Form **990** 

### **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

Department of the Treasury Internal Revenue Service

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

Α	For the	he 2006 c	<u>alendar</u>	year, or tax year beginning	January 1	, 2006	, and ending	Decembe	r 31 , 20 06		
В	Check if	applicable	Please	C Name of organization				D Emplo	yer identification number		
		s change	use IRS label or	Three Angels Broadcasting N	letwork, Inc.			37	1179056		
Η		print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite						E Telephone number			
늗	Initial re	_	type. See	3391 Charley Good Road, PC	) Box 220			( 618	627-4651		
는			Specific	City or town, state or country,					ing method: Cash  Accrual		
닏	Final re		Instruc- tions	West Frankfort, IL 62896					ther (specify)		
닏		ed return		ction 501(c)(3) organizations an	d 4047/a\/d\ nonovomo	- abarite	H and I are no		e to section 527 organizations		
	Applicat	tion pending		sts must attach a completed Sch			H(a) Is this a	group retu	rn for affiliates? 📋 Yes 🔲 No		
G	Websit	te: <b>b</b>					H(b) If "Yes,"	enter num	ber of affiliates ▶		
<u> </u>	*******		<del></del>	<del></del>			H(c) Are all a	ffiliates incl	uded? Yes No		
J	Organi	ization type	(check o	only one) ▶ 🗹 501(c) ( 3 ) ◄ (	insert no.) 🔲 4947(a)(1)	or 🔲	527 (If "No,"	attach a lis	t. See instructions.)		
Κ	Check	here ▶ □	if the c	organization is not a 509(a)(3) su	oporting organization an	d its gro	oss H(d) Is this a s	eparate retu	m filed by an		
	•		•	ore than \$25,000 A return is not re-	quired, but if the organiza	tion choo			by a group ruling? Yes No		
_	to file a	a return, be :	sure to file	e a complete return			<del></del>	xemption N	····		
	Gross	receints /	Add line	s 6b, 8b, 9b, and 10b to line 1	2 🕨				the organization is <b>not</b> required form 990, 990-EZ, or 990-PF).		
	art I			penses, and Changes i		und F					
						una L	dianices (See th	10 11/31/0	Ctions.)		
	1			gifts, grants, and similar ar		1a	15,075,1	20			
	a			o donor advised funds .		1b	13,073,1	20			
	þ	-		upport (not included on line	•	1c		$\dashv$			
	С		-	support (not included on lii							
	d			intributions (grants) (not inc		1d	201 277	<del>-</del>	15 075 120		
	е			1a through 1d) (cash \$			381,377		15,075,120 1,431,652		
	2	_		revenue including governm				2	1,431,032		
	3		•	ues and assessments				. 3	10,333		
	4			ings and temporary cash in				. 4	10,333		
	5	5 Dividends and interest from securities					5	<u> </u>			
	6a					48,1					
	Ь		٠	penses		6b	9,3	<u> </u>	20 725		
•				me or (loss). Subtract line 6	Sb from line 6a			6c	38,735		
9 9	3   7	Other in	vestme	nt income (describe ▶	(A) Securities	—-Т	(B) Other	) 7			
Revenue	8a	Gross a	mount	from sales of assets other							
ă		than inv	•			8a	9,6				
				er basis and sales expenses.	184,156	8b		32			
	C			attach schedule)	_(1,894)	8c	8,9		7.074		
	d	-	-	s). Combine line 8c, columns				. 1	7,074		
	9	Special e	vents an	id activities (attach schedule). I	•	aming,	check here ▶ ⊔				
	a				of	0- 1					
				eported on line 1b)		9a					
				penses other than fundrais		9b		<del></del>			
				(loss) from special events.			9a	9c			
	10a			inventory, less returns and	allowances	10a	1,001,8				
	b		_	oods sold		10b			162.804		
	C			oss) from sales of inventory (att				10c	(123,436)		
	11 12			(from Part VII, line 103)	7 90 00 100 000		IVED   .	11	16,602,282		
	+			Add lines 1e, 2, 3, 4, 5, 6c,		• • •	N	12			
Ų,	13	Program	servic	es (from line 44, column (B	)) · · · [2] · · · · (	M: 2.	7 2007	13	15,516,876		
Expenses	14	Manage	ment a	es (from line 44, column (B nd general (from line 44, co om line 44, column (D))	olumn (C))O		7:2007	14	4,081,422		
Ž.	15							15			
ú	1			filiates (attach schedule) .	.ima (8) 1 · · OG	UE	N, UT · ·   ·	16	10 500 200		
_	17			s. Add lines 16 and 44, col	uiiii (^) <u>L.</u>		<u> </u>	17	19,598,298		
ste	18		-	cit) for the year. Subtract li				18	(2,996,016)		
Ass	19			und balances at beginning			mn (A))	19	19,470,324		
Net Assets	20			in net assets or fund balar				20	(238,158)		
_	21	INEL ASSE	IS OF IU	nd balances at end of year.	Combine lines 18, 19	, anu a	٠٠	21	16,236,150		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2006)

Statement of All organization  Functional Expenses organization	s and section 4	947(a)(1) nonexempt	chantable trusts but	optional for others. (S	ee the instruction
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Grants paid from donor advised funds (attach sche	dule)				
(cash \$ noncash \$			ł	1	
If this amount includes foreign grants, check here	▶ 🔲 22a			1	
<ul> <li>Other grants and allocations (attach sched</li> </ul>	lule)	İ			
(cash \$ noncash \$	<u> </u>			-	
If this amount includes foreign grants, check here	▶ 🔲 22b			1	
Specific assistance to individuals (attachedule)	1 00 1	- <u></u> -			
Benefits paid to or for members (attachedule)					
a Compensation of current officers, direct	1 1			·	
key employees, etc. listed in Part V-A (att					
schedule)		236,970	36,401	200,569	
b Compensation of former officers, direct	1 1				
key employees, etc. listed in Part V-B (att	ach	75,000		75,000	
c Compensation and other distributions, not included above	/e, to	ľ			
disqualified persons (as defined under section 4958(f)(1) persons described in section 4958(c)(3)(B) (attach scheduler)					
Salaries and wages of employees not inclu	1 1				
on lines 25a, b, and c		3,832,075	2,465,986	1,366,089	<del></del> .
Pension plan contributions not included lines 25a, b, and c	on		!		
Employee benefits not included on li					
25a – 27					
Payroll taxes	1 1	278,881		278,881	
Professional fundraising fees					
Accounting fees	امما	40,758		40,758	
Legal fees		152,654		152,654	
Supplies		311,689	121,591	190,098	
Telephone		180,322	180,322		
Postage and shipping		898, 132	898,132		
Occupancy	1 1	422,989	213,446	209,543	
Equipment rental and maintenance		3,527,280	3,387,067	140,213	
Printing and publications	1 1	301,266	301,266		
Travel	. 39	1,493,549	1,208,788	284,761	
Conferences, conventions, and meetings	. 40				<del>-</del>
Interest	41	15,061		15,061	
Depreciation, depletion, etc. (attach sched	ule) 42	1,915,982	1,915,982		
Other expenses not covered above (itemize				İ	
Statement 2	43a	5,915,690	4,787,895	1,127,795	
o	43b				
·					
1					
•					
3	43g				
Total functional expenses. Add lines a through 43g. (Organizations complete					
columns (B)–(D), carry these totals to li	nes	1			
13-15)		19,598,298	15,516,876	4,081,422	
through 43g. (Orga columns (B)–(D), carry 13–15)	Inizations complet these totals to life the totals to totals to life the totals to totals to totals to totals to totals to totals to totals to totals to totals to totals to totals to totals to totals to totals to totals to totals to totals to totals to total totals to total totals to total totals to total totals to total tota	these totals to lines  to you are following SOP 98-2.	Inizations completing these totals to lines 19,598,298 of you are following SOP 98-2.	Inizations completing these totals to lines 19,598,298 15,516,876 19,590 are following SOP 98-2.	Anizations completing these totals to lines

Page	3

Part III	Statement of Program	n Service Accomplishments	(See the instructions.)

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.

	nat is the organization's primary exempt purpose? ▶	Program Service Expenses
۱I	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	(Required for 501(c)(3) and
of	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) panizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(4) orgs , and 4947(a)(1) trusts, but optional for
		others )
а	Production and distribution of religious programming for electronic distribution throughout the world.	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	15,516,876
b	, , , , , , , , , , , , , , , , , , , ,	10,010,010
U		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
С		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
d		
u		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
e	Other program services (attach schedule)	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	

Pa	art IV	Balance Sheets (See the instructions	.)				
1	Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within	the description	(A) Beginning of year		<b>(B)</b> End of year
	45	Cash—non-interest-bearing	1,043,070	45	482,919		
	46	Savings and temporary cash investments .			20,410	46	11,589
			-ء ا	202.010			
		Accounts receivable	47a	303,018	204 077		206 226
	b	Less: allowance for doubtful accounts .	47b	6,793	204,877	4/6	296,225
			48a				
		Pledges receivable	48b		669,592	180	434,036
	1	Less: allowance for doubtful accounts .			003,332	49	737,030
	49	Grants receivable				75	
	50a	Receivables from current and former officers				50a	
		key employees (attach schedule)			<del></del>	-	
	D	Receivables from other disqualified persons (4958(f)(1)) and persons described in section 495				50b	
	510	Other notes and loans receivable (attach	0(0)(0)	(attach schedule)			
S	Jia	schedule)	51a				
Assets	b	Less: allowance for doubtful accounts	51b			51c	
Ą	1	Inventories for sale or use			1,397,326	52	1,336,386
	53	Prepaid expenses and deferred charges			450,706	53	325,047
		Investments—publicly-traded securities			1,104,153	54a	947,194
		Investments—other securities (attach schedu				54b	
	,	Investments—land, buildings, and	,		<del>_</del> -		
		equipment: basis	55a	3,120,000			
	Ь	Less: accumulated depreciation (attach				ļ	
		schedule)	55b		3,120,000	55c	3,120,000
	56	Investments—other (attach schedule)			<del></del>	56	<u></u>
	57a	Land, buildings, and equipment: basis .	57a				
	b	Less: accumulated depreciation (attach			42	<u> </u>	
		schedule)	57b		13,567,702	57c	12,666,350
	58	Other assets, including program-related inve	25 570 002		44 572 704		
		(describe > Statement 5			35,578,962		41,572,781
	59	Total assets (must equal line 74). Add lines			57,156,798 1,124,241	<del></del>	61,192,527 1,016,215
	60	Accounts payable and accrued expenses .			1,124,241	60	1,010,213
	61	Grants payable			6,965	62	6,169
S	62	Deferred revenue			0,000	02	0,103
lities	63	Loans from officers, directors, trustees, and	,	' ' '		63	
ğ	642	schedule)				64a	· <del></del>
Liabi		Mortgages and other notes payable (attach s			40,000	64b	440,000
	65	Other liabilities (describe ► Statement 6			36,515,269	65	43,493,993
		(		Γ			
	66	Total liabilities. Add lines 60 through 65 .		<u></u>	37,686,475	66	44,956,377
	Orga	mizations that follow SFAS 117, check here ▶	a	and complete lines			
s		67 through 69 and lines 73 and 74.		,			
ည္	67	Unrestricted			14,863,131	67	11,797,602
ā	68	Temporarily restricted			4,607,192	68	4,438,548
8	69	Permanently restricted				69	
Net Assets or Fund Balances	Orga	inizations that do not follow SFAS 117, check complete lines 70 through 74.	here	➤ □ and			
- ×	70	Capital stock, trust principal, or current fund	s			70	
ts c	71	Paid-in or capital surplus, or land, building, a		í		71	
Sei	72	Retained earnings, endowment, accumulated		•		72	
As	73	Total net assets or fund balances. Add line					
det	-	70 through 72. (Column (A) must equal line				]	
-		equal line 21)			19,470,323	73	16,236,150
	74	Total liabilities and net assets/fund balance	s. Add	lines 66 and 73	57,156,798	74	61,192,527

Pa	Reconciliation of Revenue per Audinstructions.)	dited Financial Staten	nents V	Vith Rev	enue pe	r Ret	turn (See the
a b	Total revenue, gains, and other support per audi Amounts included on line a but not on Part I, lin					а	17,613,472
1	Net unrealized gains on investments		b1		_		
2	Donated services and use of facilities		b2			]	
3	Recoveries of prior year grants		b3				
4	Other (specify): Statement 7		b4	1	,011,190		
	Add lines <b>b1</b> through <b>b4</b>					b	1,011,190
С	Subtract line <b>b</b> from line <b>a</b>					С	16,602,282
d	Amounts included on Part I, line 12, but not on I	line <b>a:</b>					
1	Investment expenses not included on Part I, line		d1				
2	Other (specify):		d2				
	Add lines <b>d1</b> and <b>d2</b>					d	
е	Total revenue (Part I, line 12). Add lines c and d	1			. ▶	е	16,602,282
Pa	t IV-B Reconciliation of Expenses per Au	idited Financial Stater	ments '	With Ex	oenses p	er R	
а	Total expenses and losses per audited financial	statements				а	20,609,488
b	Amounts included on line a but not on Part I, line						
1	Donated services and use of facilities		b1				
2	Prior year adjustments reported on Part I, line 20	)	b2				
3	Losses reported on Part I, line 20		b3				
4	Other (specify): Statement 8		b4	1	,011,190		
	Add lines b1 through b4					b	1,011,190
С	Subtract line <b>b</b> from line <b>a</b>					С	19,598,298
d	Amounts included on Part I, line 17, but not on I	ine a:					
1	Investment expenses not included on Part I, line	6b	d1				
2	Other (specify):		d2				
е	Add lines d1 and d2	d				d	19,598,298
Pai	t V-A Current Officers, Directors, Trustees or key employee at any time during the year	s, and Key Employees	(List ea	ch person sated.) (S	n who was ee the ins	tructi	ons.)
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Com	pensation paid, enter 0)	(D) Contribute benefit plan compens	ons to en	mployee (E) Expense account and other allowances
Stat	ement 9						
		-					
		-					
		-		<del></del>		-	
		-					
					-		
		-					
		-					
		•					

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age	

Form	990 (2006)					F	age
Pai	t V-A Current Officers, Directors, Trustee	s, and Key Employe	es (continued)			Yes	No
75a	Enter the total number of officers, directors, and trimeetings	· · · · · · · · · · · · · · · · · · ·	ote on organizatio	n business at board			
b	Are any officers, directors, trustees, or key employeemployees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or	hest compensated p	professional and	other independent			
	relationships? If "Yes," attach a statement that ide	entifies the individuals	and explains the	relationship(s)	75b		✓
c	Do any officers, directors, trustees, or key compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, the	Part II, or highest co	ompensated prof ceive compensat	essional and other on from any other			
	If "Yes," attach a statement that includes the info	ormation described in	the instructions.		75c		<b>√</b>
	Does the organization have a written conflict of it V-B Former Officers, Directors, Trustees, and				75d efits (f		orme
	officer, director, trustee, or key employee re person below and enter the amount of comp	eceived compensation of	r other benefits (d	escribed below) during	g the y	ear, lis	
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expendent Expendent Expenses E	other
	a Shelton i Renwick Dr., Springfield, IL 62704	-	75,000				
			-		ļ ———		
					-		
		•					_
		•					
				_			
Par	t VI Other Information (See the instruction	ns.)				Yes	No
76	Did the organization make a change in its activiti detailed statement of each change		-		76		<b>✓</b>
77	Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the changes	erning documents bu			77		✓
	Did the organization have unrelated business grothis return?	oss income of \$1,000			78a		<b>√</b>
	If "Yes," has it filed a tax return on Form 990-T f	•			78b	-	
79	Was there a liquidation, dissolution, termination, of a statement				79		✓
<b>ช</b> Ua	Is the organization related (other than by associa common membership, governing bodies, truste organization?	ees, officers, etc., to	any other exer	npt or nonexempt	80a		✓
b	organization?						
81a b	Enter direct and indirect political expenditures. (S Did the organization file Form 1120-POL for this	ee line 81 instructions	s) <mark>[81a]</mark>		81b		<b>✓</b>

	330 (2000)		· ·	Lago
Pa	rt VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		1
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.  (See instructions in Part III.)			
922	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	1	i –
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	1	
		84a	Ť	7
	Did the organization solicit any contributions or gifts that were not tax deductible?	0.0		<u> </u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	84b		
	gifts were not tax deductible?	85a	<del>                                     </del>	$\vdash$
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85b	<del>                                     </del>	<del> </del>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	000		├
	If "Yes" was answered to either 85a or 85b, <b>do not</b> 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			
d	Section 162(e) lobbying and political expenditures	. 1		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   85e			(
f	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		<u> </u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			1
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	85h		L
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a			
b	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   87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	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 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		<b>√</b>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		1
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶0; section 4912 ▶0;			
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			ĺ
_	persons during the year under sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization .			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		1
•		89f		1
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
-	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	89g		
902	at any time during the year?			
	Number of employees employed in the pay period that includes March 12, 2006 (See	•••••	••	
	instructions.)			148
91a	The books are in care of ► Larry Ewing  Located at ► West Frankfort, IL  ZIP + 4 ► 628		7-465	!
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	r	<b>V</b> - <sup></sup> 1	p. r .
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	4000any	91b		✓
	If "Yes," enter the name of the foreign country ▶ Russia	1	ļ	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

orm 9	90 (2006)						P	age 8
Part	VI Other Information (continued)						Yes	No
c 92	At any time during the calendar year, did the If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts and enter the amount of tax-exempt interest r	y ► Russia s filing Form 99	0 ın lieu of <b>Form</b>	<b>1041</b> —Check	chere			▶[
Part	VII Analysis of Income-Producing Act	ti <mark>vities</mark> (See th	ne instructions.)					
lote:	Enter gross amounts unless otherwise	Unrelated	business income	Excluded by sec	tion 512, 513, or 514		(E) lated	
ndica	ted.	_ (A)	(B)	(C)	(D)	exem		
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	-	come	
а	Production and Distribution	_				├	1,431	1,652
b		_						
С		-	<del></del>	<del> </del>		├—		
d				<del></del>				
e	N		<del></del>	<del>                                     </del>		<del>                                     </del>		
f	Medicare/Medicaid payments		<del>-  </del>	<del>                                     </del>		$\vdash \lnot$		
g 94	Fees and contracts from government agencies  Membership dues and assessments.	·						
95	Interest on savings and temporary cash investments						10	),333
96	Dividends and interest from securities	,						
97	Net rental income or (loss) from real estate:							
а	debt-financed property							
b	not debt-financed property			<u> </u>			38	3,735
98	Net rental income or (loss) from personal property		<del></del>	<del> </del>		<u> </u>		
99	Other investment income		<del> </del>	<u> </u>		<u> </u>		
00	Gain or (loss) from sales of assets other than inventory	' <del></del>	<del></del>	-		<u> </u>		,074
01	Net income or (loss) from special events .			<u> </u>		<del></del>	160	,878
02	Gross profit or (loss) from sales of inventory		<del> </del>			<del> </del>	103	,676
03	Other revenue: a	-	<del>-</del>			_	(154.	217)
b	Other							,781
d								<del></del>
e								
04	Subtotal (add columns (B), (D), and (E)) .						1,527	,162
05	Total (add line 104, columns (B), (D), and (E))				<b>-</b>		1,527	,162
	Line 105 plus line 1e, Part I, should equal the							
Part								
Line					mportantly to the	accom	plishr	nent
	Statement 11		9	рапросод,				
Part			isregarded Entit	ies (See the	nstructions.)			
	Name, address, and EIN of corporation, partnership, or disregarded entity ow	( <b>B)</b> Percentage of mership interest	(C) Nature of ac	ctivities	(D) Total income		<b>(E)</b> -of-ye ssets	ar
	parameter of discognised criticy	%				a:	20013	
		%			•			
		%						
		%						
Part	X Information Regarding Transfers Associated	ciated with Per	sonal Benefit Cor	ntracts (See ti	he instructions.)			
	Did the organization, during the year, receive any funds, di Did the organization, during the year, pay prer e: If "Yes" to (b), file Form 8870 and Form 472	niums, directly	or indirectly, on a			☐ Yes	_	

Dag	t XI Information Regarding	Transfers To and From	Controlled E	intition Com	ploto only if the o	raania	ation
Fai		ation as defined in section		es. Com	Diete Only II the O	yanız 	auon
106	Did the reporting organization in the Code? If "Yes," complete the				tion 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	(C) iption of nsfer	(D Amount of		er
а							
b							
С							
	Totals						
107	Did the reporting organization r 512(b)(13) of the Code? If "Yes				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	( Descri	C) ption of nsfer	(D) Amount of		er
а							
b							
С							
	Totals						
108	Did the organization have a bin rents, royalties, and annuities d			2006, coverin	g the interest,	Yes	No
Plea Sign Here	Under penalties of perjury, I declare the and belief, it is true, correct and compared to the signature of officer	at I have examined this return, including	ng accompanying sc	hedules and stater I on all information Dat	of which preparer has a	ny know	vledge vledge
Paid	Preparer's signature		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN (S	iee Gen.	Inst. X)
Prepar Use O				EIN Phone n	<b>&gt;</b> ;		
	1 dudicoo, and ZIF T 4 F	· · · · · · · · · · · · · · · · · · ·	_	11.110110		-000	<u> </u>

#### 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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Three Angels Broadcasting Network, Inc.			37	1179056
Compensation of the Five High (See page 2 of the instructions.				, and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans deferred compensation	& account and other
Moses Primo PO Box 39, Thompsonville, IL 62890	Director of Engineering	63,026		
Leonard Westphal 25306 Cypress St., Loma Linda, CA 92354	Trust Services Director	51,272		
Total number of other employees paid over \$50,000 . ▶	0			
Part II-A Compensation of the Five High (See page 2 of the instructions. Lis				
(a) Name and address of each independent contracto	r paid more than \$50,000	(b) Type	of service	(c) Compensation
Union Bank of California PO Box 85243, San Diego, CA 92186		Investment Manag	ement	70,777
			<del></del>	
				ļ
Total number of others receiving over \$50,000 for professional services ▶	o	}		
Part II-B Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "No	ned services other than p	professional serv		
(a) Name and address of each independent contractor	r paid more than \$50,000	(b) Type	of service	(c) Compensation
RR Satellite Communications 4 Hagoren Street, Omer, Israel		Satellite		684,000
Blue Cross Blue Shield PO Box 1186, Chicago, IL		Health Insurance		419,328
Smith and Butterfield PO Box 3446, Evansville, IN		Printing		399,880
United Parcel Service Lockbox 577, Carol Stream, IL		Delivery		313,557
Olympusat 560 Village Blvd, Suite 250, West Palm Beach, FL		Satellite		180,000
Total number of other contractors receiving over \$50,000 for other services	7			

Pai	Statements About Activities (See page 2 of the instructions.)	Y	es	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities     *   (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)			✓
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	a	$\downarrow$	✓
b	Lending of money or other extension of credit?	<u>,                                     </u>		✓
С	Furnishing of goods, services, or facilities?	٠,	/	
	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?			✓
	Transfer of any part of its income or assets?			<b>✓</b>
	Transfer of any part of its moonie of assets:			
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3		✓
b	Did the organization have a section 403(b) annuity plan for its employees?	<u>.                                    </u>		✓_
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	,		✓_
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	<u>,                                      </u>	_	✓_
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g			<b>√</b>
b	Did the organization make any taxable distributions under section 4966?	+	+	✓_
С	Did the organization make a distribution to a donor, donor advisor, or related person?	<u>;</u>		✓_
d	Enter the total number of donor advised funds owned at the end of the tax year			0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •		•	0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0
			_	

Pa	rt I\	Reason for Non-Private	Foundation :	<b>Status</b> (See pages 4	through 7 o	f the instructi	ons.)	
l ce	rtify	that the organization is not a priva	te foundation bed	cause it is. (Please chec	k only <b>ONE</b> ap	plicable box.)		
5		A church, convention of churches	s, or association	of churches. Section 170	D(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V)						
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III).						
8	☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).							
9		A medical research organization of and state ▶	•	•		(A)(III). Enter the	hospital's name, city	
10		An organization operated for the be (Also complete the Support School	_	or university owned or o	perated by a go	overnmental unit	:. Section 170(b)(1)(A)(ıv)	
11a		An organization that normally rece 170(b)(1)(A)(vi). (Also complete the		• • • • • • • • • • • • • • • • • • • •	a governmental	unit or from the	general public Section	
11b		A community trust. Section 170(b)	)(1)(A)(vi) (Also co	omplete the Support Sc	hedule in Part	IV-A.)		
12		An organization that normally receifrom activities related to its charita from gross investment income an organization after June 30, 1975.	able, etc., functiond unrelated busi	ns—subject to certain ex ness taxable income (le	ceptions, and ss section 511	(2) no more that tax) from busin	an 33%% of its support nesses acquired by the	
13		An organization that is not control requirements of section 509(a)(3).				•	nd otherwise meets the	
		☐ Type I ☐ Type II	∏Туре	III-Functionally Integrate	ed 🗆	Type III-Other		
		Provide the following infor	rmation about th	ne supported organizat	ions. (See pag	e 7 of the instru	uctions.)	
(a) Name(s) of supported organization(s)		* *	(b) (c) Employer identification number (EIN) (described in lines 5 through 12 above or IRC section)		(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support	
					Yes	No		
		<del></del>						
							<del></del>	
Γota	<u>I.</u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> ▶  </u>	<del></del>	
14		An organization organized and op	erated to test for	public safety. Section 5	i09(a)(4). (See r	page 7 of the in	structions)	

	rt IV-A Support Schedule (Complete onl					eccounting.
	e: You may use the worksheet in the instructions				(d) 2002	(a) Total
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(a) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do	44 671 726	54 227 062	12 010 511	17 226 402	EO 064 611
46	not include unusual grants See line 28).	14,671,736	14,237,962	12,918,511	17,236,402	59,064,611
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		4 004 004	0.040.040	4 000 -04	0.050.000
	organization's charitable, etc., purpose	2,016,368	1,924,281	2,310,642	1,998,731	8,250,022
18	Gross income from interest, dividends,		ı			
	amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less				l	
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975 .	51,271	37,076	48,917	52,416	189,680
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	16,739,375	16,199,319	15,278,070	19,287,549	67,504,313
24	Line 23 minus line 17	14,723,007	14,275,038	12,967,428	17,288,818	
25	Enter 1% of line 23	167,394	161,993	152,781	192,875	
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 name					
	governmental unit or publicly supported organizamount shown in line 26a. Do not file this list wi	•	-	-		
_	Total support for section 509(a)(1) test: Enter li	-				
	Add. Amounts from column (e) for lines 18					
a					▶ 26d	·
_	Public support (line 26c minus line 26d total)					
f	Public support (line 26c filling sine 26c (numera					%
27	Organizations described on line 12: a For person," prepare a list for your records to show					
	Do not file this list with your return. Enter the				a nom, odon diog	adimod porcorii
	(2005) 417,415 (2004)	185.984	(0000)	206,809	(0000)	317,048
b	For any amount included in line 17 that was received show the name of, and amount received for each					
	(Include in the list organizations described in lines	through 11b, as v	vell as individuals.)	Do not file this lis	st with your return.	After computing
	the difference between the amount received and	the larger amount	described in (1) o	or (2), enter the so	um of these differei	nces (the excess
	amounts) for each year	E70 60A		E62 E40		182,840
	(2005) 1,749,974 (2004)	370,034	. (2003)		. (2002)	
		50 064 611	_			
С	Add: Amounts from column (e) for lines: 15		16		1 1	00 044 000
	2 22 2 2 2		21		▶ 27c	68,314,633
d	Add: Line 27a total	and line 27b total	3,067,0	<u> 148</u>	▶ 27d	4,194,304
е	Public support (line 27c total minus line 27d to	tal)				64,120,329
f	Total support for section 509(a)(2) test: Enter a				67,504,313	
g	Public support percentage (line 27e (numera					94.99 %
<u>h</u>	Investment income percentage (line 18, colu	mn (e) (numerat	or) divided by lin	e 27f (denomina	ator)). ▶ 27h	.28 %
28	Unusual Grants: For an organization describe					
	prepare a list for your records to show, for ear description of the nature of the grant. Do not fi					ant, and a brief
	Cooperation of the measure of the glant, by Hell	1101 77141 ]				

	tule A (Form 990 or 990-EZ) 2006  The Value of the Instructions of the Instructions of the Instructions of the Instructions of the Instructions of the Instructions of the Instruction o		F	age \$
Pa	Private School Questionnaire (See page 9 of the instructions.)  (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	No
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,	20		
04	programs, and scholarships?	30		
31	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		
	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		
b		32b		
С	C. H. T. L.	32c		
d	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.)	i		
33	Does the organization discriminate by race in any way with respect to.			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	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		
-	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		-

Page	t

Schedule A (Fo	rm 990 or 990-EZ)	2006
Part VI-A	Lobbying	Ex

Sche	dule A (Fo	rm 990 or 990-EZ) 2006							Page (
Pa	rt VI-A	Lobbying Expenditures by El (To be completed ONLY by ar					instruc	tions.	)
Chec	k ▶ a	if the organization belongs to an affilia					"limited c	ontrol"	provisions apply.
	<u> </u>	Limits on Lobbyi	ng Expenditur	es			(a) Affiliated o	roup	(b) To be completed for all electing organizations
		(The term "expenditures" mea	<del></del>	<u></u>		-			Organizations
36		bbying expenditures to influence public			· · · ⊢	36			
37		bbying expenditures to influence a legis	• •		· · · ⊢	37 38			
38		bbying expenditures (add lines 36 and	•		· · ·	39			
39		xempt purpose expenditures			· · ·  -	40			
40		cempt purpose expenditures (add lines			· · -	+0+			
41	•	ng nontaxable amount. Enter the amount	obbying nontaxa						
		er \$500,000 20% (							
		00,000 but not over \$1,000,000 \$100,0			1 1	- }			
		000,000 but not over \$1,500,000 . \$175,0	•		3 1	41			
		500,000 but not over \$17,000,000 . \$225,0							
			o,000						
42	Grassro	ots nontaxable amount (enter 25% of li	ne 41)		· · · -	42			
43	Subtrac	t line 42 from line 36. Enter -0- if line 4	2 is more than lir	ne 36	$\cdot$ $\cdot$ $\cdot$ $\vdash$	43			
44	Subtrac	t line 41 from line 38 Enter -0- if line 4	1 is more than lir	ne 38	🗠	44			
	Caution	n: If there is an amount on either line 43	or line 44, you n	nust file Form 47	20.				
	<del></del>	4-Year Av	eraging Perior	d Under Secti	ion 501(h)				
	(	Some organizations that made a section See the instructions for	n 501(h) election	do not have to	complete all o			nns be	elow.
			Lob	bying Expenditu	ıres During 4	-Year	Averagi	ng Pe	riod
		ar year (or ear beginning in) ▶	<b>(a)</b> 2006	<b>(b)</b> 2005	(c) 2004		(d) 2003		<b>(e)</b> Total
45	Lobbyin	g nontaxable amount							
46	Lobbyin	g ceiling amount (150% of line 45(e))							
47	Total lo	obying expenditures							
48	Grassro	ots nontaxable amount				$\downarrow$			····
49	Grassro	ots ceiling amount (150% of line 48(e))							
50 Par	Grassro t VI-B	ots lobbying expenditures Lobbying Activity by Nonelec	ting Public Cl	narities					<del>, , , , , , , , , , , , , , , , , , , </del>
r al		(For reporting only by organiza			Part VI-A) (S	See p	age 13	of the	instructions.)
		ar, did the organization attempt to influ		•		ng any	Yes	No	Amount
	-	luence public opinion on a legislative m	atter or referend	um, through the	use of:		ļ		
а	Voluntee						.		
b		iff or management (Include compensation	•		c through h.)		·	$\vdash$	
C		dvertisements					.		
d	-	to members, legislators, or the public					·		
9		ions, or published or broadcast stateme					·		
f		o other organizations for lobbying purpontact with legislators, their staffs, gove					·		
g h		ontact with legislators, their statis, gove demonstrations, seminars, conventions,				• •	.		
i		obying expenditures (Add lines c throug				· ·	: [		·
	If "Yes"	to any of the above, also attach a state	ement giving a de	tailed descriptio	n of the lobby	ing a	ctivities		

Par	t VI			ransfers To and Transe page 13 of the instruction	actions and Relationships With Noncons.)	haritable 
i1					e following with any other organization described tion 527, relating to political organizations?	in section
9				to a noncharitable exempt or		Yes No
-		•		to a nonchanable exempt of	51a(i)	1
	(ii)				a(ii)	1
<b>L</b>	٠,	er transactions:	· · · · · ·			
D					ation   b(i)	<b>√</b>
		-		noncharitable exempt organiz		1
				ritable exempt organization .	b(iii)	<b>-</b>
				her assets		<b>\</b>
					( (	<b>-</b>
		_			1	<del></del>
				ship or fundraising solicitations	l I	<b>√</b>
С	Sha	ırıng of facılitıes, eq	juipment, mailing li	ists, other assets, or paid emp	oyees <u>c</u>	
d	goo	ds, other assets, o	r services given by	y the reporting organization. If	le Column (b) should always show the fair market was the organization received less than fair market was, other assets, or services received.	
(a	1)	(b)		(c)	(d)	
Line	no	Amount involved	Name of non-	chantable exempt organization	Description of transfers, transactions, and sharing arrai	ngements
	_					
				·		
			·		<del></del>	
		<del></del> .			<del></del>	
			<del></del>			
					<del>-</del>	
			. <u>.</u>		<u> </u>	
	des		1(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 organiza	ation	(b) Type of organization	(c) Description of relationship	
			·			<del></del>
					<u> </u>	
					· · · · · · · · · · · · · · · · · · ·	<del></del>
		<del></del>		<u> </u>	<del> </del>	
					<del> </del>	
		· · · · · · · · · · · · · · · · · · ·	<del>.</del> .		<del></del>	
			<del></del>		<del>-</del>	
					<del> </del>	
					1	

#37-1179056

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

#### Publicly Traded Securities

Description <sup>*</sup> Date Acquired <sup>*</sup> How Acquired. Date Sold To Whom Sold <sup>*</sup>	Securities Various Purchased or Donated Various Market Shares - Unknown
Gross Sales Price Cost Basis Loss on Sale	182,262 184,156 (1,894)
Other Assets	
Description: Date Acquired How Acquired: Date Sold. To Whom Sold:	Capital Assets Various Purchased or Donated Various Various
Gross Sales Price Cost Basis Loss on Sale	9,600 632 8,968
Form 990, Part 1, Line 20 Other Changes in Net Assets	
Restate prior years property taxes Restate prior years cost of goods given away	105,358 132,800 238,158

#37-1179056

Statement 2 Form 990, Part II, Line 43 Other Expenses

		Program	Management	
Other Expenses	Total	Services	& General	Fundraising
Advertising and Promotion	101,051		101,051	
Bad Debts	10,501		10,501	
Bank Charges	97,159		97,159	
Broadcasting	444,984	444,984		
Cable Promotion	5,229	5,229		
Camp Meeting	37,287		37,287	
Cost of Goods Given Away	3,167,235	3,167,235		
Contract Labor	189,676	187,920	1,756	
Donations	228,484		228,484	
Dues and Registration	48,290	48,290		
Insurance	373,735		373,735	
Inventory Write-down	72,369	72,369		
Miscellaneous	76,643		76,643	
Music Production	93,070	93,070		
Special Projects	807,147	768,798	38,349	
Trust	162,830		162,830	
	5,915,690	4,787,895	1,127,795	

Statement 3 Form 990, Part IV, Line 55 Land, Buildings and Equipment

Land held in Charitable Remainder Unitrusts

3,120,000

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

Asset	Cost	Accum. Deprec.	Net Book Value
Buildings	6,672,998	1,118,098	5,554,900
Land	842,688		842,688
Land Improvements	534,047	124,541	409,506
Machinery & Equipment	20,482,574	14,877,413	5,605,161
Vehicles	1,468,521	1,370,794	97,727
Construction in Progress	156,368		156,368
	30,157,196	17,490,846	12,666,350

#37-1179056

Statement 5
Form 990 Part IV, Line 58
Other Assets

Deposits Annuities Trusts	606,240 12,406,919 28,559,622 41,572,781
Statement 6 Form 990 Part IV, Line 65 Other Liabilities	
Annuities Liabilities under Unitrust Agreements Revocable Trust Liabilities	13,317,008 1,617,363 28,559,622 43,493,993
Statement 7 Form 990 Part IV-A, Line B(4) Other Amounts	
Cost of Goods Sold - Satelites Rental Expenses	1,001,811 9,379 1,011,190
Statement 8 Form 990 Part IV-B, Line B(4) Other Amounts	
Cost of Goods Sold - Satelites Rental Expenses	1,001,811 9,379 1,011,190

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Statement 9
Form 990, Part V-A
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		0	0
Kenneth Denslow 619 Plainfield Rd , 3rd Floor Willowbrook, IL 60521-5381	Director None	0		0	0
May Chung 155 Manchester Lane San Bernardino, CA 92408	Director None	0		0	0
Larry Ewing PO Box 75 Thompsonville, IL 62890	Treasurer 40 hrs/wk	60,585			
Merlin Fjarli 670 Mason Way Medford, OR 97501	Director None	0		0	0
Bill Hulsey PO Box 596 Collegedale, TN 37315	Director None	0		0	0
Ellsworth McKee PO Box 750 Collegedale, TN 37315	Director None	0	ı	0	0
Wintley Phipps PO Box 8008 Vero Beach, FL 32963	Director None	0	ı	0	0
Danny Shelton 2954 New Lake Road West Frankfort, IL 62896	President Director 40 hrs/wk	72,802			

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

Mollie Steenson 400 E 9th Street Johnston City, IL 62951	Secretary Director 40 hrs/wk	61,375		
Carmelita Troy 4024 Ronda Rd Pebble Beach, CA 93953	Director None	0	0	0
Larry Welch 715 S Mulkey Christopher, IL 62822	Director 40 hrs/wk	42,210	0	0
	_	236,972		

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
100	Gain or loss from sales other than inventory helps offsett general operating expenses
102	Sale of satellite dishes to enable veiwers to receive programming
103c	Other income is used to help offset general operating expenses

#### Statement 12 Schedule A, Part III, Line 2c

Three Angels Broadcasting Network, Inc. uses the services of the Westphal Law Group a principal of which is related to the Director of Trust Services

Three Angels Broadcasting Network, Inc. purchases inventory from a corporation controlled by a person reated to the President.

Three Angels Broadcasting Network, Inc. contracts music services from a person related to the President.