRY ROMRELL Director	.50	X					0	0	0	
KENNETH DENSLOW Director	.50	X					0	0	0	
JIM GILLEY President	40.00	X		X			72,774	0	0	
ELLSWORTH MCKEE Director	.50	X					0	0	0	
DR WALTER THOMPSON Chairman	.50	X					0	0	0	
DANNY SHELTON Consultant	40.00	X					166,469	0	0	
CARMELITA TROY Director	.50	X					0	0	0	
CA MURRAY Vice President	40.00	X					36,678	0	0	
BRIAN HAMILTON Treasurer	40.00			X			46,872	0	0	
BILL HUSLEY Director	.50	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Total . . . . . 383,993

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like SMITH & BUTTERFIELD and SES AMERICOM CALIFORNIA INC.

(A) Name and business address	(B) Description of services	(C) Compensation
BLUE CROSS BLUE SHIELD PO BOX 1186 CHICAGO, IL 606901186	EMPLOYEE MEDICAL INS	612,254
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶12		

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**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	14,591,460				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ 118,133					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶	14,591,460				
<b>Program Service Revenue</b>	<b>2a</b> PRODUCTION & DISTRIBUTION	1,082,880	1,082,880			
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue .					
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶	1,082,880				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . . ▶	19,881	19,881			
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶	0				
	<b>5</b> Royalties . . . . . ▶	14,176	14,176			
	<b>6a</b> Gross Rents	(i) Real	36,170			
		(ii) Personal				
		<b>b</b> Less: rental expenses	17,091			
		<b>c</b> Rental income or (loss)	19,079			
	<b>d</b> Net rental income or (loss) . . . . . ▶	19,079	19,079			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities		1,162,730		
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	69			
		<b>c</b> Gain or (loss)	-69	1,162,730		
<b>d</b> Net gain or (loss) . . . . . ▶	1,162,661	1,162,661				
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>						
	<b>b</b> Less: direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶		0			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less: direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶		0			

<b>10a</b>	Gross sales of inventory, less returns and allowances				
		<b>a</b>	195,127		
<b>b</b>	Less: cost of goods sold	<b>b</b>	145,191		
<b>c</b>	Net income or (loss) from sales of inventory		49,936	49,936	
Miscellaneous Revenue		Business Code			
<b>11a</b>	OTHER		98,649	98,649	
<b>b</b>	CHANGE IN VALUE SPLIT INT		-154,402	-154,402	
<b>c</b>					
<b>d</b>	All other revenue				
<b>e</b>	<b>Total.</b> Add lines 11a-11d		-55,753		
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		16,884,320	2,292,860	

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**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	8,614	8,614		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	640,596	640,596		
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	383,993	38,678	345,315	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	3,109,895	2,253,788	856,107	
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
<b>9</b> Other employee benefits	712,366	644,046	68,320	
<b>10</b> Payroll taxes	259,087	162,219	96,868	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	0			
<b>b</b> Legal	814,096		814,096	
<b>c</b> Accounting	79,600		79,600	
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising. See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other	0			
<b>12</b> Advertising and promotion	277,333	207,879	69,454	
<b>13</b> Office expenses	920,554	601,019	319,535	
<b>14</b> Information technology	0			
<b>15</b> Royalties	0			
<b>16</b> Occupancy	4,996,189	4,586,345	409,844	
<b>17</b> Travel	355,580	204,496	151,084	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	56,761		56,761	
<b>20</b> Interest	4,817		4,817	
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	1,646,335	1,646,335		
<b>23</b> Insurance	360,274		360,274	
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b>	534,074	68,453	465,621	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b> All other expenses	0			
<b>25 Total functional expenses.</b> Add lines 1 through 24f	15,160,164	11,062,468	4,097,696	0
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				



solicitation

Form 990 (2008)

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	364,053	<b>1</b>	1,058,752
	<b>2</b> Savings and temporary cash investments . . . . .	147,448	<b>2</b>	482,638
	<b>3</b> Pledges and grants receivable, net . . . . .	651,770	<b>3</b>	464,639
	<b>4</b> Accounts receivable, net . . . . .	175,995	<b>4</b>	840,942
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties. <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	2,607	<b>7</b>	300,000
	<b>8</b> Inventories for sale or use . . . . .	1,352,599	<b>8</b>	1,097,266
	<b>9</b> Prepaid expenses and deferred charges . . . . .	349,370	<b>9</b>	365,754
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . .	<b>10a</b> 31,009,555		
	<b>b</b> Less: accumulated depreciation. <i>Complete Part VI of Schedule D</i> . . . . .	<b>10b</b> 20,698,825	11,424,593	<b>10c</b> 10,310,730
	<b>11</b> Investments—publicly traded securities . . . . .	1,039,482	<b>11</b>	1,013,577
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	3,120,000	<b>13</b>	3,340,000
	<b>14</b> Intangible assets . . . . .		<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	39,986,624	<b>15</b>	43,900,417
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	58,614,541	<b>16</b>	63,174,715	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,039,996	<b>17</b>	1,113,795
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	5,786	<b>19</b>	1,316
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability. <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .	30,000	<b>24</b>	30,000
<b>25</b> Other liabilities. <i>Complete Part X of Schedule D</i> . . . . .	43,439,944	<b>25</b>	46,206,633	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	44,515,726	<b>26</b>	47,351,744	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	10,009,160	<b>27</b>	10,441,024
	<b>28</b> Temporarily restricted net assets . . . . .	4,089,655	<b>28</b>	5,381,947
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	14,098,815	<b>33</b>	15,822,971	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	58,614,541	<b>34</b>	63,174,715	

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes" to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single		No

Audit Act and OMB Circular A-133? . . . . .

3a	
3b	No

**b** If "Yes," did the organization undergo the required audit or audits? . . . . .

Form 990 (2008)

**Additional Data**

**Software ID:** 08000091  
**Software Version:** 2008v2.7  
**EIN:** 37-1179056  
**Name:** THREE ANGELS BROADCASTING NETWORK INC

**SCHEDULE A**  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization  
THREE ANGELS BROADCASTING NETWORK INC

Employer identification number  
37-1179056

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see Instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: ▶
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions.)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . .
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? . . . . .
  - (ii) A family member of a person described in (i) above? . . . . .
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II**

**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>4 Total.</b> Add lines 1-3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6 Public Support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4. . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total Support</b> (Add lines 7 through 10).						
<b>12</b> Gross receipts from related activities, etc. (See instructions.) . . . . .					<b>12</b>	
<b>13 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) . . . . .	<b>14</b>	
<b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	
<b>16a 33 1/3% support test - 2008</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test - 2007</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2008</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2007</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private Foundation</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,582,398	13,964,981	15,075,136	14,044,281	14,591,460	71,258,256
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	1,858,696	2,085,769	2,625,372	1,569,867	1,349,346	9,489,050
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0
<b>6 Total</b> Add lines 1-5	15,441,094	16,050,750	17,700,508	15,614,148	15,940,806	80,747,306
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.	185,984	263,700	417,415	447,164	1,127,407	2,441,670
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.	570,694	608,010	1,660,056	1,393,332	708,734	4,940,826
<b>c</b> Add lines 7a and 7b.	756,678	871,710	2,077,471	1,840,496	1,836,141	7,382,496
<b>8 Public Support</b> (Subtract line 7c from line 6.)						73,364,810

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6.	15,441,094	16,050,750	17,700,508	15,614,148	15,940,806	80,747,306
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	36,936	47,623	58,229	63,114	97,469	303,371
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
<b>c</b> Add lines 10a and 10b.	36,936	47,623	58,229	63,114	97,469	303,371
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12).						

**14 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	90.520 %
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	93.090 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>	0.370 %
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	0.290 %

**19a 33 1/3 % support tests - 2008** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

**b 33 1/3 % support tests - 2007** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

**20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions.

**Part IV**

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Facts And Circumstances Test
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**Additional Data**

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**Software ID:** 08000091  
**Software Version:** 2008v2.7  
**EIN:** 37-1179056  
**Name:** THREE ANGELS BROADCASTING NETWORK INC

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization THREE ANGELS BROADCASTING NETWORK INC

Employer identification number

37-1179056

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to, Aggregate grants from, Aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

**a** Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ .....

**b** Assets included in Form 990, Part X . . . . . ▶ \$ .....

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**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990** Cat. No. 52283D **Schedule D (Form 990) 2008**

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain why in Part XIV and complete the following table:

Table with 2 columns: Description and Amount. Rows include: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows include: 1a Beginning of year balance, 1b Contributions, 1c Investment earnings or losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment:
b Permanent endowment:
c Term endowment:

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Small table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows include: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 12.) ▶		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 13.) ▶	3,340,000	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
TRUSTS	31,227,820
DEPOSITS	291,751
CHARITABLE GIFT ANNUITIES	12,380,846
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) ▶	43,900,417

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
UNITRUST LIABILITY	1,589,537
REVOCABLE TRUST LIABILITY	31,227,820
ANNUITY LIABILITIES	13,389,276
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 25.) ▶	46,206,633

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1</b>	16,884,320
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	<b>2</b>	15,160,164
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	<b>3</b>	1,724,156
<b>4</b>	Net unrealized gains (losses) on investments . . . . .	<b>4</b>	
<b>5</b>	Donated services and use of facilities . . . . .	<b>5</b>	
<b>6</b>	Investment expenses . . . . .	<b>6</b>	
<b>7</b>	Prior period adjustments . . . . .	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV) . . . . .	<b>8</b>	
<b>9</b>	Total adjustments (net). Add lines 4 - 8 . . . . .	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 . . . . .	<b>10</b>	1,724,156

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	17,046,602
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV): . . . . .	<b>2d</b>	162,282
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	162,282
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	16,884,320
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV): . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	16,884,320

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	15,322,446
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Losses reported on Form 990, Part IX, line 25 . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV): . . . . .	<b>2d</b>	162,282
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	162,282
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	15,160,164
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV): . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	15,160,164

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Identifier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d: Other expenses and losses per audited F/S	PART VIII LINE 6B - RENTAL EXPENSE \$17091 PART VIII LINE 10B - COGS \$145191
Part XII, Line 2d	Part XII, Line 2d: Other revenue amounts included in F/S but not included on form 990	PART VIII LINE 6B - RENTAL EXPENSE \$17091 PART VIII LINE 10B - COGS \$145191

**Additional Data**

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**Software ID:** 08000091  
**Software Version:** 2008v2.7  
**EIN:** 37-1179056  
**Name:** THREE ANGELS BROADCASTING NETWORK INC

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.

<b>Name of the organization</b> THREE ANGELS BROADCASTING NETWORK INC	<b>Employer identification number</b> 37-1179056
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**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶				\$ _____						

**Part III Grants or Assistance Benefitting Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CONT'D	BOARD				No
CONT'D	SERVES ON COX BOARD				No
KENNETH COX MINISTRIES	3ABN PRESIDENT -	4,100	EVANGELISTIC PROGRAMS		No
TOMMY SHELTON - DBA SACRED SOUNDS	BROTHER TO TRUSTEE	12,130	MEDIA DUPLICATION SERVICE		No
MOIPTV INC - MOSES PRIMO	KEY EMPLOYEE	60,000	INTERNET BROADCASTING SER		No
WESTPHAL LAW GROUP	RELATED TO TRUST DIRECT	45,780	LEGAL SERVICES		No
See Additional Data Table					



**Additional Data**

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**Software ID:** 08000091  
**Software Version:** 2008v2.7  
**EIN:** 37-1179056  
**Name:** THREE ANGELS BROADCASTING NETWORK INC

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

▶To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THREE ANGELS BROADCASTING NETWORK INC

Employer identification number

37-1179056

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	X		118,133	CASH VALUE
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ ) . . . . .				
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes", describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

b If "Yes", describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		No
31	Yes	
32a		No
33		

**Part II Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Schedule M (Form 990) 2008

**Additional Data**

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**Software ID:** 0800091  
**Software Version:** 2008v2.7  
**EIN:** 37-1179056  
**Name:** THREE ANGELS BROADCASTING NETWORK INC

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization  
THREE ANGELS BROADCASTING NETWORK INC

**Employer identification number**  
37-1179056

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10: Form 990 Review Process	THE 990 IS COMPLETED BY THE 3ABN TREASURER WITH THE USE OF AUDITED FINANCIAL STATEMENTS. NO OTHER REVIEW IS PERFORMED.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 51056K

Schedule O (Form 990) 2008

**Additional Data**

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**Software ID:** 08000091  
**Software Version:** 2008v2.7  
**EIN:** 37-1179056  
**Name:** THREE ANGELS BROADCASTING NETWORK INC

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OMB No. 1545-0047

SCHEDULE F (Form 990) Statement of Activities Outside the United States

2008

Department of the Treasury Internal Revenue Service Open to Public Inspection

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Name of the organization: THREE ANGELS BROADCASTING NETWORK INC Employer identification number: 37-1179056

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures in region. Rows include SUB-SAHARAN AFRICA, SOUTH AMERICA, RUSSIA, and EAST ASIA & PACIFIC.

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
<b>Totals . . . . .</b>	<b>7</b>	<b>20</b>			<b>640,596</b>

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Cat. No. 50082W Schedule F (Form 990) 2008









Identifier	ReturnReference	Explanation

**Schedule F (Form 990) 2008**

**Additional Data**

**Software ID:** 08000091

**Software Version:** 2008V2.7

**EIN:** 37-1179056

**Name:** THREE ANGELS BROADCASTING NETWORK INC

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**Schedule I (Form 990)**  
 Department of the Treasury Internal Revenue Service  
**Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.**  
 OMB No. 1545-0047  
**2008**  
 Open to Public Inspection  
 Attach to Form 990

THREE ANGELS BROADCASTING NETWORK INC  
 Employer identification number  
 37-1179056

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<p><b>2</b> Enter total number of section 501(c)(3) and government organizations . . . . .</p> <p><b>3</b> Enter total number of other organizations . . . . .</p>							

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2008

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

**Additional Data**

**Return to Form**

**Software ID:** 08000091  
**Software Version:** 2008v2.7  
**EIN:** 37-1179056  
**Name:** THREE ANGELS BROADCASTING NETWORK INC



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OMB No. 1545-0047

Schedule J (Form 990)

Compensation Information

2008

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization THREE ANGELS BROADCASTING NETWORK INC Employer identification number 37-1179056

Part I Questions Regarding Compensation

Form with questions 1a-6 and Yes/No columns. Includes checkboxes for travel, housing, and compensation committee questions.

<b>6a</b>			No
<b>6b</b>			No
<b>7</b>			No
<b>8</b>			No

**a** The organization? . . . . .

**b** Any related organization? . . . . .

If "Yes," to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III. . . . .

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat. No. 50053T Schedule J (Form 990) 2008**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (I) and from related organizations, described in the instructions on row (II). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation				
DANNY SHELTON	70,309	160	96,000			166,469	78,404
See Additional Data Table							

Schedule J (Form 990) 2008

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Schedule J (Form 990) 2008

**Additional Data**

**Return to Form**

**Software ID:** 08000091  
**Software Version:** 2008v2.7  
**EIN:** 37-1179056  
**Name:** THREE ANGELS BROADCASTING NETWORK INC