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 sta

	THE TIEVE	STOC OCT VICE	1 - The organization may have to use a copy of this return to satisfy	orare rep	orang req	michicità.	
<u>A</u>	For t	he 2008 ca	lendar year, or tax year beginning January 1 , 2008, and	ending	Dece	mber 31	,20 08
В	Check if	applicable:	Please C Name of organization Three Angels Broadcasting Network	k, inc		D Employ	er identification number
		s change	use IRS Doing Business As			37	1179056
	Name (print or Number and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite		E Telepho	
	Initial re		type. See 3391 Charley Good Rd, PO Box 220			(618)	627-4651
			Specific City or town state or country and 710 . 4			(010 /	. 021~4031
	Termin		tions. West Frankfort, IL 62896				
		ed return				G Gross rec	
<u></u>	Applicat	ion pending		[H(a) Is this	s a group return t	for affiliates? Yes No
	Toy	kempt status	19928 Stevens Branch Rd, West Frankfort, IL 62896				ncluded? 🗹 Yes 🗌 No
					If "N	lo," attach a l	list. (see instructions)
			rw.3abn.org			exemption num	
K			✓ Corporation Trust Association Other ► L Year of	formation:	1985	M State of	legal domicile: IL
		Summ					
	1	Briefly de	scribe the organization's mission or most significant activities:	Producti	ion and	distributio	n of religious
m)		program	ing for electronic distribution throughout the world. (televisio	n, radio	, interne	t)	
Activities & Governance		~~~~~~~					
Ë							
o Ve	2	Check this	box ▶ ☐ if the organization discontinued its operations or disposed of more	re than 25	% of its as	ssets.	
<u>ن</u>	3		of voting members of the governing body (Part VI, line 1a)		,, ,, ,,,,	3	13
Š	4		of independent voting members of the governing body (Part VI, III	 ina 1h)	• • •	•	9
VIE I	5					5	170
Ę	6					6	
٩	1 -					•	12
	h	Net unrel	ss unrelated business revenue from Part VIII, line 12, column (C).		• • •	. 7a	-0-
	 □	INCL UITE	ated business taxable income from Form 990-1, lifle 34	' ' ' '		. 7b	-0-
er	_ '			ļ	Prior Ye		Current Year
	8		ions and grants (Part VIII, line 1h)			199,289	14,591,460
Ģ	9		service revenue (Part VIII, line 2g)			998,789	1,082,880
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		···	7,885	1,182,542
	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		(1	04,145)	27,438
	12	lotal reve	nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	15,	101,818	16,884,320
	13	Grants ar	d similar amounts paid (Part IX, column (A), lines 1-3)			0	0
,	14	Benefits	paid to or for members (Part IX, column (A), line 4)			0	0
Ses	15		ther compensation, employee benefits (Part IX, column (A), lines 5-10	0)	4,4	460,115	4,465,341
Expenses			nal fundraising fees (Part IX, column (A), line 11e)	'		0	0
页			raising expenses (Part IX, column (D), line 25) ▶				
			penses (Part IX, column (A), lines 11a-11d, 11f-241		12.7	779,038	10,694,823
	18	Total exp	enses. Add lines 13-17 (must equal Part Kanalum) (in 25).	' ·		239,153	15,160,164
	19	Revenue I	ess expenses. Subtract line 18 from line 12			37,335)	1,724,156
es of			2 2 2 1	<i>lll</i> :		£ V	m
Net Assets Fund Balanc	20	Total ace	ets (Part X, line 16)	1.71	1 . E 50 6	31/15/1	C2 474 74 E
Ass Ba	21	Total light	lition (Part V. line 26)	. j√ ©11	44.5	314,341	03,174,713
ξŞ	22	Net asset	s or fund halances Subtract line 21 from line 20. TMEN	=(7/4-	44,0	000.045	47,351,744
Ď		Signa	ets (Part X, line 16) lities (Part X, line 26) s or fund balances. Subtract line 21 from line 20 ATMENT. Of the Block attice Block attice of perjury, I declare that I have examined this return, including accompanying it is true, correct, and complete beclaration of preparer (other than officer) is basing the substantial of the substantial of the best accompanying it is true, correct, and complete beclaration of preparer (other than officer) is basing the substantial of the substan	<u> </u>	14,0	190,015	15,822,971
and Colomb		Under per	attles of periury. I declare that I have examined this return, including accompanying	sahadı ilan i	and statement		
	-/	and belief	it is true, correct, and complete Declaration of preparer (other than officer) is basis	ed on all ir	formation	ents, and to tr of which prep	he best of my knowledge parer has any knowledge.
Sig		-	the rest of the second		1	1	<i>a</i>
Hei		Signa	ture of efficer /			/ - 5 -	<i>泛10</i>
TE	ıe	Ciglia	The last of the Pitt	*****	Date		
		D =	JAMES WI OLVICY Tresiden				
	····	Type	or print name and title				
		Preparer's	Date	Check i	1		ntifying number
aid		signature	<i>'</i>	employ	ed ▶ 🔲 🏻	(see instruction	15)
	arer's						
	Only	Firm's nan	ne (or yours		EIN	>	The state of the s
	,		nd ZIP + 4		Phone no.	. ▶ ()	
Иay	the !	IRS discu	ss this return with the preparer shown above? (see instructions)				Yes No

e ani	Statement of Program Service Accomplishments (see instructions)
	Briefly describe the organization's mission: The mission of 3ABN is to proclaim the gospel of salvation through Jesus Christ to the world by television, radio, and internet. It is also our mission to continue the healing ministry of Christ through, programs that teach people a better way of life, physically, mentally and emotionally.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Divide a constitution access conducting or make significant changes in how it conducts, any program
	services?
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.
	1.082.880)
4a	(Code:) (Expenses \$11,026,868 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 \$)
40	Total program service expenses ▶ \$ (Must equal Part IX, Line 25, column (B).)

Pala	Checklist of Required Schedules	— Т	Yes	No
			165	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	1	
_	complete Schedule A	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I.	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV	9		√
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10	√	✓
12	Parts VI, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
14a b	to the state of th	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	_ 15	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	ļ	1
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 19	<u> </u>	<u>v</u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	20	 -	1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	21	1	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
22 23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J.	23	1	
24-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\ <u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	├	 '
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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		1

	Checklist of Required Schedules (continued)			
Hypotherman			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	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)? If "Yes," complete Schedule L, Part IV	28a		✓
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	✓	
C	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? If "Yes," complete Schedule L, Part IV	28c	1	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	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? If "Yes," complete Schedule R, Part VI	37		1

Form **990** (2008)

erm s Pali	Statements Regarding Other IRS Filings and Tax Compliance	r	т	
etel 1	Statements regularing care of the statement of the statem		Yes	No
4	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 1a 843			
	LIS Information Returns Enter -0- if not applicable			
	The the number of Forms W-2G included in line 1a. Enter -0- it not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	1	
	gaming (gambling) winnings to prize winners?	-10		
2a	The sumber of employees reported on Form W-3. Transmittal of Wage and Tax	.		
		2b	✓	
b	to the second on line 2a did the organization life all required rederal employment tax retains			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-me this rotain.			
	instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a		✓
_	this return?	3b		
b	the organization have an interest in, or a signature or other authority			
4a	At any time during the calendar year, did the organization have at interesting the calendar year, and the organization have at interesting the calendar year, and the organization have at interesting the calendar year, and the organization have at interesting the calendar year, and the organization have at interesting the calendar year, and the organization have at interesting the calendar year, and the organization have at interesting the calendar year, and the organization have at interesting the calendar year, and the organization have at interesting the calendar year, and the organization have at interesting the calendar year.	4-		1
	ΔΔ	<u>4a</u>		\ <u>\</u>
h	and the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 30-22.1, Report of Foreign Same			
	and Financial Accounts	5a		✓
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		✓
b	Was the organization a party to a prohibited tax shelter transaction? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		<u> </u>
_	Regarding Prohibited Tax Sheller Transaction: Did the organization solicit any contributions that were not tax deductible?	6a	<u> </u>	
6a	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	-:	6b	-	┼──
7	Organizations that may receive deductible contributions under section 170(c).	١	١.	.]
·	and a state and the services of services in exchange for any guid pro quo contribution of more than	7a	1	1
	A	7b		
b	ff "Yes," did the organization notify the donor of the value of the goods or services provided?			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		/
	required to file Form 8282?	1		
	any funds, directly of indirectly, to pay premiums on a personal	_		1,
е		7e	+-	1
f	at the provinction during the year pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g	+-	1
ç	For all contributions of qualified intellectual property, did the organization life Form 6699 as required.	/9	-	-
. F	. For contributions of cars, boats, airplanes, and other vehicles, did the organization life a Form 1990-0 as	7h		1
	namulus d'O			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	Section 501(c)(3) and other sponsoring organizations maintained by a sponsoring 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
_	organization, have excess business holdings at any time daming the partial states of the section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		.	
9	But the exemplation make any taxable distributions under section 4900?	9a		
	and the second s	9b	 	
10	Section 501(c)(7) organizations, Enter:			
	- Lettietien foos and capital contributions included on Part VIII, line 12.	-		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
	Cross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against	_		
	amounts due or received from them.)	12	a	
12	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
			n/	

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

Sec	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a				
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		<u> </u>
7a				
	of the governing body?	7a		✓
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:		.	
а		8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
	Does the organization have local chapters, branches, or affiliates?	9a	1	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	√	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			,
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	ا		,
800	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	L	
360	LICIT D. FORCES		1	
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	401	1	
	rise to conflicts?	12b	-	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	✓	
b	Other officers or key employees of the organization?	15b	1	
	Describe the process in Schedule O. (see instructions)		1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	.		
	with a taxable entity during the year?	16a		<u> </u>
b				
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1	- 1	
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec 17	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		nly)	
17	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		nly)	
17	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		nly)	
17	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	(3)s o		
17 18	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	(3)s o		
17 18	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶California, Illinois, Oregon Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	(3)s o	est	

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated PaiW Employees, and Independent Contractors

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, and 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.

compensated employees; and former such personal Check this box if the organization did not contain the containing the containing the containing the compensated employees; and former such personal compensated employees; and	mpensate	anv o	ffic	er. o	dire	ctor.	trus	tee, or key em	ployee.	
(A)	(B)	<u> </u>		(C	>)			(D)	(E)	(F)
Name and Title	Average hours per		<u>`</u>			that ap		Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
		tee	ıstee			ensated				organization.
Dr.Walter Thompson - 174 Fox Borough Bur Ridge, IL 60521 (Chairperson)	.5	1						0	0	0
Jim Gilley - 19928 Stevens Branch Rd	40	1		1				\$72,774	0	0
West Frankfort, IL 62896 (President) Kenneth Denslow - 619 Plainfield Rd.	.5			Ť				0	0	0
Suite 200, Willowbrook, IL 60527-8438 Merlin Fjarli - 670 Mason Way	.5	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						0	. 0	. 0
Medfort, OR 97501 Brian Hamilton- 19841 Stevens Branch Rd	40	✓		-		-	-	\$46,872	0	. 0
West Frankfort, IL 62896 (Treasurer) Bill Hulsey - Box 596		-	\vdash	/	-	+	-	0	0	0
Collegedale, TN 37315	.5	1	-	-	-		+			
Ellsworth McKee - PO Box 750 Collegedale, TN 37315	.5	/	_	_	-		-	0	0	0
C.A. Murray - PO Box 220 West Frankfort, IL 62896	40	1						\$36,678	. 0	. 0
Wintley Phipps - PO Box 8008 Vero Beach, FL 32963	.5	1						0	0	0
Larry Romrell - 441 Russeliville Rd	.5	1						0	0	0
Franktown, CO 80116-8927 Danny Shelton - 19971 Stevens Branch Rd	- 40	/						\$166,469	0	. 0
West Frankfort, IL 62896 Mollie Steenson - PO Box 220	- 40		T	/	,			\$61,200	0	0
West Fankfort, IL 62896 (Vice President) Max Trevino - 2828 Bent Oak Dr	5	√	+	V					0	0
Burelson, TX 76028 Carmelita Troy - 2627 Noellyn Dr		1	-	+	+		+		0	. 0
Berrien Springs, MI 49103	5	√	-	-	-		+		,	
	-	_	-	1	-					·
					_		_			

Part VII Section A. Officers, Directors, Tru	stees, Key	Emp	loy	ees,	an	d Higi	hes	t Compensate	d Employees (c	ontinue	ed)	
(A)	(B)			(0	>)			(D)	(E)		(F)	
Name and title	Average hours per week	iti os Individual trustee or director	nstitutional trustee	Officer	Rey employee	Highest compensated employee	Pormer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	cor	Estimate amount other apensa from the ganizati ganizati	of ation ne tion ted
					,							***************************************
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									Mindo			
							<u> </u>			ļ	<u></u>	
										<u> </u>		
									,			
<u></u>												
1b Total					<u> </u>		>	\$383,993	(0
2 Total number of individuals (including thos	e in 1a) wh	no rec	eive	ed n	nore	e thar	1 \$ 1	00,000 in repo	rtable compen	sation	from	the
organization ► 1											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete S	er, director	or tru	uste	e, k indi	ey vidu	emplo	oye	e, or highest c	ompensated	3		1
4 For any individual listed on line 1a, is the state organization and related organizations	sum of rep	ortabl	e c	omp	ens	ation	and cor	d other compe onplete Schedu	nsation from le J for such		1.	
individual										4	1	
services rendered to the organization? If " Section B. Independent Contractors	Yes," com	olete (Scn	eau	ie J	TOF S	ucn	person		5	L	<u> </u>
1 Complete this table for your five highest c	ompensate	d ind	epe	nde	nt c	ontra	cto	rs that receive	d more than \$1	00.00	 0 of	
compensation from the organization.			- 1				I					
Name and business add		0.440			······························		En	(B) Description of s		Compe	ensation	
Blue Cross Blue Shield, PO Box 1186, Chicag Intelset Corporation, PO Box 7247-8912, Phil				-89	12			nployee Medic tellite Service				2,254 0,000
SES Americom California, Inc, PO Box 64296	1, Pittsbur	gh, P	A 1	526	4-2	961		tellite Service				3,850
R.R. Satellite Service, 4 Hagoren Street, Ome								tellite Service				5,000
Smith & Butterfield, PO Box 3446, Evansville	, IN 47733-	3446						inting Service			\$269	,392
2 Total number of independent contractors compensation from the organization ▶ 1	(including 1	those	in '	1) w	ho	receiv	/ed	more than \$10	00,000 in .			

Form 99	90 (200	08)						Page 9
Pari	VIII	Statement of Rev	renue		//		(C)	(D)
•					(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Fundraising events . Related organizations Government grants (contrib All other contributions, gifts, gi and similar amounts not include Noncash contributions include	rants, led above 1f	14,591,460 118,133		·		
	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	Business Code	14,591,460			
Program Service Revenue	2a b	Production & Distribu		Business Code	1,082,880	1,082,880	0	0
Ser	d						•	,
ra E	e	All other program service						
rog	T ~	Total. Add lines 2a-2f		>	1,082,880			
	3	Investment income (income other similar amounts)	luding dividends	i, interest, and	19,881	19,881	. 0	. 0.
	4	Income from investment o		d proceeds	14,176	14,176	0	0
	5	Royalties	(i) Real	(ii) Personal	14,170	17,110		
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (lo	36,170 17,091 19,079		19,079	19,079	. 0	0
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
		Gain or (loss)	(69)	1,162,730 ▶	1,162,661	1,162,661	0	0
Other Revenue	8a	Net gain or (loss) Gross income from events (not including \$ of contributions reporte See Part IV, line 18 Less: direct expenses	d on line 1c) a b		1,102,000			
Ó		Net income or (loss) from		events				
		Gross income from gam See Part IV, line 19 Less: direct expenses.	а					
	C	Net income or (loss) from	om gaming activ	ities 🕨				
		Gross sales of inverturns and allowances Less: cost of goods so	s., a	195,127 145,191	7			·
	0	Net income or (loss) from	m sales of invent		49,936	49,937	0	0
	├	Miscellaneous Rev		Business Code				
	11a	Other			(154,402) 98,649		. 0	
	c							
	c	All other revenue		<u></u>	IEE 7E3\			
	- 1	Total. Add lines 11a-1	1d		(55,753)			
***************************************	12	Total Revenue. Add li 9c, 10c, and 11e	nes 1n, 2g, 3, 4	, 5, 60, 70, 80, 	16,884,320	16,884,321	0	Form 990 (2008)

Statement of Functional Expenses Part IX

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). (C) Management and general expenses (D) Fundraising expenses (B) Program service expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (A) Total expenses

70,	OD, OD, AND TOD OT LATE THE				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	8,614	8,614		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	640,596	640,596		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	383,993	38,678	345,315	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			050 407	0
7	Other salaries and wages	3,109,895	2,253,788	856,107	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
	Other employee benefits	712,366		68,320	0
9	Payroll taxes	259,087	162,219	96,868	0_
10					
11	Fées for services (non-employees):				
· а	Management	814,096	0	814,096	0
b	Legal		ļ	79,600	0
C	Accounting	79,600		0	0
d	Lobbying	0		9	0
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees				
	Other				
_	Advertising and promotion	277,333	207,879	69,454	· . 0
12		920,554	601,019	319,535	0
13	Office expenses				
14	Information technology				
15	Royalties	4,996,189	4,586,345	409,844	0
16	Occupancy	355,580		151,084	0
17	Travel	300,000			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	56,761	0	56,761	.0
19	Conferences, conventions, and meetings .			4,817	
20	Interest	4,817	<u> </u>	4,017	0
21	Payments to affiliates		4 0 40 005	0	0
22	Depreciation, depletion, and amortization.	1,646,335			<u> </u>
23	•	360,274	0	360,274	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed	1	·		
	5% of total expenses shown on line 25 below.)				
а					
b	• • • • • • • • • • • • • • • • • • • •				
C		***************************************			
C		,			
e		534,074	68,453	465,621	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	15,100,104	11,002,400	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	Į.			
	fundraising solicitation				
				-	Form 990 (2008)

Par	X	Balance Sheet	·				
			(A) Beginning of year		(B) End of	year	
		Cash—non-interest-bearing	364,053	1		1,058,	
- 1	1 2	Savings and temporary cash investments	147,448	2	····	482,	
	3	Pledges and grants receivable, net	651,770	3		464,	
	4	Accounts receivable, net	175,995	4		840,	942
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		200	,000
ts	7	Notes and loans receivable, net	2,607 1,352,599	8		1,097	
Assets	8	Inventories for sale or use	349,370	9			,754
ا که	9	Prepaid expenses and deferred charges		-		300	104
	10a	Land, buildings, and equipment: cost basis 10a 30,936,326					
	b	Loss: accumulated depreciation, Complete I	11,424,593	10c	1	0,310	,730
		Pail VI Of Schedule D	1,039,482			1,013	
	11	Investments—publicly traded securities		12			
	12	Investments—other securities. See Part IV, line 11	3,120,000	13		3,340	,000
	13	Intangible assets		14			
	14	Other assets. See Part IV, line 11	39,986,624	15		3,900	
	15 16	Total assets. Add lines 1 through 15 (must equal line 34)	58,614,541		6	3,174	
	17	Accounts payable and accrued expenses	4 000 000	-		1,113	<u>,795</u>
	18	Grants payable		18			
	19	Deferred revenue				1	<u>,316</u>
Liabilities	20	Tax-exempt bond liabilities		20			<u> </u>
	21	Escrow account liability. Complete Part IV of Schedule D		21			
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	00	Secured mortgages and notes payable to unrelated third parties		23			
	23	Unsecured notes and loans payable	30,000	24		30	0,000
	25	Other liabilities. Complete Part X of Schedule D	43,439,944	1		16,206	
	26	Total liabilities. Add lines 17 through 25	44,515,726	26		17,351	,744
ances		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.					4
a	27	Unrestricted net assets	10,009,160			10,441	1,024 1,947
Bal	28	Temporarily restricted net assets	4,089,655			5,36	,941
펄	29	Permanently restricted net assets		29			
Net Assets or Fund Bal		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		30			
ots.	30	Capital stock or trust principal, or current funds		31			
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		32			
t A	32	Retained earnings, endowment, accumulated income, or other funds	14,098,815	33		15,82	2,971
ž	33	Total net assets or fund balances	58,614,541			63,174	1,715
G				,		Τ	г
) Deliver			al 🗌 Other		1	Yes	No
1	Ac	counting method used to prepare the Form 990: Cash Accru		-+O	2a		1
2	a W	ere the organization's financial statements compiled or reviewed by an in	ocustant?	ilf .	2b	1	İ
	b W	ere the organization's financial statements audited by an independent ac	countains	reight o		T :	
	c If	"Yes" to lines 2a or 2b, does the organization have a committee that assume e audit, review, or compilation of its financial statements and selection of an	a responsionity for ove	1519111 C 1†7	" 2c	1	
_	the	e audit, review, or compilation of its financial statements and selection of an s a result of a federal award, was the organization required to undergo ar	audit or audits as se	et forth	in		
3	a As	e Single Audit Act and OMB Circular A-133?			. <u>3a</u>		✓
	h If	"Yes," did the organization undergo the required audit or audits?			. 3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

ble trusts.

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Internal Revenue Service Employer identification number Name of the organization 37 1179056 Three Angels Broadcasting Network, Inc 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.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ 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.) 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☑ An organization that normally receives: (1) more than 331/4 % 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% % 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.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. c Type III-Functionally integrated **b** ☐ Type II a Type I 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the organizations the organization supports. (iv) Is the organization (vii) Amount of (iii) Type of organization (v) Did you notify (vi) is the (i) Name of supported the organization in organization in col. support in col. (i) listed in your organization (described on lines 1-9 governing document? (i) organized in the col. (i) of your above or IRC section U.S.? support? (see instructions)) Yes No Yes Yes No

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) PadU (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (f) Total (d) 2007 (e) 2008 (c) 2006 (b) 2005 (a) 2004 Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1-3 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) Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2007 (e) 2008 (f) Total (c) 2006 (a) 2004 (b) 2005 Calendar year (or fiscal year beginning in) > Amounts from line 4 . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 . Gross receipts from related activities, etc. (see instructions) 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 % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 331/4 % support test-2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box b 331/3 % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test-2008. 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 stop here. Explain in Part IV how the 10%-facts-and-circumstances test-2007. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

	(Complete only if you oncoke							
Se	ction A. Public Support	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2	8008	(f) Total
С	calendar year (or fiscal year beginning in) 🕨	(a) 2004	(5) 2000					
1	Gifts, grants, contributions, and membership fees received. (Do not include	13,582,398	13,964,981	15,075,136	14,044,281	14,5	91,460	71,258,256
_	any "unusual grants.") Gross receipts from admissions, merchandise							
2	Gross receipts from admissions, metalandase 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	1,3	49,346	9,489,050
3	- the state and not on							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
_		15,441,094	16,050,750	17,700,508	15,614,148	15,9	40,806	80,747,306
6 7:	a Amounts included on lines 1, 2, and 3 received from disqualified persons	185,984	263,700	417,415	447,164	1,1	27,407	2,441,669
1	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	570,694	608,010	1,660,056	1,393,332	7	08,734	4,940,826
	year or \$5,000	756,678	871,710	2,077,471	1,840,496	1,8	36,141	7,382,495
	c Add lines 7a and 7b	700,070						
8	line 6.)							73,364,811
Se	ection B. Total Support	() 5001	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
	Calendar year (or fiscal year beginning in)	(a) 2004	16,050,750	17,700,508	15,614,148		40,806	80,747,306
9	Amounts from line 6	15,441,094	16,050,750	17,700,300	13,014,140	,,,,	,	
10	da 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 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	c Add lines 10a and 10b	36,936	47,623	58,229	63,114		97,469	303,371
11	Net income from unrelated business							
	whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
1:						 		81,050,677
1.		L	<u> </u>	four	h or fifth tax)	loar as	a section	
1	organization, check this box and stop	here		na, tnira, tourt		· ·		▶ □
S	Section C. Computation of Public Su	ipport Perce	ntage			1,-1		90.52 %
1	5 Public support percentage for 2008 (lin	ne 8, column (f) divided by li	ne 13, column	(f))	15 16		93.09 %
1	6 Public support percentage from 2007	Schedule A, P	art IV-A, line 2	./g		16		93.03 /8
S	Section D. Computation of Investme	nt Income P	ercentage			17		.37 %
. 1	7 Investment income percentage for 200)8 (line 10c, co	olumn (f) divide	ed by line 13, o	column (t)) .	18		.29 %
	- Louisian paraontage from 2	nn7 Schedule	A. Part IV-A. II	ne 27h			hon 201/	
	9a 33% % support tests - 2008. If the org	ganization did r	not check the been	oox on line 14, nization qualifie	is as a publicly	Suppo	rica orga	JI II ZULIOII
	b 331/3 % support tests - 2007. If the orga	nization did not is box and stor	check a box on here. The organic	n line 14 or line anization qualifi	e 19a, and line es as a publicly	suppo	ore man	nization 🕨 🗆
_	20 Private foundation. If the organization	did not check	a box on line	14, 19a, or 19l	b, check this b	ox and	see ins	tructions ► L 0 or 990-EZ) 2008
2								

Sabadula A (E	orm 990 or 990-EZ) 2008			·	Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; or P	. Complete this part to art III, line 12. Provide	provide the explanation any other additional infor	required by Part mation. (see instru	II, line 10; octions)
	Tarri, into 174 o. 175, or 1				
					~ # · · · · · · · · · · · · · · · · · ·
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#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number

1179056 37 Three Angels Broadcasting Network, Inc. Organization type (check one): Section: Filers of: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) **General Rule** For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF).

chedule B	(Form 990, 990-EZ, or 990-PF) (2008)		Page of of Part 1
lame of o	rganization		Employer identification number 37 1179056
Three Ar	gels Broadcasting Network, Inc		37 1179056
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	ons Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d) ions Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(2)	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Aggregate contribut	tions Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contribu	(d) tions Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Occupate Part II if there is a noncash contribution.)

Employer identification number Name of organization 1179056 Three Angels Broadcasting Network, Inc

PartII	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	l
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	l
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	·l

hedula ¤ /¤	form 990, 990-EZ, or 990-PF) (2008)			Page of of Part III					
	ganization			Employer identification number					
Part III	Exclusively religious, charitable, etc., aggregating more than \$1,000 for the For organizations completing Part III, contributions of \$1,000 or less for the	year. Complete c enter the total of	olumns <b>(a)</b> through <i>exclusively</i> religiou	is, charitable, etc.,					
(a) No. from	(b) Purpose of gift		e of gift	(d) Description of how gift is held					
Part I									
		(e) Trans	fer of gift						
	Transferee's name, address, and Zll	P + 4	Relationsh	ip of transferor to transferee					
	·								
(a) No. from Part I	(b) Purpose of gift	(c) Us	e of gift	(d) Description of how gift is held					
ŀ	(e) Transfer of gift								
	Transferee's name, address, and Zi	P + 4	Relations	nip of transferor to transferee					
(a) No.				(A) Description of how gift is hold					
from Part I	(b) Purpose of gift	(c) Us	se of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
				hip of transferor to transferee					
	Transferee's name, address, and Z	IP + 4	Relations	inp of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) U	se of gift	(d) Description of how gift is held					
1 2161									
		(e) Trai	nsfer of gift						
	Transferee's name, address, and Z	IP + 4	Relations	hip of transferor to transferee					

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No. 1545-0047

2018

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.

Nama	of the organization		Emplo	yer identif	ication number	•
	ee Angels Broadcasting Network, Inc		37	į	1179056	
Par		Fun	ds or	Accou	nts. Comple	ete if
	(a) Donor advised funds		(b) F	unds and	other accounts	
	Total number at end of year					
1 2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that the assets funds are the organization's property, subject to the organization's exclusive legal c	ontro	17		ed Yes	☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that used only for charitable purposes and not for the benefit of the donor or donor adv	isor c	or otnei		. TYes	□No
Stortaches.	impermissible private benefit?	" to E	orm 0	On Part	IV line 7	140
BET			UIIII 3	30, 1 all	. 10, 1110 7.	
1 2	Preservation of open space Complete lines 2a–2d if the organization held a qualified conservation contribution in the	on of ion o	f certifi	ed histo	ric structure	
	on the last day of the tax year.		Γ-			
			H		d at the End of	the rear
а	Total number of conservation easements	•	• • -	2a   2b		
b	Total acreage restricted by conservation easements	•	· · ⊢	2c		
C	Number of conservation easements on a certified historic structure included in (a) .	•	–	2d		
d	Number of conservation easements included in (c) acquired after 8/17/06					di wina
3	Number of conservation easements modified, transferred, released, extinguished, of the taxable year ▶				organization	auring
4	Number of states where property subject to conservation easement is located ▶			•		
5	Does the organization have a written policy regarding the periodic monitoring, inspending enforcement of the conservation easements it holds?	•			. Lyes	☐ No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easement	s dur	ing the	year►_		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements d	uring	tne ye	ar⊳ Ф_		
8	Does each conservation easement reported on line 2(d) above satisfy the requirement 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				Yes	
9	In Part XIV, describe how the organization reports conservation easements in its rebalance sheet, and include, if applicable, the text of the footnote to the organization the organization's accounting for conservation easements.	n's tir	nanciai	stateme	ents that des	na cribes
Pa	Organizations Maintaining Collections of Art, Historical Treasures, of Complete if the organization answered "Yes" to Form 990, Part IV, line 8	or Ot 3.	her Si	milar A	ssets.	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenuant, historical treasures, or other similar assets held for public exhibition, education, or provide, in Part XIV, the text of the footnote to its financial statements that describe	reseases the	arcn in ese iter	furtnerai ns.	nce ot public	service,
b	If the organization elected, as permitted under SFAS 116, to report in its revenue st historical treasures, or other similar assets held for public exhibition, education, or a provide the following amounts relating to these items:	resea	rch in 1	rurtneran	ice of public	service,
	(i) Revenues included in Form 990, Part VIII, line 1	•		<b>▶</b> ⊅_		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treasures, or other simi following amounts required to be reported under SFAS 116 relating to these items:					
a b	Revenues included in Form 990, Part VIII, line 1			<ul><li>\$.</li><li>\$.</li></ul>		

	e D (Form 990) 2008  Organizations Maintainin	g Colle	ections o	f Art, His	torical	Treasures,	or Ot	her Similar As	sets (continued)
3 (	Jsing the organization's accession attems (check all that apply):	and othe	er records	, check a	ny of the	e following th	at are	a significant us	e of its collection
a	Public exhibition			, d	∐ Lo	an or exchar	ige pr	ograms	
ь [	Scholarly research			е	☐ Ot	her			
c [	Preservation for future generation	ons							t surnoso in
	Provide a description of the organizate at XIV.			•					mpt purpose iii
5 i	During the year, did the organization s assets to be sold to raise funds rather	than to	ne mainta	ined as Da		organization :	3 0000	GUOII	Yes No
Part		odial Ar	rangeme	nts. Com	iplete if	organization	ansv	vered "Yes" to	Form 990,
	is the organization an agent, trustee included on Form 990, Part X?						ns or	other assets no	Yes No
ь	If "Yes," explain the arrangement in	Part XI	V and con	nplete the	followin	g table:			
_							-	AI	nount
С	Beginning balance						1c		
d	Additions during the year						<u>1d</u>		,
е	Distributions during the year						1e		
f	Fnding balance						1f	<u> </u>	Yes No
2a b	Did the organization include an amount "Yes," explain the arrangement in	Part XI	V.						
Cal		mplete	if organi:	zation an	swered	"Yes" to F	orm s	90, Part IV, III	(e) Four years back
Anna Anna Anna Anna		(a) Cui	rrent year	(b) Prio	r year	(c) Two years	back	(d) Three years back	(e) Four years back
1a	Beginning of year balance								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Contributions								
c	Investment earnings or losses .								194 17 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
d	Grants or scholarships			<u> </u>					
e	Other expenditures for facilities						. ,		
_	and programs				ari seri	· ·		trass trasser	
f g	End of year balance	<u> </u>		1	•			•	
2	Provide the estimated percentage of	of the ye	ear end ba	liance nei	a as:				
а	Board designated or quasi-endown			%					
b	Permanent endowment >								
С	Term endowment ▶9	6				- + bald on	4 045	inictored for the	
3a	Are there endowment funds not in the	ne posse	ession of t	ne organiz	ation in	at are nero an	u aun	minstered for the	Yes No
	organization by:								3a(i)
	(i) unrelated organizations						•		3a(ii)
	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	 nanizatio	ns listed	 as require	d on Sc	hedule R?			3b
4	Describe in Part XIV the intended u	ises of	the organi	zation's e	ndowme	nt funds.			
	Investments—Land, B	uildina	s. and Ed	uipmen	t. See F	orm 990, Pa	art X,	line 10.	
	Description of investment		(a) Cost or o	ther basis	(b) Co	st or other s (other)	(c)	Depreciation	(d) Book value
					6	06,060		-	606,060
	Land	-				82,192	1	,718,110	5,664,082
b	Buildings	· ·							
C	Leasehold improvements	-			23,0	21,303	18	3,980,715	4,040,588
d	Equipment	:: :							
E Tota	al. Add lines 1a-1e. (Column (d) should	egual Fo	orm 990, P	art X, colu	mn (B), lii	ne 10(c).) .			10,310,730
1010	41. 100 1110 12 101 101 101							Coho	dula D (Earm 990) 2008

Schedule D (Form 990) 2008			Page 3
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 valua Cost or end-of-year mar	ition: :ket value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			•
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
	d See Form 990 Part X	line 13.	•
	(b) Book value	(c) Method of value	atlon:
(a) Description of investment type	(D) DOOK VAIGO	Cost or end-of-year ma	arket value
Unitrust Proper Held for Sale	3,340,000	Market Value - As appraised	
Unitrust Proper field for Sale			
• •			
	•		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Pare X Other Assets. See Form 990, Pa	art X, line 15.		
	(a) Description		(b) Book value
Deposits			288,951
Charitable Gift Annuities			12,380,846
Trusts			30,227,820
Total. (Column (b) should equal Form 990, Part X, co	ol (B) line 15.)		43,900,417
	Part X. line 25.		
Can X Other Liabilities. See Form 990  (a) Description of liability	(b) Amount		
Federal income taxes			
Unitrust Liability	1,589,53	37	
Revocable Trust Liab	31,227,82		
Annuity Liabilities	13,389,27		
ramaty Empires			
			•
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	46,206,63	33	

	Reconciliation of Change in Net Assets from Form 990 to Financial Statements	3	
Eli	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	1	16,884,320
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2	15,160,164
2	Total expenses (Form 990, Part IX, column (A), line 25)	3	1,724,156
3	Excess or (deficit) for the year. Subtract line 2 from line 1	4	
4	Net unrealized gains (losses) on investments	5	
5	Donated services and use of facilities	6	
6	Investment expenses	7	•
7	Prior period adjustments	8	
8	Other (Describe in Part XIV)	9	0
9	Total adjustments (net). Add lines 4–8.  Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.  Excess or (deficit) for the year per financial statements. Statements With Revenue.	10	1,724,156
10	Reconciliation of Revenue per Audited Financial Statements With Revenue	e per	Return
-	Reconciliation of Revenue per Audited Financial Statements with Revenue Total revenue, gains, and other support per audited financial statements	1	17,046,602
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
2	Amounts included on line 1 but not on 1 on 338, 1 at 7 iii, iii 2a    Net unrealized gains on investments	_	
а	Donated services and use of facilities	_	
b	Recoveries of prior year grants	_	
c.	Other (Describe in Part XIV)	깈	
d	Add lines 2a through 2d	2e	162,282
e	Subtract line 2e from line 1	3	16,884,320
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
4	towards not included on Form 990 Part VIII line 7b	_  .	
a	Other (Describe in Part XIV)	_	
a S	Add lines 4a and 4h	4c	
5		5	16,884,320
	Reconciliation of Expenses per Audited Financial Statements With Expenses	ses p	er Return
O COLO MARIO	Total expenses and losses per audited financial statements	1	15,322,446
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
2	za i de la constanta de facilities	_	
a	20		
t.	Lasses reported on Form 990 Part IX line 25	_	
<b>C</b>	1 Other (Describe in Part XIV)		100,000
	Add lines 2a through 2d	2€	
	Subtract line 2e from line 1	3	15,160,164
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
4,	levestment expenses not included on Form 990, Part VIII, line 7b . 4a	_	
	Other (Describe in Part XIV)	┦.	. 0
	والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج	40	<u> </u>
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 16.)	5	15,160,164
P	Supplemental Information		
_	Lib 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	mpiete this part to provide the descriptions required for and 4b; and Part XIII, lines 2d and 4b d 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b	•	
	90 Part VIII line 6b, Rental Expense \$17,091 and 990 Part VIII line 10b, \$145,191 = \$162,282		
9	90 Part VIII line 6b, Rental Expense \$17,051 and 5501 art VIII line 6b, Rental Expense \$17,051 and 5501 art VIII		
~~~			

Schedule D (For	n 990) 2008	Page 5
Part XIV	Supplemental Information (continued)	
M.IR. WALLE		
•		
	•	
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		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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#### Schedule F (Form 990)

# Statement of Activities Outside the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

nternal Revenue Service	For	ii 990, Part IV,	line 14b, line 10, or line		Employer	identification number
lame of the organization	-time Naturale Inc				37	1179056
Three Angels Broadca Part I General Ir	sting Network, inc nformation on Activ	ities Outside	the United States.	Complete if the c	rganizatio	on answered
"Yes" to Fo	rm 990, Part IV, line 14	1b.				
1 For grantmakers.	Does the organization	maintain reco	ords to substantiate the	amount of the	grants or	
assistance the gra	antees' eligibility for the	e grants or ass	sistance, and the select	ion cinena useu	to awaru	☑ Yes ☐ No
the grants or assis	stance?					
United States.			s procedures for monito		ırant fund	s outside the
3 Activities per Regi	on. (Use Schedule F-1	(Form 990) if	additional space is need	ded.)		
(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., fundralsing, program services, grants to recipients located in the region)	(e) If activity listed in a program servic describe specific ty service(s) in regi	e, pe of	(f) Total expenditures in region
East Asia & Pacific	. 2	2	TV Broadcasting			117,998
						444.074
Russia	11	17	TV Prog Production			414,074
South America	2	0	Cable Broadcasting			8,624
Sub-Saharan Africa	2	1	Radio & TV Broadcas			99,900
						,
<u> </u>						
					<u> </u> ·	
•			,			
						•
	. 1					640,596

	(a) Name of organization	(b) IRS code section and EIN (if applicable)	ace is needed.	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method valuation (book, FM appraisal other)
			East Asia & Pacific	Operating	117,998	WireTrans			
	<b>第</b> 於官子基長長長		Russia	Operating	414,074	WireTrans			
			South America	Operating	8,624	WireTrans			
	The later part of the first of		Sub-Saharan Africa	Operating	99,900	WireTrans			
	MENTAL SERVICE AND								
	<b>建设于发展的发展</b>								
1348) 1978									
			·						
		San Aria							
									**************************************
	Jeres Anna Marie								
		A Secretary							
		Pro Stay Mari							

•

F (Form 990) 2008  Grants and Other Assistance to Ind Use Schedule F-1 (Form 990) if addit  (a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
						·	
				-			
					••	•	
	Manufacture						
			•		-		-
	•				***************************************		
	-		•				
			•		*		·
				1			
						-	
			-				
				<del>                                     </del>			1

Part IV	Supplemental Information  Complete this part to provide the information required in Part I, line 2, and any other additional information.
Financial f	eport and/or receipts are required to substantiate operating costs. For larger organizations financial activities
are review	d by a independent auditing firm.

#### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury	- 00	Miplete ii ale orga	➤ Attach to	Form 990.			Inspection				
Internal Revenue Service						Employer identi	fication number				
Name of the organization	ule Imm		•			37	1179056				
Three Angels Broadcasting Netwo	ork, inc	_nictanca									
Part I General Information of	on Grants and A	ASSISTANCE		sistance the grantee	s' eligibility for the gra	nts or assistance, ar	nd				
Does the organization maintain	records to subst	antiate the amou	nt of the grants of as	sistance, the grantes	ong only for the gra		✓ Yes 🗆 No				
the selection criteria used to a	criteria used to award the grants or assistance?										
Grants and Other Ass Form 990, Part IV, line Part IV and Schedule I							▶ ☑				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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				
or government						•					
The second secon											
		<b>]</b> .									
					•						
	4										
						l					
		<del> </del>									
					-						
					-						
	1	<u> </u>									
	-{						<u></u>				
2 Enter total number of section	501(c)(3) and gov	ernment organiza	itions				22				

3 Enter total number of other organizations

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

Cat. No. 50055P

Schedule I (Form 990) 2008

(a) Type of grant or assistance	additional space is ne  (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 assist
	recipients	cash gran			
Supplemental Information. Co	molete this part to pr	ovide the informa	tion required in Par	t I, line 2, and any other	additional information.
Supplemental information. Co	mpioto uno pare to pr				
				~ ****************	************
~~~~	·				

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2008

Open to Rublic Inspection
Employer identification number

7"1	e Angels Broadcasting Network, Inc	37		117905	6	
						·
Pari	and desirent negations compensation				Yes	No
	Check the appropriate box(es) if the organization provided any of the following to or for a per 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Text indemnification and gross-up payments Personal services (e.g., maid, chemostrates)	for per ersonal iation	rsonal use residence fees	•		
	If line 1a is checked, did the organization follow a written policy regarding payment or re provision of all of the expenses described above? If "No," complete Part III to explain	imburs	ement or	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses inconficers, directors, trustees, and the CEO/Executive Director, regarding the items checken	ırred b d in lin	y all e 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation organization's CEO/Executive Director. Check all that apply. Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or comp			ttee		
4 a b c	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		 	4a 4b 4c		√ √
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.					
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or a compensation contingent on the revenues of:	accrue	any	5a		
a b	The organization?	•	 	5h		· /
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or compensation contingent on the net earnings of:	accrue	any	68		
a	The organization?			61		· V
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide payments not described in lines 5 and 6? If "Yes," describe in Part III		• • • •	. 7		√
. 8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contra subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "\	ct that	was escribe	.		

Schedule J (Form 990) 2008

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation :	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or
(A) Name		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	compensation	benefits		Form 990-EZ
	(i)	\$70,309	\$160	\$96,000	. 0	0	\$166,469	\$78,404
Danny Shelton	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)			,		****		
	(i)							
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Page 3
Schedule J (Form 990) 2008
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.
Land valued at \$96,000 was deeded to Danny Shelton (former president and current trustee/consultant) per the terms of a non-compete employment agreement vote by
the Board of Trustees.
Schedule J (Form 990) 200

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered

OMB No. 1545-0047

Department of the Treasury nternal Revenue Service

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Employer identification number Name of the organization 1179056 Three Angels Broadcasting Network, Inc 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. (c) Corrected? (b) Description of transaction 1 (a) Name of disqualified person Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (g) Written (e) in default? (f) Approved (c) Original (d) Balance due (b) Loan to or from (a) Name of interested person and purpose by board or the organization? principal amount committee? No Yes Yes No From Yes Total Grants or Assistance Benefitting Interested Persons. Part III To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the (c) Amount of grant or type of assistance (a) Name of interested person organization **Business Transactions Involving Interested Persons.** Part IV To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of

(d) Description of transaction (c) Amount of (b) Relationship between. (a) Name of interested person organization's transaction interested person and the revenues? organization No Yes 45,780 Legal Services Related to Trust Direct Westphal Law Group 60,000 Internet Broadcasting Serv MOIPTV, INC - Moses Primo Key Employee Media Duplication Serv Tommy Shelton - D/B/A Sacred Sounds 12,130 **Brother to Trustee** 4,100 | Evangelistic Programs 3ABN President-Kenneth Cox Ministries Serves on Cox Board

SCHEDULE M (Form 990)

Department of the Treasury

NonCash Contributions

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

► Attach to Form 990.

OMB No. 1545-0047

2018

Open To Public Inspection

Internal Revenue Service Employer identification number Name of the organization Three Angels Broadcasting Network, Inc. Parial Types of Property (d) Method of determining (c) (b) (a) Revenues reported on Form 990, Part VIII, line 1g Number of contributions Check if revenues applicable Art—Works of art . . . 2 Art—Historical treasures . 3 Art-Fractional interests . . 4 Books and publications . . Clothing and household goods Cars and other vehicles . 6 Boats and planes 7 Intellectual property Securities—Publicly traded . 9 Securities-Closely held stock . 10 Securities-Partnership, LLC, or trust interests Securities-Miscellaneous Qualified conservation 13 contribution (historic structures) Qualified conservation 14 contribution (other) Real estate-Residential . . Real estate-Commercial . . 16 Real estate—Other Actual Cash value @ Sale 17 118,133 Coins, Costume Jewelry Collectibles 18 Food inventory 19 Drugs and medical supplies . 20 Taxidermy 21 22 Historical artifacts Scientific specimens . . . 23 Archeological artifacts . . 24 Other ▶ (.....) 25 Other ▶ (.....) 26 Other ► (.....) 27 Other ▶ (.....) 28 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 Yes No 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 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? b If "Yes," describe in Part II. 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.

abadula M/	(Form 990) 2008	Page Z
Pard: III	Supplemental Information. Complete this part to provide the information required by P 32b, and 33. Also complete this part for any additional information.	art I, lines 30b,
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