Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning

# **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)

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

2009, and ending

December 31

, 20 09

OMB No. 1545-0047

Open to Public Inspection

R C	heck if ap	olicable:	Please	C Name of organization Three Angels Broadcasting Network, Inc			er identifica	مد	
	ddress c	`	use IRS label or	Doing Business As		37		<u>79056</u>	
	lame cha	-	print or	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	ET	elephor	ne number		
_	nitial retu	_	type. See	3391 Charley Good Rd, PO Box 220	(6	18)	627	7-4651	
			Specific Instruc-	City or town, state or country, and ZIP + 4	1				
_	Terminate		tions.	West Frankfort, IL 62896	G G	aross rec	elpts \$	13,906	,550
	Amended Application		F Nar	e and address of principal officer: James W. Gilley, President H(a) is	this a grou	io return	for affiliates?	]Yes	<b>V</b> No
<i>f</i>	Application	pending	19928	- · · · · · · · · · · · · · · · · · · ·			ncluded?		□No
	Tax-exe	mpt statu					list. (see ins		s)
ij	Websit		ر الحا		ир ехетр	tion num	nber >		
			· / Com	oration ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1985	5 M S	State of	legal domi	cile: IL	
		Sumn							
				the organization's mission or most significant activities: Production an	d distr	ibutio	on of reli	gious	
	<b>1</b> E	sneny a	escribe mina fo	r electronic distribution (television, radio, internet) throughout the wo					
9	-	hi odi ai	111119 10	electionic distribution (toloriology, auto)					
Jan	-								
Activities & Governance	-			if the organization discontinued its operations or disposed of more than 25% of its net	assets				
ő	2 (	Sheck thi	is box ►	If the organization discontinued its operations of disposed of more than 20% of its not to		3			13
త	3	Number	of voti	ng members of the governing body (Part VI, line 1a)		4			9
ties	4 !			pendent voting members of the governing body (Part VI, line 1b)		5			157
žį	5			f employees (Part V, line 2a)		6			12
Ą		Fotal nu	ımber d	f volunteers (estimate if necessary)		7a			0
	7a	Total gr	oss uni	elated business revenue from PartVIII column (C), line 12		7b			0
	D	vet unre	elated i	usiness taxable income from Form 999 T	r Year		Cun	rent Yea	
Revenue	1				14,591	460		13.26	1,885
	8	Contrib	utions a	illu giants (rait viii, missign).	1,082				7,895
	9	Progran	n servic	e revenue (Part VIII, line 29) (AFA)	1,182				2,282)
Š	10	Investm	nent inc	ome (Part VIII, column (A) 71/10/es, 3, 4 (and 7d)		,438			1,263)
	111	Other re	evenue	(Part VIII, column (A), lines 5, 6d/8c, 9c, 10c, and 11e)	16,884		<b> </b>		36,235
				94/		9,210			1,401
				nilar amounts paid (Part IX, column (A), lines 1-3)	04:	0			0
	14			o or for members (Part IX, column (A), line 4)	4,465			137	38,323
Ş				compensation, employee benefits (Part IX, column (A), lines 5–10)	4,400	0		4,00	0
9	16a	Profess	sional fu	ndraising fees (Part IX, column (A), line 11e)	Tan et 200 la ch		3.22.27.29		40864
ú	_			g expenses (Part IX, column (D), line 25) ▶	10,04		-	<del></del>	16,044
	17	Other e	expense	s (Part IX, column (A), lines 11a-11d, 11f-24f)	15,16				55,768
	18	Total e	xpense	s. Add lines 13-17 (must equal Part IX, column (A), line 25).		4,156			9,533)
	<u>β</u> 19	Revenu	ie less e	xpenses, Subtract line 18 from line 12				d of Yea	
S	20 21 22 22			***************************************	63,17				94,327
sse	照 20			Part X, line 16)	47,35				90,889
et A	밑 21	Total li	abilities	(Part X, tine 26)	15,82		-		03,438
2 P	Ē 22			and balances. Subtract line 21 from line 20	10,02.	2,311	1	17,01	70,400
	Part II	SIQ	matur	Block  The string I deliff that I shall affined this return including accompanying schedules and s	statemer	nts and	to the best	of my k	nowledge
		and be	rpenaities elief, it is/	of perjury, I decide that I have examined this return, including accompanying schedules and strug, correct, and complete. Decignation of preparer (other than officer) is based on all information.	ation of	which p	reparer har	s any kn	owledge.
_				ham Little	1 9	3/12	Jook	,	
	ign	- S			Date	7/-	100		
H	lere	) Si	ignature (		Duto				
		<b> </b>					***************************************		
		7	ype or pr	nt name and title U Date Check if	D,	anarar's	s identifying	number	
		Prepa		self-	(s	ee instru		IOTTID61	
P	aid	signat	ure y	employed •	니				
	reparer'	s		COURT )			•		
	lse Only	if self-	s name (o -employe			<u> </u>	<u> </u>		
	-	addre	ss, and Z	P+4 P	one no.	p* (	) 	V	□ <b>.</b> ι
N	May the	IRS di	scuss t	nis return with the preparer shown above? (see instructions)		<u> </u>	<u> </u>	Yes	No

Pani	Statement of Program Service Accomplishments
	Briefly describe the organization's mission: The mission of 3ABN is to proclaim to the world the gospel of salvation through Jesus Christ, and herald His soon return. We do this through the medium of television, radio, and internet. It is also our mission to continue the
	healing ministry of Jesus Christ through health programs that teach people a better way of life.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.  Did the organization cease 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.
4a	(Code: ) (Expenses \$ 11,122,638 including grants of \$ 801,401) (Revenue \$ 13,836,235)  Production and distribution of religious programing for electronic distribution(television, radio, and internet)  throughout the world.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$including grants of \$) (Revenue \$)
70	(Oode,
40	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
46	Total program service expenses ▶ 11,122,638

Par	Checklist of Required Schedules			
	·	-+`	Yes	No_
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>/</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<b>✓</b>	
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		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓_
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 similar funds or 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		<b>✓</b>
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		<b>✓</b>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	···	1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	<u>√</u>	J. C.
9	Schedule D, Part VI.			
9	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
9	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Schedule D, Parts XI, XII, and XIII.	12	<b>√</b>	A GEORGE
12/	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a		13 14a		1
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	1	
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	1	
16	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	-	1
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	1
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	If "Yes," complete Schedule G, Part III	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

	Checklist of Required Schedules (continued)	1		<u> </u>
			Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	<b>√</b>	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated	23	-	. 🗸
24a	employees? If "Yes," complete Schedule J	24a		<u>·</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<u>/</u>
d 25a	and the very series of the ser	24d 25a		<u>√</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
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		✓_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00-		
· a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b> </b>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<b>✓</b>	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? 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	<b>/</b>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	1
32	Schedule N Part II	32	<u> </u>	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		ļ	<b>✓</b>
35	Schedule R. Part V, line 2	35		<b>✓</b>
36	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
38	The state of the s		1	

E	Statements Regarding Other IRS Filings and Tax Compliance			
notine were	The state of the s	a igo a Fr	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
<b>L</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			nd Tul
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	<b>/</b>	
	gaming (gambling) winnings to prize winners?	\$36. B	36'2 ·	1000 1000
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2a 157	2b	/	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		10 g	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a 3b		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	A.E. 442	<b>√</b>
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	35		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5c		
_	Prohibited Tax Shelter Transaction?	6a		1
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	347.07	722778
7 a				
	and services provided to the payor?	7a 7b	1/	├
t	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10	+	<del> </del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	1200	<b>✓</b>
c	If "Yes," indicate the number of Forms 8282 filed during the year	1	100 mg	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	(ACIDITED)	1
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	1
g	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7 <u>g</u>	<del> </del>	<b>  √</b>
1	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h	1	
	required?.  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	HEN.	· 参加	
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	and the state of t	THE STATE OF		138.3
	a Did the organization make any taxable distributions under section 4966?	9a	-	
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1 (36°%)	> 7:0xx
10	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12	一類		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	一瓣		
11				
	a Gross income from members of strateholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	128		. C.50

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	ion A. Governing Body and Management		1	
		abs deed 1	Yes	No
10	Enter the number of voting members of the governing body			THE STATE
la l	Enter the number of voting members that are independent			
Ъ	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any officer, director, trustee, or key employee?	2		<u>√</u>
	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customathy performed by or arrow and all of the organization delegate control over management duties customathy performed by or arrow and all of the organization delegate control over management duties customathy performed by or arrow and all of the organization delegate control over management duties customathy performed by or arrow and all of the organization delegate control over management duties customathy performed by or arrow and all of the organization delegate control over management duties customathy performed by or arrow and all of the organization delegate control over management duties customathy performed by or arrow and all of the organization delegate control over management duties customathy and all of the organization delegate control over management duties customathy and all of the organization duties are all of the organization duties and all of the organization duties are all organizatio	3		✓
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	4		<b>√</b>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		<b>√</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		<u></u>
6	Does the organization have members or stockholders?	-		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			./
	of the governing body?	7a		<del>-v</del> -
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	11.14.1	<u>v</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	3.00 2.00 2.00		
_	the year by the following:	程序	1375 T	
9	The governing body?	8a	<b>√</b>	
a h	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
9	In there any officer director trustee, or key employee listed in Part VII, Section A, who cannot be reached			
- ·	at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9a		<u>√</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Rev	enue Code.)		,	
, 107			Yes	No
	and the state of t	10a	✓	
10a	Does the organization have local chapters, branches, or affiliates?			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b	1	
	affiliates, and branches to ensure their operations are consistent with those of the organization?			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	İ	1
	form?	1548	25.5	######################################
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	1	-
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	120	╅	<del> </del>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	10h	1	
	rise to conflicts?	12b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del></del>
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	1	
·	describe in Schedule O how this is done		<b>V</b>	-
13	Does the organization have a written whistleblower policy?	13	<del> </del>	<del>                                     </del>
14	Does the organization have a written document retention and destruction policy?	14	1 - 14 14 1	V
15	Did the process for determining compensation of the following persons include a review and approval by			10.0
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1000	100
a	The organization's CEO, Executive Director, or top management official	15a	1	<del> </del>
- -	Other officers or key employees of the organization	15b	/	2 1, 42 3
Ľ	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			Total Sales
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1995
108	with a taxable entity during the year?	16a	<u> </u>	<b>\</b>
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	3.5		
t	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	136		
	the organization's exempt status with respect to such arrangements?	16t	)	
0.	ction C. Disclosure			
	California, Illinois, Oregon			
17	List the states with which a copy of this Form 990 is required to be filed California, Illinois, Oregon  List the states with which a copy of this Forms 1033 (or 1034 if applicable), 990, and 990-T (501)	(C)(3)	s only	 )
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501	(0)(0)	- Offig	'
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request	+ of !-	toron	<b>+</b>
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflic	LOUI	neres	ı
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and rec	ords	of the	•
	organization: ► Brian Hamilton - 3391 Charley Good Rd, PO Box 220, West Frankfort, IL 62896			
	•			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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.

Check this box if the organization did not co	mpensate	any c	urre	nt c	offic	er, d	irect	or, or trustee.		(F)
. (A)	(B)			(C	•			(D)	(E) Reportable	(F) Estimated
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Pormer	Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Dr. Walter Thompson - 174 Fox Borough Bur Ridge, IL 6051 (Chairperson)	.5	1						0	0	0
James W Gilley - 19928 Stevens Branch Rd West Frankfort, IL 62896 (President)	40		1	1				71,711	0	. 0
Kenneth Denslow - 619 Plainfield Rd Suite 200, Willowbrook, IL 60527-8438	.5	1						0	0	0
Merlin Fjarli - 670 Mason Way Medfort, OR 97501	.5	<b>✓</b>						0	0	0
Brian Hamilton - 19841 Stevens Branch Rd West Frankfort, IL 62896 (Treasurer)	40			1				65,154	0	0
Bill Hulsey - Box 596 Collegedale, TN 37315	.5	1						0	0	0
Ellsworth McKee - PO Box 750 Collegedale, TN 37315	.5	1						0	. 0	0
C.A. Murray - PO Box 220 West Frankfort, IL 62896	- 40		1					58,530	0	0
Wintley Phipps - PO Box 8008 Vero Beach, FL 32963	5	1						0	0	0
Larry Romrell - 441 Russeliville Rd Franktown, CO 80116-8927	.5	1						C	0	0
Danny Shelton - 19971 Stevens Branch Rd West Frankfort, IL 62896 (Founder)	40		/					129,753	0	0
Mollie Steenson - PO Box 220 West Frankfort, IL 62896 (VP and Secretary)	40			//				68,804	1 0	0
Max Trevino - 2828 Bent Oak Dr Burelson, TX 76028	.5	1							0	0
Carmelita Troy - 2627 Noellyn Dr Berrien Springs, MI 49103	5	/							0 0	0

Bart VII Section A. Officers, Directors, Tru	stees, Key	Emp	loye	es,	and	Higl	nest	Compensated	l Employees	(continued)
(A)	(B)			(C	)			(D)	(E)	(F)
Name and title	Average hours per week			heck Officer		hat ap	Former	Reportable compensation from	Reportable compensation from related	other
•		Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	
										,
	-			T						
	_									
	_		-	-	<u> </u>					
			-	-	-		+			
		-		+	<del> </del> -	-	-			
		-	-	-	-	<u> </u>	-			
	-		-	-	-		-			
	-		-	$\downarrow$		-	-			
				$\perp$	_		-			
1b Total	<u> </u>			<u>.</u>		<u> </u>				00 000 in
Total number of individuals (including but reportable compensation from the organi	t not limite zation ► 1	d to t	hos	e lis	ted	abov	/e) \ 	wno received r	nore man an	
<ul> <li>Did the organization list any former officemployee on line 1a? If "Yes," complete</li> <li>For any individual listed on line 1a, is the</li> </ul>	Schedule a	J for : porta	s <i>ucl</i> ble	h ind com	<i>divid</i> ipei	<i>dual</i> nsatic	on a		 ensation fror	n
the organization and related organization individual.	s greater t	han \$	150 	,000	)? It •	"Yes	," c	complete Sched	dule J for suc	4
5 Did any person listed on line 1a receiv services rendered to the organization? If	"Yes," cor	nplete	Sc Sc	chec	lule	J for	SU	ch person .	····	. 5
Section B. Independent Contractors  1 Complete this table for your five highest	00000000	tod i-			loni	t con	tran	tore that receiv	ed more that	n \$100,000 of
1 Complete this table for your five highest compensation from the organization.	Compensa				2011	COII	T	···	T	
(A) Name and business a								(B) Description o		(C) Compensation
Blue Cross Blue Shield, PO Box 1186, Chic	ago, IL 60	690-1	186	70.0	044	,		Employee Med Satellite Servi		830,69 612,00
Intelsat Corporation, PO Box 7247-8912, Ph American Express Corporate, PO Box 6504	illadeipala Ma Dallac	TY 7	7565	7 U-C	48	<u> </u>		Merchant Serv		512,02
New Skies Satellites B.V., PO Box 644588,	Pittsburch	, <u>, , , ,</u>	152	64-4	58	В		Satellite Servi		436,62
R.R. Satellite Communications, 4 Hagoren								Satellite Servi		552,00
Total number of independent contractors more than \$100,000 in compensation from the	s (including	but r	ot l	imit	ed t	o tho	se l	isted above) w	no received	

ani (	711	Statement of Reve	enue	energie		(A)	(B)	(C)	(D) Revenue
						Total revenue	Related or exempt function revenue	Unrelated business revenue	excluded from tax under sections 512, 513, or 514
<b>1</b>	ia	Federated campaigns		1a					
and other similar amounts		se to the decima		1b	,				
a a		Fundraising events .		1c					
lar an		Related organizations		1d					
١ <u>٣</u> . ق	е	Government grants (contrib	utions).	1e					
	·f	All other contributions, gifts, gr			45 004 005				
등등		and similar amounts not includ		1f	13,261,885 126,797				
and other sim	g	Noncash contributions included			120,757	13,261,885			
	n	Total. Add lines 1a-1f		<del>'                                    </del>	Business Code	46.480.000			
Program Service Revenue		Production & Distribut	tion	-	900099	1,217,895	1,217,895		
ekel	2a				300033	1,277,000	1,		
e H	b	************************		1					
ğ	C								
S	d			·····					
gra	e f	All other program service	ce revenu	e .					
Po	g			•	🕨	1,217,895		TOP FOR THE	H Kran Asig I Nik
	3	Investment income (included)	luding div	idends	, interest, and	2,714	2,714		
	4	Income from investment o							'
	5				. <u></u>	7,496	7,496		a. 11990a. 111. a. 1
			(i) Real		(ii) Personal				
	6a	Gross Rents		6,463				12.	
	b	Less: rental expenses		1,639					
	C	: Rental income or (loss)	L	4,824			34.93		
	d	Net rental income or (lo			1	24,824	1 24,824		W My de Welder (200)
	7a	Gross amount from sales of	(i) Securi		(ii) Other	$\mathbf{H}^{*}$			
	'	assets other than inventory		13,083	900	기름하는 것			
	t	Less: cost or other basis	l ,	=4 494	786				
		and sales expenses .		51,121 8,038)		and see that which the first the section			
		Gain or (loss)		0,030)	(0,950	(14,996	(14,996	)   	May the control of
	'	i Net gain or (loss)	• • •		<u> </u>	144.5			
enne	88	a Gross income from		sing					
Ver		events (not including \$		10)					
Be		of contributions reported See Part IV, line 18		· a					
Other Rev	١,	b Less: direct expenses		. a			5 医分子的 建树		
₹		c Net income or (loss) fr	om fundr						
	1	a Gross income from gar				<b>有性的主动的</b>	3 数字与在2019		新加州
	9	See Part IV, line 19	inig activ	. a	ı				
•		b Less: direct expenses.		. b					16 1829 (5) 1%
		c Net income or (loss) fr	om gamii	ng acti	v <u>ities 🟲</u>			200 SAN	Harris Carlos Ca
	10	a Gross sales of inv	ventory,	less					
		returns and allowance				THE PROPERTY AND A STATE OF THE PARTY OF THE			
		b Less: cost of goods s	old	k					54 March 1949
		c Net income or (loss) from		t inven			3) (29,70	3)	(8. 2014) ROM(84)
	_	Miscellaneous Re			Business Code	- Particular States of States States	E) (660.44	5   1984 A CONTROL   1	And the second second
	11	a Split Interest Agreer				(669,14			
		b Other Income				35,26	<del>ეე 30,∠</del> (	,,,	
		c							
		d All other revenue .				(633,88	n l	W ASAEMS	14 NO 18 18 18 18 18 18 18 18 18 18 18 18 18
	- 1	e Total. Add lines 11a-	∙11d		💆	13,836,2		) E	0

## Radux Statement of Functional Expenses

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

Do i	All other organizations must complete colunct include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 (	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	28,099	28,099		
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	773,302	773,302		
	U.S. See Part IV, lines 15 and 16	173,302	110,002	0,412.198.198.49 (4)	
	Benefits paid to or for members				
	trustees, and key employees	393,952	58,530	335,422	
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
	Other salaries and wages	2,813,044	2,048,405	764,639	
	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	890,262	768,106		
	Payroll taxes	241,065	159,103	81,962	
11	Fees for services (non-employees):	•			
	Management	449,950	0	449,950	
	Legal	60,725	. 0	<u> </u>	
	Accounting	00,120			
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other	298,555	253,965	44,590	
12 13	Office expenses	1,010,053	585,226	424,827	
14	Information technology				
15	Royalties				
16	Occupancy	4,929,640			
17	Travel	357,087	216,411	140,676	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	58,403			
20	Interest	3,720	(	3,720	)
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	1,608,236			
23	Insurance	332,827	(	332,827	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a					
c	:				
c	•••••			<u> </u>	
e		606.646	120 44	3 468,70	5
f	All other expenses	606,848 14,855,768		· · · · · · · · · · · · · · · · · · ·	
25 26	Total functional expenses. Add lines 1 through 24f  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 fundraising solicitation	14,833,768	11,122,03	5,755,15	

Par	<b>D</b> 3	Balance Sheet			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
ĖΤ		Cash—non-interest-bearing	1,058,752	1	801,642
	1	Savings and temporary cash investments	482,638	2	155,493
	2	Pledges and grants receivable, net	464,639	3	628,910
	3	Accounts receivable, net	840,942	4	650,864
1	4	Receivables from current and former officers, directors, trustees, key			
	5	employees, and highest compensated employees. 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	
S	7	Notes and loans receivable, net	300,000	7	0_
Assets	7	Inventories for sale or use	1,097,266	8	999,934
As	8	Proposed expenses and deferred charges	365,754	9	316,300
	9 10a	Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
Ì		other basis. Complete Part Viol Schedule 5	10,310,730	10c	9,617,663
	b	Less: accumulated depreciation	1,013,577	11	1,298,865
1	11	Investments—publicly traded securities		12	,
	12	Investments—program-related. See Part IV, line 11	3,340,000	13	3,340,000
	13	Intangible assets	·	14	
	14 15	Other assets See Part IV line 11	43,900,417	15	40,284,656
	16	Other assets. See Part IV, line 11	63,174,715		58,094,327
		Accounts payable and accrued expenses	1,113,795	17	944,108
	17	Grants payable		18	
	18	Deferred revenue		19	1,368
	19	Tax-exempt bond liabilities		20	
un.	20	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	21	Payables to current and former officers, directors, trustees, key		<b>建製</b>	
ijg	22	employees, highest compensated employees, and disqualified	The control of		
<u> </u>		persons. Complete Part II of Schedule L		22	
		Secured mortgages and notes payable to unrelated third parties		23	
	23	Unsecured notes and loans payable to unrelated third parties	30,000	24	20,000
	24	Other liabilities. Complete Part X of Schedule D	46,206,633	25	42,325,413
	25 26	Total liabilities. Add lines 17 through 25		26	43,290,889
sə		Organizations that follow SFAS 117, check here ▶	The transfer of the confidence of the first of the confidence of t	100 to 241	
Balance			10,441,024	1	1
<u>a</u>	27	Temporarily restricted net assets	5,381,947	7 28	6,211,413
<u> </u>	28			29	
Net Assets or Fund	29	Permanently restricted net assets			
ō	5		WE WATER HAT A CONTROL OF THE	30	
t d	30	Capital stock or trust principal, or current funds		31	
Ü	31	Paid-in or capital surplus, or land, building, or equipment fund	· •	32	
4	32		15,822,97		
2	33	Total net assets or fund balances			
_	34	Total liabilities and net assets/fund balances	. 00,114,11	<u> </u>	Form <b>990</b> (2009

	Financial Statements and Reporting			
	Tinancial Statements and Reporting		Yes	No
1	Accounting method used to prepare the Form 990:   Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in			
2a b	the state of the s	2a 2b	✓	✓
C	to me the description being a committee that assumes responsibility for oversight of	2c	<b>/</b>	
d	Schedule O.  If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
<b>3</b> a	Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За	2385,880	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	<u> </u>	
		For	п <b>99</b> 0	(2009

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury

Internal Revenue Service Employer identification number Name of the organization 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: (For lines 1 through 11, check only one box.) 1 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.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 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 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/2 % 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d Type III-Other **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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes 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 supported organization(s). h (vi) is the (iv) is the organization (vii) Amount of (iii) Type of organization (v) Did you notify (i) Name of supported the organization in organization in col. (described on lines 1-9 in col. (i) listed in your organization (i) organized in the governing document? col. (i) of your above or IRC section support? **U.S.?** (see instructions)) Yes Yes No Yes Total

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions 10 PART Cat. Word 1285F
Form 990 or 990-EZ.

PORTLAND LEGAL

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Schedule A (Form 990 or 990-EZ) 2009

Page 2 Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Patelli (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (e) 2009 (f) Total **(b)** 2006 (d) 2008 (c) 2007 Calendar year (or fiscal year beginning in) ▶ (a) 2005 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 through 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 (e) 2009 (c) 2007 (d) 2008 (f) Total (a) 2005 **(b)** 2006 Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 . . . 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 11 12 13 Se 14 15 16 

11	Explain in Part IV.)	-
12	Gross receipts from related activities, etc. (see instructions)	-
13	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	]
Sec	ion C. Computation of Public Support Percentage	-
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	_
15	Public support percentage from 2008 Schedule A, Part II, line 14	-
16a	331/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	J
b	33½% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization	J
17a	10%-facts-and-circumstances test—2009. 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	J
b	10%-facts-and-circumstances test—2008. 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	ココ
18		
	Schedule A (Form 990 or 990-EZ) 200	19

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

Callendar year (or tracaryear beginning in page 1		ion A. Public Support		#3.000C	(a) 2007	(d) 2008	(e) 2009	(f) Total
membership fees received. (Do not Include any 'unusual grants.') 2 Gross receipts from admissions, membrandies and or servines performed, or facilities furnished in any activity that is related to the organization's tense energy in product or the organization's tense energy in product or the organization's tense energy in product or the organization's benefit and either paid to or expanded on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Promounts included on lines 1, 2, and 3 received from disruptified persons 9 Amounts included on lines 2 and 3 received from disruptified persons 1 Amounts included on lines 2 and 3 received from disruptified persons that exceed the greater of \$5,000 or 1% of the enough of the en	Cal	endar year (or fiscal year beginning in) 🕨 📙	(a) 2005	(b) 2006	(c) 2007	(u) 2000	(e) 2000	(1) 10101
2 Gross receipts from admissions, merchandles sold or services performed, or faultities turnihated in any activity that is related to the organization's bace entirely persisted.  3 Gross receipts from admissions, merchandles sturnihated in any activity that is related to the organization's bace entirely persisted. See the process of the comparization's brends and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization's behalf  5 The value of services or facilities furnished by a governmental unit to the organization's behalf  6 Total. Add lines 1 through 5  7 Amounts included on lines 12, and 3 received from disqualified persons and exceed the greater of \$5,000 or 15s of the amount on line 13 for the years.  6 Add lines 7 and 7 D.  9 Publics support (Subtract line 7c from line 8.)  Section B. Total Support  Calendar year (or fiscal year beginning in) ► 9 Amounts from line 6 s.  9 Amounts income from interest, dividends, payments received on securities loans, certist, royalties and income from semilar sources.  b Unrelated business tazeble income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 16 and 10 b.  10 Invested business tazeble income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 16 and 10 b.  10 Invested business tazeble income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10 and 10 businesses accounted on the total payment of the payment		membership fees received. (Do not include	13,964,982	15,075,136	14,044,281	14,591,460	13,261,885	70,937,744
Tax reserves levels of 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's formation without charge  Total. Add lines 1 through 5  A mounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  C Add lines 7a and 7b.  Public support (Subtract line 7c from line 6.)  Section B. Total Support  Calendar year (or fiscal year beginning in) ► 16,050,750 17,700,508 15,614,148 15,940,806 14,542,170 79,848,382 (a) 2005 (b) 2005 (c) 2007 (d) 2008 (e) 2003 (f) Total 19,000,000 (e) 2008 (e) 2009 (f) Total 19,000 (e)	9	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,085,768	2,625,372	1,569,867	1,349,346	1,280,285	8,910,638
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  6 Total. Add lines 1 through 5  7 A Mounts included on lines 1, 2, and 3 received from disqualified persons  A mounts included on lines 2 and 3 neowed from other than disqualified persons that exceed the greater of \$500 or 1% of the amount on line 13 for the year  a Add lines 7a and 7b.  8 Public support (Subtract line 7c from line 6.)  8 Public support (Subtract line 7c from line 6.)  9 Amounts from line 6 divided only support (Subtract line 7c from line 6.)  9 Amounts from line 6 divided only support (Subtract line 7c from line 6.)  9 Amounts from line 6 divided only support (Subtract line 7c from line 6.)  10a Gress income from interest, divided only support (Subtract line 7c from line 6.)  10b Gress income from interest, divided londs, payments received on securities loads, payments received on securities loads in line 10b, whether or not the business activities not included in line 10b, whether or not the business are securities on the sale of capital assets (Explain in Part IV.)  10 Total land 10 Lines 10	3	Gross receipts from activities that are not an unrelated trade or business under section 513						
furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7. A mounts included on lines 1, 2, and 3 received from other than disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 15 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 9. Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,1975 c Add lines 10a and 10b 1 Net Income from unrelated business activities not included in line 10b, whether or not the business is required or not the business is required or not the business is required or not the subsess is regularly carried on 1 control to the control to the pass of the section 5 complete or the property of the property personatage for 2008 (line 30, 17,758,737 15,677,262 16,038,275 14,582,653 80,155,300 or ganization, check this box and stop here  17. Investment income personatage for 2009 (line 10c, column (f) divided by line 13, column (f) 17 line 18 is not more than 33/4 %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33/4 %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33/4 %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33/4 %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33/4 %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33/4 %, check this box and stop here. The organization qualifies as	4	benefit and either paid to or expended on its behalf						
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b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  c Add lines 7a and 7b  8 Public support (Subtract line 7c from line 6.)  8 Public support (Subtract line 7c from line 6.)  9 Amounts from line 6  9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securifies loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, 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)  13 Total support. (Add lines 9, 10c, 11, and 12), or representation, check this box and stop here.  Section D. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 17 Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2008 Schedule A, Part III, line 15  18 33% % support tests – 2008. If the organization of line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not mor	6		16,050,750	17,700,508	15,614,148	15,940,806	14,542,170	79,040,362
rfrom other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year c \$4.000 file \$5.000 or 1% of the amount on line 13 for the year c \$7.710	7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	263,700	417,415	447,164	1,127,407	600,404	2,856,089
Add lines 7a and 7b.  8 Public support (Subtract line 7c from line 6.)  8 Public support (Subtract line 7c from line 6.)  9 Amounts from line 6.  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b.  11 Net income from unrelated business activities not included in line 10b, 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.)  13 Total support, (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2008 Schedule A, Part III, line 17  18 Total support tests—2008, if the organization id not check the box on line 14, and line 15 is more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization in 17 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publ	b	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	608,010	1,660,056	1,393,332	708,734		
Bettion B. Total Support  Calendar year (or fiscal year beginning in)  9 Amounts from line 6.  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  C Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, 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.)  13 Total support, (Add lines 9, 10c, 11, and 12.)  14 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2008 Schedule A, Part III, line 17  18 33¼ % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization in 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization. Publics to the position of the support tests—2009. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instruct	_				1,840,496	1,836,141	1,192,193	7,818,010
Section B. Total Support  Calendar year (or fiscal year beginning in) > (a) 2005 (b) 2008 (c) 2007 (d) 2008 (e) 2009 (f) Total  Amounts from line 6 (a) 2005 (b) 2008 (c) 2007 (d) 2008 (e) 2009 (f) Total  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  b. Unrelated business taxable income (less section 511 taxes) from businesses section 511 taxes) from businesses section 511 taxes) from businesses acquired after June 30, 1975  c. Add lines 10a and 10b  11. Net income from unrelated business activities not included in line 10b, 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.)  13. Total support. (Add lines 9, 10c, 11, and 12.)  14. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 510(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15. Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16. Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  17. Investment income percentage from 2008 Schedule A, Part III, line 17  18. Investment income percentage from 2008 Schedule A, Part III, line 17  19. 33½ % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization Particle of the product of the policy supported organization Particle of the policy supported organization Particle Organization Par	8	Public support (Subtract line 7c from line 6.)						72,030,372
Calendar year (or fiscal year beginning in)    Amounts from line 6	Sec	ction B. Total Support			T	T / 11 0000	( ) 0000	(f) Total
Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, 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.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 19 33% % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33% %, and line 17 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33% %, check this box and stop	С	alendar year (or fiscal year beginning in) 🕨						
payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, 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.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  19 33¼ % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33¼ %, and line 17 is not more than 33¼ %, check this box and stop here. The organization qualifies as a publicly supported organization > 1 line 18 is not more than 33¼ %, check this box and stop here. The organization qualifies as a publicly supported organization > 1 line 18 is not more than 33¼ %, check this box and stop here. The organization qualifies as a publicly supported organization > 1 line 18 is not more than 33¼ %, check this box and stop here. The organization applied organization > 1 line 18 is not more than 33¼ %, check this box and stop here. The organization as a publicly supported organization > 1 line 18 is not more than 33¼ %, check this box and stop here. The organization as a publicly supported organization > 1 line 18 is not more than 33¼ %, check this box and stop here. The organization total line 18 is not more than 33¼ %, check this box and stop he	9	Amounts from line 6	16,050,750	17,700,508	15,614,146	15,940,600	14,542,170	13,040,002
section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, 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.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage from 2008 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  16 Investment income percentage from 2009 (line 10c, column (f) divided by line 13, column (f))  17 Investment income percentage from 2008 Schedule A, Part III, line 17  18 Investment income percentage from 2009 (line 10c, column (f) divided by line 13, column (f))  19 33½ % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 34½ %	10a	payments received on securities loans, rents, royalties and income from similar	47,623	58,229	63,114	97,469	40,483	306,918
c Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, 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.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  19 33¼% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization be line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a	b	section 511 taxes) from businesses				07.400	40.493	206 018
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loss from the sale of capital assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15  17 Investment income percentage from 2008 Schedule A, Part III, line 17  18 Investment income percentage from 2008 Schedule A, Part III, line 17  19 33½ % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization 1 ine 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization 1 ine 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization 1 ine 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization 1 ine 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization 1 ine 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization 1 ine 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization 1 ine 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization 1 ine 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization 1 ine 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization 1 ine 18	11	activities not included in line 10b, whether or not the business is regularly	Į.					
and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	12	loss from the sale of capital assets						
and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	13	Total support. (Add lines 9, 10c, 11,	16 098 37	3 17.758.73	7 15.677.26	2 16,038,275	14,582,653	80,155,300
Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	14	First five years. If the Form 990 is fo	r the organiza	tion's first, sec	ond, third, fou	rth, or fifth tax	year as a sect	ion 501(c)(3) ▶ □
Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)	S	ection C. Computation of Public S						
Public support percentage from 2008 Schedule A, Part III, line 15		Public support percentage for 2009 (	line 8. column	(f) divided by	line 13, colum	n (f))		
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Investment income percentage from 2008 Schedule A, Part III, line 17  33½ % support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 33½ % support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ [State of the organization of the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ [State of the organization of the organizat					ded by line 13,	column (f)) .		
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b 33½ % support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ [	19	33% % support tests – 2009. If the o	rganization did	d not check the here. The orga	box on line 14 anization qualif	l, and line 15 is ies as a publicly	y supported or	yanization -
Private foundation, if the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 🚩		b 331/3 % support tests - 2008. If the org	ganization did n	ot check a box	on line 14 or ling ganization qual	ne 19a, and line ifies as a publicl	y supported or	n 33/3 %, and ganization ▶ [
	2	Private foundation. If the organization	on did not che	ck a box on lin	e 14, 19a, or 1	9b, check this	box and see in	istructions 🕨 L

abadula A /Ei	orm 990 or 990-EZ) 2009	Page 4
PariciV	Supplemental Information. Complete this part to provide the explanations required Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	by Part II, line 10; See instructions.

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2009

Open to Public

Department of the Treasury Inspection ▶ Attach to Form 990. ▶ See separate instructions. Internal Revenue Service Employer identification number Name of the organization 1179056 37 Three Angels Broadcasting Network, Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Parti the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year . . . . Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements . . . . 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 . . . . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ ..... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 1)6 to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public empirition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part All line 14/ (ii) Assets included in Form 990, Part X . orical freasures, of other similar assets for financial gain, provide the If the organization received or held works of following amounts required to be reported under \$150 16 referring to these items: a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

						Page <b>2</b>
	ule D (Form 990) 2009  Organizations Maintainin	a Collections of	Art Historic	al Treasures, or O	her Similar Ass	
Par 3	Using the organization's acquisition, a collection items (check all that apply)	accession, and ot	her records, ch	eck any of the follow	ing that are a sigr	nificant use of its
а	Public exhibition		d 🔲	Loan or exchange pi	rograms	
b	Scholarly research		еШ	Other		
С	Preservation for future generation	ons				
4	Provide a description of the organiza Part XIV.					ipt purpose in
5	During the year, did the organization so assets to be sold to raise funds rather	than to be maintai	ned as part of t	ne organization s colle	CHOII	Yes No
BASARAN.	Escrow and Custodial An IV, line 9, or reported an a	mount on Form	990, Part X, III	ie 21.		
					other assets not	Yes No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the follov	ving table:	Am	ount
			•	10		
C						
d	Additions during the year			• • • • • • • • • • • • • • • • • • • •		
е	Distributions during the year					
f	Ending balance					Yes No
2a	Did the organization include an amount of "Yes," explain the arrangement in	Dunt on Form 990 Part XIV	, rait A, iiie Z			
	Endowment Funds, Cor	mplete if the org	anization ans	wered "Yes" to Fo	rm 990, Part IV,	line 10.
	Endowment Funds. Con	mplete if the org	ganization ans (b) Prior year	wered "Yes" to Fo	rm 990, Part IV, (d) Three years back	line 10. (e) Four years back
Pe	Endowment Funds. Co	mplete if the org		wered "Yes" to Fo	rm 990, Part IV, (d) Three years back	line 10. (e) Four years back
Pa 1a	Endowment Funds. Con  Beginning of year balance	mplete if the org		wered "Yes" to Fo	rm 990, Part IV, (d) Three years back	line 10. (e) Four years back
Pa 1a b	Beginning of year balance	mplete if the org		wered "Yes" to Fo	rm 990, Part IV, (d) Three years back	line 10. (e) Four years back
Pa 1a	Beginning of year balance	mplete if the org		wered "Yes" to Fo	rm 990, Part IV, (d) Three years back	line 10. (e) Four years back
Pa 1a b	Beginning of year balance	mplete if the org		wered "Yes" to Fo	rm 990, Part IV, (d) Three years back	line 10. (e) Four years back
1a b c	Beginning of year balance	mplete if the org		wered "Yes" to Fo	rm 990, Part IV, (d) Three years back	line 10. (e) Four years back
Pa 1a b	Beginning of year balance Contributions	mplete if the org		wered "Yes" to Fo	rm 990, Part IV, (d) Three years back	line 10. (e) Four years back
1a b c	Beginning of year balance	mplete if the org		wered "Yes" to Fo	rm 990, Part IV, (d) Three years back	line 10. (e) Four years back
1a b c	Beginning of year balance Contributions	mplete if the org		wered "Yes" to Fo	rm 990, Part IV, (d) Three years back	line 10. (e) Four years back
1a b c	Beginning of year balance Contributions	mplete if the org	(b) Prior year	wered "Yes" to Fo	rm 990, Part IV, (d) Three years back	line 10.  (e) Four years back
1a b c	Beginning of year balance Contributions	mplete if the org (a) Current year	(b) Prior year	wered "Yes" to Fo	rm 990, Part IV, (d) Three years back	line 10. (e) Four years back
1a b c d e f	Beginning of year balance Contributions	mplete if the org	(b) Prior year	wered "Yes" to Fo	rm 990, Part IV, (d) Three years back	line 10. (e) Four years back
1a b c d e f	Beginning of year balance Contributions	mplete if the org (a) Current year  of the year end bathent >%	(b) Prior year	(c) Two years back	(d) Three years back	line 10. (e) Four years back
1a b c d e f g	Beginning of year balance Contributions	mplete if the org (a) Current year  of the year end bathent >%	(b) Prior year	(c) Two years back	(d) Three years back	Yes No
1a b c d e f g	Beginning of year balance Contributions	mplete if the org (a) Current year  of the year end bathent >%	(b) Prior year	(c) Two years back	(d) Three years back	Yes No
1a b c de f g 2 a b c 3a	Beginning of year balance Contributions	mplete if the org (a) Current year  of the year end bathent %  he possession of the possession of	(b) Prior year	that are held and adi	(d) Three years back	Yes No

Par VI Investments—Land, Buildin	gs. and Equipment	. See Form 990, F	Part X, line 10.	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
A		606.060		606,060
1a Land		7,372,192	1,955,909	5,416,283
<ul><li>b Buildings</li></ul>				unan di
d Equipment		23,943,929	20,348,609	3,595,320
e Other				
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X	, column (B), line 10(	c).) ▶	9,617,662

aneque D (Form 990) 2009  an a	. See Form 990, Part X, I	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	: value
nancial derivatives			
osely-held equity interests			
ther			
			on access, a large of the second design of
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Par VIII Investments—Program Relate	ed. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
Unitrust Property Held for Sale	3,340,000	Market Value - Certified apprais	al
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	Port V. lino 15	The state of the s	Parameter and the second
Other Assets. See Form 990, F	(a) Description		(b) Book value
	(a) Description		299,829
Deposits Charitable Gift Annuities		,	12,908,33
			27,076,49
Revocable Trusts			
		-	
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990, Part X, c	ol. (B) line 15.)		40,284,65
Care Other Liabilities. See Form 99	90, Part X, liné 25.		Commence of the Commence of th
1. (a) Description of liability	(b) Amount		A Sept. March 1985
Federal income taxes			
Unitrust Liability	1,769,		
Revocable Trust Liability	27,076,	· · · · · · · · · · · · · · · · · · ·	
Annuity Liability	13,478,	933	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 42,325	,413	4、1927年6月8日日月中旬日日日

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

Page	4
raye	

	Reconciliation of Change in Net Assets from Form 990 t	o Audited Fir	nancial Stat	emer	nts
	Reconciliation of Change in Net Assets from Form 990 t				13,836,235
1	Totaf révenue (Form 990, Part VIII, column (A), line 12)			2	14,855,768
2	Total expenses (Form 990, Part IX, column (A), line 25)			3	(1,019,533)
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 through 8	ne lines 3 and	9 : :	10	(1,019,533)
0	Reconciliation of Revenue per Audited Financial Statements.	ements Witl	Revenue	per F	Return
	Reconciliation of Revenue per Audited Financial Statement Total revenue, gains, and other support per audited financial statement	· e ·	_	1	13,906,584
1	Total revenue, gains, and other support per audited illiancial statement				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a			
а	Net unrealized gains on investments	2b			
b	Donated services and use of facilities	2c			
C	Recoveries of prior year grants	2d	70,349		. '
d	Other (Describe in Part XIV.)	L		2e	70,349
е	Add lines 2a through 2d			3	13,836,235
3	Subtract line 2e from line 1	· · · · ·		能輸送	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4b			
b	Other (Describe in Part XIV.)			4c	0
C	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	13.836,235
5		atements W	ith Expens		
1:6				1	14,926,117
1	Total expenses and losses per audited financial statements	• • • • •	• • •	100	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
a	Donated services and use of facilities	2b			
ŀ		2c		138	
(	Other losses	2d	70,349	1	1 1 1
(	d Other (Describe in Part XIV.)			2e	70,349
(	Add lines 2a through 2d			3	14,855,768
3	Subtract line 2e from line 1			\$466	4
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
i	Investment expenses not included on Form 990, Part VIII, line 7b .	4a 4b			
	b Other (Describe in Part XIV.)			4c	
	c Add lines 4a and 4b			5	14,855,768
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	1, III 10.) .	<u> </u>		
	Supplemental Information	and Or Port I	II lines 1a ar	nd 4. F	Part IV lines 1b
Co	implete this part to provide the descriptions required for Part II, lines 3, 5	b, and 9; Part Yl	II, lines la ai II lines 2d ai	nd 4h.	Also complete
an	d 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4	b, and rait A	n, mico 24 a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	s part to provide any additional information.				
9	90 Part VIII line 6b, Rental Expense \$11,639 and 990 Part VIII line 10b	, \$58,676, Red	lassification	of E	xpense \$34
	•				

Schedule D (Forn	agen) 2009
	Supplemental Information (continued)
Part XIV	Supplemental information (commuted)
	·
	$\cdot$
	·
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#### Schedule F (Form 990)

Department of the Treasury

Internal Revenue Service

# Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 1179056 37 Three Angels Broadcasting Network, Inc General Information on Activities Outside the United States. Complete if the organization answered PartII "Yes" to Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award . . . . 🗹 Yes 🗌 No For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (e) If activity listed in (d) is (f) Total (c) Number of (d) Activities conducted in (b) Number of offices in the (a) Region expenditures for region (by type) (i.e., a program service, employees or describe specific type of region region fundraising, program services, agents in service(s) in region grants to recipients located in region the region) East Asia & Pacific 203,273 TV Broadcasting 2 458,729 Russia TV Prog Production 1 17 101,300 Sub-Saharan Africa Radio&TV Broadcast 2 4 10,000 Europe 2 TV Broadcasting 1

773,302

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . ▶ □ Use Schedule F-1 (Form 990) if additional space is needed. (i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance (f) Manner of cash disbursement 23,000 Wire Transfer Wire Transfer 65,000 | Wire Transfer 150,060 Wire Transfer 458,729 Wire Transfer 53,213 Wire Transfer 10,000 | Wire Transer 13,300 (e) Amount of cash grant (d) Purpose of grant Constuction Operating Operating Operating Operating Operating Operating 3ABN Kenya (FM Radio) (c) Region 3ABN Rwanda 3ABN Sweden 3ABN Uganda 3ABN Russia Philippines 3ABN PNG (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F (Form 990) 2009 Perit

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ Enter total number of other organizations or entities N က

Schedule F (Form 990) 2009

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

2003 Open to Pub Inspection

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

**2** □ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number 1179056 ☑ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 37 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance Three Angels Broadcasting Network, Inc

Part IV and Schedule I-1 (Form 990) if additional space is rieeueu	I-1 (Form 990) i	additional spac	e is lieeded		(f) Method of valuation	(a) Description of	(h) Purpose of grant
1 (a) Name and address of organization or novernment	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
True Step Ministries			18.199				Operating
12467 S Cloverdale Road Kuna, ID 83634-1437					·	-	
					·		
					-		
						-	
					·		
						A	σ
2 Enter total number of section 501(c)(3) and government organizations	501(c)(3) and gover	nment organization					-

Schedule I (Form 990) 2009

Cat. No. 50055P

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

Enter total number of other organizations

က

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States, Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Financial reports and/or receipts are required to substantiate operating costs for larger grants. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part

Section references are to the Internal Revenue Code unless otherwise noted.

#### **General Instructions**

Note. Terms in bold are defined in the Glossary of the Instructions for Form

#### Purpose of Schedule

Schedule I (Form 990) is used by an organization that files Form 990 to provide information on grants and other assistance made by the filing organization during the tax year to organizations, governments, and individuals in the United States. Report activities conducted by the organization directly. Also, report activities conducted by the organization indirectly through a disregarded entity or a joint venture treated as a partnership.

Grants and other assistance include awards, prizes, allocations, stipends, scholarships, fellowships, research grants, and similar payments and distributions. Grants and other assistance do not include salaries or other compensation to employees. Grants and other assistance also do not include grants to affiliates that are not organized as legal entities separate from the filing organization or grants made to branch offices, accounts, or employees located in the United States.

Organizations in the United States include nonprofits or other exempt organizations, partnerships, corporations, or other business entities that are created or organized in the United States or under the laws of the United States or any state, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the United States Virgin Islands, and an estate or trust other than a foreign estate or trust.

Governments in the United States include the U.S. government and the government of any state, the District of Columbia, or any possession of the United States, or political subdivision thereof. A grant to a U.S. government agency must be included on this schedule regardless of where the agency is located or operated.

Individuals in the United States include persons who are U.S. citizens or residents of the United States but do not include U.S. citizens or residents of the United States living or residing outside the United States at the time the grant is paid or distributed.

Use Schedule I-1 (Form 990) as a continuation sheet to list additional entries for Schedule I (Form 990), Parts II or III. Use as many Schedules I-1 (Form 990) as needed.

Except as noted regarding grants to individuals, do not report foreign grants and assistance on this schedule. Instead, report them on Schedule F (Form 990), Statement of Activities Outside the United States.

#### Who Must File

An organization that answered "Yes" to Form 990, Part IV, Checklist of Required Schedules, line 21 or 22, must complete Part I and either Part II or Part III of this schedule and attach it to Form 990.

If an organization is not required to file Form 990 but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

#### Specific Instructions

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

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 21

Lines 1 and 2. On line 1, indicate "Yes" or "No" regarding whether the organization maintains records to substantiate amounts, eligibility, and selection criteria used for grants. In general terms, describe how the organization monitors its grants to ensure that such grants are used for proper purposes and are not otherwise diverted from the intended use. For example, the organization can describe the periodic reports required or field investigations conducted. Use Part IV for the organization's narrative response to line 2.

#### Part II. Grants and Other **Assistance to Governments** and Organizations in the **United States**

Line 1. Complete line 1 if the organization answered "Yes" on Form 990, Part IV, line 21. A "Yes" response means that the organization reported more than \$5,000 on Form 990, Part IX. Statement of Functional Expenses, line 1, column (A). Enter information only for each recipient U.S. organization or government entity that received more than \$5,000 aggregate of grants or assistance from the organization during the tax year.



Do not complete line 1 if the organization checked the box in Part II that no one recipient received more than \$5,000 from the organization.

Enter the details of each organization or entity on a separate line of Part II. If there are more organizations or entities to report in Part Il than space available, report the additional organizations or entities on Schedule I-1, Part I. Use as many Schedules I-1 as needed. Use Part IV if additional space is needed for descriptions of particular column entries.

Column (a). Enter the full legal name and mailing address of each recipient organization or government entity.

Column (b). Enter the employer identification number (EIN) of the grant recipient.

Column (c). Enter the section of the Internal Revenue Code under which the organization receiving the assistance is tax-exempt, if applicable (for example, a school described in section 501(c)(3) or a social club described in section 501(c)(7)). If a recipient is a government entity, enter the name of the government entity. If a recipient is neither a tax-exempt nor a government entity, leave column (c) blank.

Column (d). Enter the total dollar amount of cash grants to each recipient organization or entity for the tax year. Cash grants include grants and allocations paid by cash, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

Columns (e) and (f). Enter the fair market value of noncash property. Describe the method of valuation. Report property with a readily determinable market value (for example, market quotations for securities) at its fair market value. For marketable securities registered and listed on a recognized securities exchange, measure market value on the date the property is distributed to the grantee by the average of the highest and lowest quoted selling prices or the average between the bona fide bid and asked prices. When fair market value cannot be readily determined, use an appraised or estimated

Column (g). For noncash property or assistance, enter a description of the property or assistance. List all that apply. Examples of noncash assistance include medical supplies or equipment, pharmaceuticals, blankets, and books or other educational supplies.

Column (h). Describe the purpose or ultimate use of the grant funds. Do not use general terms such as charitable, educational, religious, or scientific. Use more specific descriptions such as general support, payments for nursing services, or laboratory construction. Enter the type of assistance, such as medical, dental, or free care for indigent hospital patients. In the case of disaster assistance, include a description of the disaster and the assistance provided (for example, "Food, shelter, and clothing for Organization A's assistance to Hurricane Katrina disaster victims"). Use Part IV if additional space is needed for descriptions.

Line 2. Add the number of recipient organizations listed on line 1 of Schedule I (Form 990), Part II, and Schedule I-1 (Form 990), Part I, that (a) have been recognized by the Internal Revenue Service as exempt from federal income tax as described in section 501(c)(3), (b) are churches, including synagogues, temples, and mosques, (c) are integrated auxiliaries of churches and coventions or association of churches, or (d) are governmental units or entities in the United States. Enter the total.

Line 3. Add the number of recipient organizations listed on line 1 of Schedule I (Form 990), Part II, and Schedule I-1 (Form 990), Part I, that are not described on line 2. This number should include organizations that are exempt under section 501(c) other than section 501(c)(3). Enter the total.

#### Part III. Grants and Other Assistance to Individuals in the **United States**

Complete Part III if the organization answered "Yes" on Form 990, Part IV, line 22. A "Yes" response means that the organization reported more than \$5,000 on Form 990, Part IX, line 2, column (A).

#### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered

"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.

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

OMB No. 1545-0047

Name of the organization Three Angels Broadcasting Network, Inc

Employer identification number 1179056 37

			990, Part IV,								c) Corr	ected?
(a) Name of disqualified person				(b) Desc	cription of tra	nsaction					Yes	No
		•										
				,								
										L		
Enter the amount of tax imposed on tunder section 4958 Enter the amount of tax, if any, on lin									► \$ <u>-</u>			
Enter the amount of tax, if any, on interest the Loans to and/or From Interest												
Complete if the organization a	nswered	"Yes" c	n Form 990,	Part IV,	line 26, or	Form 9	90-E	z, Par	t V, li	ne 38	Ba.	
(a) Name of interested person and purpose		to or from	(c) Origin	1	(d) Balance				(f) App	roved	(g) V	ritten
(B) Name of interested possess and purpose	the orga	nization?	principal am						by boa		agree	ment?
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(a) Name of interested person	(b) R	elationship	p between intere organizatio		n and the	(0	Amo	unt and	type c	f assis	stance	
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Part V Business Transactions Invo	olving Int	erestec	Persons.									
Business Transactions Invo	answere	erested d "Yes"	i Persons. on Form 99	0, Part IV	, line 28a,						T	
Business Transactions Invo Complete if the organization  (a) Name of interested person	answere (b)	d "Yes" Relationsh	on Form 99	(c) Am	ount of			ion of t	ransac	ion		
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Enter information for grants and other assistance directly made to or for the benefit of individual recipients. Do not complete Part III for grants or assistance provided to individuals through another organization or entity. Instead, complete Part II, earlier. For example, report a payment to a hospital designated to cover the medical expenses of a particular individual in Part III and report a contribution to a hospital designated to provide some service to the general public or to unspecified charity patients in Part II.

Enter the details of each type of assistance to individuals on a separate line of Part III. If there are more types of assistance than space available, report the additional assistance transactions on Schedule I-1 (Form 990), Part II. Use as many Schedules I-1 (Form 990) as needed. Use Part IV if additional space is needed for descriptions of particular column entries.

**Column (a).** Specify type(s) of assistance provided, or describe the purpose or use of grant funds. Do not use general terms such as charitable, educational, religious, or scientific.

Use more specific descriptions, such as scholarships for students attending school in a particular county or attending a particular school; provision of books or other educational supplies; food, clothing, and shelter for indigents, or direct cash assistance to indigents; etc. In the case of specific disaster assistance, include a description of the type of assistance provided and identify the disaster (for example, "Food, shelter, and clothing for immediate relief for Hurricane Katrina disaster victims").

**Column (b).** Enter the number of recipients for each type of assistance. If the organization is unable to determine the actual number, provide an estimate of the number. Explain in Part IV how the organization arrived at the estimate.

Column (c). Enter the aggregate dollar amount of cash grants for each type of grant or assistance. Cash grants include grants and allocations paid by cash, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

Columns (d) and (e). Enter the fair market value of noncash property. Describe the method of valuation. Report property with a readily determinable market value (for

example, market quotations for securities) at its fair market value. For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices or the average between the bona fide bid and asked prices, on the date the property is distributed to the grantee. When fair market value cannot be readily determined, use an appraised or estimated value.

Column (f). For noncash grants or assistance, enter descriptions of property. List all that apply. Examples of noncash assistance include medical supplies or equipment, pharmaceuticals, blankets, and books or other educational supplies.

# Part IV. Supplemental Information

Use Part IV to provide narrative information required in Part I, line 2, regarding monitoring of funds. Also use Part IV to provide other narrative explanations and descriptions, as needed. Identify the specific part and line(s) that the response supports. Part IV can be duplicated if more space is needed.

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

20**09** 

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Employer identification number Name of the organization 1179056 37 : Three Angels Broadcasting Network, Inc Types of Property (c) (b) Method of determining Revenues reported on Number of contributions Check if revenues Form 990, Part VIII, line 1g applicable Art-Works of art . . . Art-Historical treasures . Art-Fractional interests . . Walletter to the best of the b Books and publications . . 4 Clothing and household goods . . . . . . . . 6 Cars and other vehicles . . Boats and planes . . 7 Intellectual property . . . . Securities-Publicly traded . 9 Securities-Closely held stock . 10 Securities-Partnership, LLC, or trust interests . . . . . Securities-Miscellaneous 12 Qualified conservation contribution-Historic structures . . . . . Qualified conservation contribution-Other . . Real estate-Residential . . 15 Real estate-Commercial . . 16 Real estate-Other . . . . 17 **Actual Cash Value** 126,797 Coins, Costume Jewelry Collectibles . . . . . . 18 Food inventory . . . . 19 Drugs and medical supplies . 20 21 Taxidermy . . . . . . . 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 used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a 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.

Schedule M (	Form 990) 2009							rage i	
Partill	0	<b>I Information.</b> Also complete	Complete the third this part for a	is part to pro any addition	ovide the info al information	rmation requal.	uired by Par	t I, lines 30b,	
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#### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 990 or to provide any additional information. ► Attach to Form 990.

Name of the organization 1179056 37 Three Angels Broadcasting Network, Inc. Part VI, Section B, No. 11a - Review of 990 The 990 Informational Return and supporting schedules are reviewed by the Board of Trustees at the first board meeting following the filing of the return. Part VI, Section B, No. 12c - Conflict of Interest Disclosure All Board members and officers are required to review 3ABN's conflict of interest policy and sign a compliance statement. Any actual or potentional conflicted of interest is to be disclosed and the Board most make a decision concerning the conflict. Part VI, Section B, No. 15a-b - Officer Remuneration All officer remuneration is set by action of the Board of Trustees and falls within the remuneration guidelines of the North American Division of Seventh-day Adventists. Once each year all other employee wages and benefits are reviewed by the Board. Part VI, Section C, No. - Discloser The 3ABN Annual Audited Financial Statement, 990 Informational Return, Supporting Schedules and Governing Documents are provided to all who make a written request.

Lines 25–28. Use lines 25 through 28 to separately report other types of property not described above or reported on previous lines. These include items that did not satisfy specific charitable deduction requirements applicable to the contribution of such type of property, but which were contributed to the organization, such as clothing and household goods that were not in good used or better condition, and conservation easements that the organization knows do not constitute qualified conservation contributions.

Self-created items, such as personal papers and manuscripts, including archival records, are to be listed separately as a type. Archival records are materials of any kind created or received by any person, family, or organization in the conduct of their affairs that are preserved because of the enduring value of the information they contain or as evidence of the functions and responsibilities of their creator.

Donations of items used by the organization at a charitable auction (other than goods sold by the charity at the auction, which should be reported on lines 1-24, as appropriate), such as food served at the event or floral centerpieces, can be reported separately on lines 25-28. **Noncash contributions** do not include donations of services or use of facilities reported on Schedule D (Form 990), Part XI, line 5 and can also be reported in the narrative section of Form 990, Part III, line 4.

Line 29. Enter the number of Forms 8283, Noncash Charitable Contributions, received by the organization during the year for contributions for which the organization completed Part IV, Donee Acknowledgement, of such form. If the organization does not keep complete records of such forms, do not provide an estimate and leave line 29 blank.

Lines 30a–30b. Answer "Yes" to line 30a if the organization received during the year a noncash contribution reportable on lines 1 through 28 for which the organization is required, by the terms of the gift or otherwise, to hold the property for at least three years from the date of the contribution and which property is not required to be used for exempt purposes for the entire holding period. An organization that answers "Yes" to line 30a must describe the arrangement in Part II.

Line 31. Answer "Yes" if the organization has a gift acceptance policy that requires the review of any non-standard contributions. A non-standard contribution includes a contribution of an item that is not reasonably expected to be used to satisfy or further the organization's exempt purpose (aside from the need of such organization for income or funds) and for which (a) there is no ready market to which the organization can go

to liquidate the contribution and convert it to cash, and (b) the value of the item is highly speculative or difficult to ascertain. For example, the contribution of a taxpayer's successor member interest of the type described in Notice 2007-72, 2007-36 I.R.B. 544, is a non-standard contribution for this purpose.

Lines 32a–32b. Answer "Yes" to line 32a if the organization hires or uses third parties or related organizations to solicit, process, or sell noncash contributions. An organization that answers "Yes" to line 32a must describe these arrangements in Part II.

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

# Part II. Supplemental Information

Use Part II to provide narrative information required in Part I, column (b) and Part I, lines 30b, 32b, and 33. Also use Part II to provide other narrative explanations and descriptions, as needed. Identify the specific line number that the response supports. Part II can be duplicated if more space is needed.