### Form 990

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

Open to Public Inspection

Α	For th	e 2003 c	alendar	year, or tax year beginning		, 2003, a	nd ending		, 20		
		applicable:	Please use IRS	C Name of organization					Employer identification number		
	Address		labet or	Three Angels Broadcastin					179056		
	Name c		print or type.	Number and street (or P.O. box i	f mail is not delivered to	street add	ress) Room/suite	-	one number		
	Initial ret	turn	See Specific	P.O. Box 220				<del></del>	) 627-4651		
_	Final ret		Instruc-	City or town, state or country, an West Frankfort, IL 62896	id ZIP + 4			_	g method: 🔲 Cash 🗹 Accrual		
	Amende		<u> </u>	Trest Frankfort, IL 02090					er (specify) >		
	Application	on pending	• Sec	ction 501(c)(3) organizations and					to section 527 organizations.		
	107 . 5 74 .	: ▶ 3ab		sts must attach a completed Scho	ee to dee midt) A sidds	W-EZJ.		- :	er of affiliates >		
<u>G</u>	Website	<u>;</u> ▶ Jab	ii.org				H(c) Are all af		——————————————————————————————————————		
j	Organiz	ation type	(check o	only one) ► 🗹 501(c) ( 3 ) 🔻 (in	nsert no.)	or 🔲 52			See instructions.)		
κ	Check	here 🕨 🗌	if the o	organization's gross receipts are no	rmally not more than \$3	25,000. Th	e H(d) is this a s	eparate retun	n filed by an		
	organiza	ition need	not file a	return with the IRS; but if the organi turn without financial data. Some st	zation received a Form 9	90 Packag	e organizati		y a group ruling? Yes No		
	111 11 1C 111	an, it shou	io ine a re	tum without marcial data. Some St	ates require a complete	return.		kemption Nu			
L	Gross	receipts:	Add line	s 6b, 8b, 9b, and 10b to line 1	2 ▶				the organization is <b>not</b> required orm 990, 990-EZ, or 990-PF).		
E	art I	Rever	nue, Ex	penses, and Changes in	Net Assets or Fi	und Bal					
	1	Contrib	utions,	gifts, grants, and similar am	ounts received:						
	a	Direct p	oublic s	upport		1a	10,902,6	56	••		
	b	Indirect	public	support		1b					
	c	Govern	ment co	ontributions (grants)	l	1c		((((()))			
	d	Total (a	dd lines	1a through 1c) (cash \$	10,593,517 noncast	1 \$	309,139	1d	10,902,656		
	2			e revenue including governme					882,654		
	3	Membe	rship di	ues and assessments					00.455		
	4			ings and temporary cash in				. 4	28,155		
	5			interest from securities				5			
	6a	Gross n				6a		63			
				penses				59	13,504		
	1 7			me or (loss) (subtract line 6) ent income (describe ►	o from line 6a)		- · · · ·	.   6c	15,504		
Revenue	,			·	(A) Securities		(B) Other				
e	oa	than in		from sales of assets other	124,895	8a	24,0	00			
œ	b			ner basis and sales expenses	118,712	8b	<del></del>	55			
	C	Gain or	(loss) (	attach schedule)	6,183	8c		55)			
				s) (combine line 8c, columns				8d	4,028		
	9			nd activities (attach schedule). If				i /////			
	a				of	, J.					
				eported on line 1a)		9a					
				penses other than fundraisi		9b		(/////			
	C	Net inc	ome or	(loss) from special events (s	subtract line 9b from	n line 9a	ı) <i>.</i>	9c			
	1			inventory, less returns and		10a	1,390,9	46			
				goods sold , , , , , ,		10b		02	242.24		
		Gross p	rofit or (i	oss) from sales of inventory (at	tach schedule) (subtra	ct line 10	Ob from line 10a)	. 10c	349,244		
	11 12	Other re	evenue	(from Part VII, line 103)	04 05 105 1			11	(698,462)		
_	+			(add lines 1d, 2, 3, 4, 5, 6c, 7	•	<del>')</del>	· · · · ·		11,481,779		
y)	13	_		es (from line 44, column (B				I	8,623,961 4,937,968		
Expenses	14			and general (from line 44, co				15	7,351,300		
×	. 15 16							16			
ш	17	Total e	no lo g	ffiliates (attach schedule) . s (add lines 16 and 44, colu	ımn (A))		• • • •		13,561,929		
	<del></del>								(2,080,150)		
Net Assets	18			icit) for the year (subtract lir					22,878,557		
AS	19			fund balances at beginning in net assets or fund balar					22,0,0,007		
Š	21			in net assets or fund balar and balances at end of year (				. 21	20,798,407		
				and all and all all all all all all all all all al		,	,	. , 4 . !			

Form 990 (2003)

	Statement of All organizations Functional Expenses and section 4947	must comple (a)(1) nonexe	te column (A). Columns impt charitable trusts b	s (B), (C), and (D) are re ut optional for others. (\$	quired for section 501(c) See page 22 of the instr	<ul><li>(3) and (4) organization</li><li>uctions.)</li></ul>
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule).		450 424	55.000		
25	Compensation of officers, directors, etc.		152,431	55,932	96,499	
26	Other salaries and wages		3,011,398	1,335,074	1,676,324	
27	Pension plan contributions		-			
28	Other employee benefits		210,400		210 400	
29	Payroll taxes		210,400		210,400	
30 31	Professional fundraising fees	31	29,651		29,651	
32	Accounting fees		250,431		250,431	
13	Legal fees		498,913	172,090	326,823	<del>.</del>
34	Supplies	<del></del>	194,650	194,650	320,023	
15 15	Telephone	<del></del>	859,186	154,050	859,186	
16	Occupancy	<del>-1-</del>	328,354	147,702	180,652	
37	Equipment rental and maintenance		2,888,282	2,740,728	147,554	
8	Printing and publications	<del></del>	186,794	186,794	171,007	
39	Travel		1,212,374	999,758	212,616	
ŧ0	Conferences, conventions, and meetings	<del></del>				
ļ1	Interest	41	5,937		5.937	
12	Depreciation, depletion, etc. (attach schedule)	42	1,928,846	1,928,846		
13	Other expenses not covered above (itemize): a	43a	· · · · · ·	,,-		
ь	Ct-t	43b	1,804,282	862,387	941,895	
С		43c	·			
ď		43d				
е		43e	· · · · ·			
14	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15	44	13,561,929	8,623,961	4,937,968	
kre a f "Yo iii) ta	nt Costs. Check  if you are following SC any joint costs from a combined educational campaires," enter (i) the aggregate amount of these joint costs amount allocated to Management and general states.	gn and fun ests \$	; (ii) the	amount allocated amount allocated	to Program services to Fundraising \$	Yes N
	rt III Statement of Program Service Ac					
Allo of cl	at is the organization's primary exempt purpose organizations must describe their exempt purpose lients served, publications issued, etc. Discuss a unizations and 4947(a)(1) nonexempt charitable trus	achievem chievemer	ents in a clear and its that are not m	d concise manner. easurable, (Section	State the number 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
_	Production and distribution of 24 hour per of throughout the world.	ay religi	ous programmin	g for electronic (	ransmission	
	***************************************	(Grants a	nd allocations	\$	· · · · · · · · · · · · · · · · · · ·	8,623,961
b						,
_		(Grants a	nd allocations	\$	)	
C						
			*********			
	***************************************	-, <u>-</u> ,		***************************************		
_		(Grants a	nd allocations	\$	)	
đ,	***************************************					
	*		*****************	***********		
_				\$	)	
е (	Other program services (attach schedule)	(Grants a	nd allocations	\$	)	

Part IV	<b>Balance Sheets</b>	(See page	25 of the	instructions )
Partiv	Baiance Sneets	(See page	25 of the	instructions.

N	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within th	e description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			797,584	45	383,281
-	46	Savings and temporary cash investments .			3,875,730	46	2,554,835
	1	Accounts receivable	47a	247,539	180,130	47c	247,539
		Pledges receivable Less: allowance for doubtful accounts Grants receivable	48a 48b		375,394	48c 49	323,165
ets	50 51a	Receivables from officers, directors, truste (attach schedule)  Other notes and loans receivable (attach schedule)				50	
Assets	þ	Less: allowance for doubtful accounts	51b		29,877	51c	
⋖	52	Inventories for sale or use			618,377	52	850,165
	53	Prepaid expenses and deferred charges			584,405	53	401,109
	54	Investments—securities (attach schedule).	, , ▶	☐ Cost ☐ FMV L		54	
i	55a	Investments—land, buildings, and equipment: basis	55a	3,387,100			
	b	Less: accumulated depreciation (attach schedule)	55b		3,387,100	55c	3,387,100
	56 57a	Investments—other (attach schedule) Land, buildings, and equipment: basis	57a	28,010,706		56	·
	l .	Less: accumulated depreciation (attach schedule).	57b	11,763,327	12,358,063	57c	16,247,379
	58	Other assets (describe > Schedule 5		)	31,312,792	58	30,016,365
		· · · · · · · · · · · · · · · · · · ·					
	59	Total assets (add lines 45 through 58) (mus			53,519,452		54,777,692
	60	Accounts payable and accrued expenses .			837,942	60	1,582,036
	61	Grants payable			40.004	61	40.000
ın	62	Deferred revenue			18,891	62	40,333
Liabilities	63	Loans from officers, directors, trustees, and schedule)		63	<del></del>		
Lia	I	Tax-exempt bond liabilities (attach schedule		· · · · · · · · · · · · · · · · · · ·	40,000	64a 64b	40,000
	65	Mortgages and other notes payable (attach Other liabilities (describe ► Schedule 6	schedule	3) · · · · · [	29,744,062	65	32,316,916
	"	Other machines (describe > describe >		' }	23,177,002	0.0	02,010,010
	66				30,640,895	66	33,979,285
	orga	inizations that follow SFAS 117, check here to 67 through 69 and lines 73 and 74.	> ∐ an	a complete lines			
ces	67	Unrestricted.		į	18,927,747	67	16,978,544
an	68	Temporarily restricted			3,950,810	68	3,819,863
Ba	69	Permanently restricted				69	
Net Assets or Fund Balances	l	nnizations that do not follow SFAS 117, check complete lines 70 through 74.					
ö	70	Capital stock, trust principal, or current fund			70		
sts	71	Paid-in or capital surplus, or land, building,			71		
556	72	Retained earnings, endowment, accumulate				72	
Net A	73	Total net assets or fund balances (add line 70 through 72;					
_	ĺ	column (A) must equal line 19; column (B) r	nust equ	ıal line 21)	22,878,557	73	20,798,407
	74	Total liabilities and net assets / fund balance	ces (add	lines 66 and 73)	53,519,452	74	54777,692

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

r al	t IV-A	Reconciliation of Revenu Financial Statements with Return (See page 27 of the	h Revenue	per	Part	Fi	econciliation o inancial Statem eturn			
а		nue, gains, and other support		///////// 530,739	a	•	enses and los	•		
b		ed financial statements Initial financial statements	a 12,	330,739	b	Amounts in	ancial statement ncluded on line Form 990:	_ • •	a	14,610,889
(1)	Net unreal	lized gains nents \$			(1)	Donated and use of	services			
(2)		services of facilities			(2)	Prior year ad reported on				
	year gran				(3)	Form 990 . Losses rep	<u>\$</u>			
(4)	Other (sp	ecify):			(4)	line 20, For Other (spe		<u> </u>		
	Stateme Add amou	nt 7	<u>ь</u> 1,	,048,960	("	Statemen	•••••	1,048,960		
c d	Line a mi	inus line b	c 11,	481,779	c	Line a min	nts on lines (1) thr ius line <b>b</b> ncluded on line	▶	С	1,048,960 13,561,929
		) but not on line a:					but not on line a			
(1)	not includ	t expenses led on line 1990			(1)	Investment not include	d on line			
(2)	Other (sp				(2)	6b, Form 99 Other (spe				
		<b> \$</b>					•			
	*******	unts on lines (1) and (2)	d		1	Add amou	ints on lines (1) a	and (2) >	d	
е	Total reve	enue per line 12, Form 990	1 1	,481,779	e	Total expe	nses per line 17,	Form 990		42 504 000
Par	t.V Lis	us line d)					s line d)		e j ated	13,561,929 ; see page 27 of
•••	016	(A) Name and address	·	(B) Title a	and avera	age hours per to position	(C) Compensation (If not paid, enter	(D) Contributions employee benefit p	lans &	(E) Expense account and other
Stat	ement 9					·	-0)	deferred compens	ation	allowances
			<del> </del>							
	· • • • • • • • • • • • • • • • •			-						
75	organizatio	fficer, director, trustee, or key er on and all related organizations, attach schedule—see page 2	of which mor	e than \$1	0,000 w	mpensation as provided	of more than \$100 by the related org	,000 from yo anizations?	ur ▶	☐ Yes 🗹 No

Par	t VI Other Information (See page 28 of the instructions.)			Yes	No
76 77	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detaile Were any changes made in the organizing or governing documents but not report		76 77	,,,,,,,	<i>V</i>
	If "Yes," attach a conformed copy of the changes.  Did the organization have unrelated business gross income of \$1,000 or more during the y		78a		
79	If "Yes," has it filed a tax return on Form 990-T for this year?		78b 79		7
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? Is the organization related (other than by association with a statewide or nationwide organization governing bodies, trustees, officers, etc., to any other exempt or nonexe	anization) through common	80a		
b	If "Yes," enter the name of the organization ▶	•••••			
	and check whether it is ☐ exe Enter direct and indirect political expenditures. See line 81 instructions	empt or			
	Did the organization file Form 1120-POL for this year?		81b		_
	Did the organization receive donated services or the use of materials, equipment, or at substantially less than fair rental value?		82a		
	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	[82b]	83a		
	Did the organization comply with the public inspection requirements for returns and Did the organization comply with the disclosure requirements relating to quid pro		83b	~	_
	Did the organization solicit any contributions or gifts that were not tax deductible		84a		~
	If "Yes," did the organization include with every solicitation an express statemer or gifts were not tax deductible?		84b		WW.
85	501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members	pers?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less if "Yes" was answered to either 85a or 85b, do not complete 85c through 85h beld		85b		
	received a waiver for proxy tax owed for the prior year.	105 0 1			
	Dues, assessments, and similar amounts from members	85c   85d			
	Section 162(e) lobbying and political expenditures	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
9	Does the organization elect to pay the section 6033(e) tax on the amount on line	851?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the reasonable estimate of dues allocable to nondeductible lobbying and political expensiver?		85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a			
	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	-4////		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87Ь			
88	At any time during the year, did the organization own a 50% or greater interest in partnership, or an entity disregarded as separate from the organization und 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88		<i>V</i>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during section 4911 ▶; section 4912 ▶; section				
ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 eduring the year or did it become aware of an excess benefit transaction from a pastatement explaining each transaction.	rior year? If "Yes," attach	89b		~
¢	Enter: Amount of tax imposed on the organization managers or disqualified perso sections 4912, 4955, and 4958				0
	Enter: Amount of tax on line 89c, above, reimbursed by the organization				0
	List the states with which a copy of this return is filed >			20	
	Number of employees employed in the pay period that includes March 12, 2003 (See	e instructions.) 90b 618 ) 6			
91	The books are in care of ➤ Larry Ewing  Located at ➤ 3391 Charley Good Road, West Frankfort, IL  Section 4047(x)(1) personners to be size to be size for a 200 in line of Form 1	ZiP + 4 ► 62	896		······
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1 and enter the amount of tax-exempt interest received or accrued during the tax	U41—Check here	• •	• •	

Part	VII	Analysis of Income-Producing A	<b>Activ</b>	ities (See p	age	33 of the in	nstructi	ons.)		
Note:	: Ent	er gross amounts unless otherwise	ļ	Unrelated b	usine	ss income	Excluded	by section	on 512, 513, or 514	(E)
indica	ated.			(A) Business code		(B) Amount	(C) Exclusion		(D) Amount	Related or exempt function income
ээ а	Pro	duction and distribution								882,653
b					+-					
c					+-	<del></del>	<del>      </del>			
d							<del></del>			
e		T /5 4			+					<u> </u>
		licare/Medicaid payments			+-		<u> </u>			
_		s and contracts from government agencie	- 1		+ -	· · · · · · · · · · · · · · · · · · ·	<del> </del>	-		. <u> </u>
		nbership dues and assessments est on savings and temporary cash investmen	- 1		†					28,155
		dends and interest from securities			T					
		rental income or (loss) from real estate:	•							
		t-financed property	- 1		1					
		debt-financed property						Ì		13,504
		ental income or (loss) from personal propert								
		er investment income	٠ ١							
100	Gain	or (loss) from sales of assets other than invento	ory				1			4,028
101	Net	income or (loss) from special events			<u> </u>					
		ss profit or (loss) from sales of inventory	٠. ا			,			<del>.</del>	(50,097)
		er revenue: a Video and other sales								399,341
b		ange in value of split interest agreeme	nts	<del></del>	↓_	<u>,                                      </u>	1			(776,816)
С		debt recovery			╀					18,896
d	Oth	ler			-		<del> </del>	-	· -	59,459
e			<u> </u>		<del> </del>					579,123
		total (add columns (B), (D), and (E))			<u>a</u>			<u>IIIIIA.</u>		579,123
105 Note:	line	al (add line 104, columns (B), (D), and (E 105 plus line 1d, Part I, should equal th	.)). he an	ount on line	12	 Dant I	• •	• •		·
Part							ses (Se	ee nac	ne 34 of the ins	structions.)
Line		Explain how each activity for which incom			_					
		of the organization's exempt purposes (or							,	•
		Statement 11								
					···	· · · · · · · · · · · · · · · · · · ·				
										<del></del>
Part	λ.	Information Regarding Taxable Sub	osidia		rega	arded Entitie	s (See	page	34 of the instru	
		(A) ne, address, and EIN of corporation,		(B) centage of		(C) Nature of a	ctivities		(D) Total income	(E) End-of-year
		partnership, or disregarded entity	оwле	rship interest		ivalule of al	-tivities		Total income	assets
				%			·			
				% %				-		
				% %						
Part	Y	Information Regarding Transfers Ass	ociat		onal	Benefit Con	tracts (	See na	ge 34 of the ins	tructions.)
	_					•			<del></del>	☐ Yes ☑ No
		he organization, during the year, receive any funds, the organization, during the year, pay pr								Yes No
Note	e: If	"Yes" to (b), file Form 8870 and Form	4720	lisee instruct	ioasi	inectiy, on a	person	ai Deli	en comact:	
	$\overline{}$	Under penalties of perjury, I declare that I have example to the second		<del></del>	_		hedules a	nd state	ements, and to the l	est of my knowledge
D1		and belief, it is true, corrects and complete. Declare	ation o	of preparer (other	than	officer) is based	d on all inf	ormatio	n of which prepare	r has any knowledge.
Pleas	e	) any Shitt							3/24/09	1
Sign		Signature of officer						Di	ate	
Here	1	Danny Shelton, President								
		Type or print name and title.								
Paid	T	Preparer's				Date	Check if	•	Preparer's SSN o	r PTIN (See Gen. Inst. W
Prepare	<sub>2</sub> ,	signature					self- employe	ed ▶ 🗀	<u>]</u>	<u> </u>
Use On		Firm's name (or yours if self-employed),						EIN	<b>&gt;</b>	
-55 <b>-</b> 618	7	address, and ZIP + 4						Phone	no. ▶ ( )	

⊛

#37-1179056

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

#### **Publicly Traded Securities**

Description:
Date Acquired:
How Acquired:
Date Sold:

To Whom Sold:

Gross Sales Price

Cost Basis Loss on Sale

#### Other Assets

Description:
Date Acquired:
How Acquired:
Date Sold:
To Whom Sold:

Gross Sales Price Cost Basis Loss on Sale Securities Various

Purchased or Donated

Various

Market Shares - Unknown

Capital Assets

124,895

118,712

6,183

Various

Purchased or Donated

Various Various

> 24,000 26,155 (2,155)

#37-1179056

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

	•	Program N	Management
Other Expenses	Total	Services	& General Fundraising
Advertising and Promotion	426,191	179.252	246.939
Bank Charges	49,307	,202	49.307
Broadcasting	79,463	79,463	,
Camp Meeting	26,141	,	26,141
Contract Labor	102,479	51,819	50,660
Dues and Registration	46,972	46,972	
Insurance	244,012		244,012
Miscellaneous	192,799		192,799
Music Production	177,166	177,166	
Special Projects	459,752	327,715	132,037
	1,804,282	862,387	941,895

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

Land held in Charitable Remainder Unitrusts

3,387,100

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

Cost	Accum. Deprec.	Net Book Value
1 3/6 803	280 611	1,066,282
	621,826	3,040,360
834,778	•	834,778
187,511	48,060	139,451
18,017,648	9,809,342	8,208,306
1,402,866	1,003,488	399,378
2,558,824		2,558,824
28,010,706	11,763,327	16,247,379
	1,346,893 3,662,186 834,778 187,511 18,017,648 1,402,866 2,558,824	Cost Deprec.  1,346,893 280,611 3,662,186 621,826 834,778 187,511 48,060 18,017,648 9,809,342 1,402,866 1,003,488 2,558,824

# THREE ANGELS BROADCASTING NETWORK, INC. 990 - SUPPLEMANTAL INFORMATION YEAR ENDED DECEMBER 31, 2003

### #37-1179056

Statement 5	
Form 990 Part IV, Line 5	8
Other Assets	

Annuities Trusts	10,074,843 19,941,522 30,016,365
Statement 6 Form 990 Part IV, Line 65 Other Liabilities	
Annuities Liabilities under Unitrust Agreements Revocable Trust Liabilities	10,078,854 2,296,540 19,941,522 32,316,916
Statement 7 Form 990 Part IV-A, Line B(4) Other Amounts	
Cost of Goods Sold - Satelites Rental Expenses	1,041,702 7,258 1,048,960
Statement 8 Form 990 Part IV-B, Line B(4) Other Amounts	7,0 10,000
Cost of Goods Sold - Satelites Rental Expenses	1,041,702 7,258 1,048,960

#37-1179056

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

Name and Address	Title & Avg. Hrs/Wk	Comp.	Employee Benefits	Expense Account	_
Dr. Walter Thompson 174 Fox Borough Burr Ridge, IL 60521	Chairman None	0	1	0	0
Kenneth Denslow 619 Plainfield Rd., 3rd Floor Willowbrook, IL 60521-5381	Director None	0	ı	0	0
May E. Chung 155 Manchester Lane San Bernardino, CA 92408	Director None	0		0	0
Dr. Robert Ford 2517 NE Kresky Chehalis, Wa 98532-2409	Director None	0		0	0
Bill Hulsey PO Box 596 Collegedale, TN 37315	Director None	0		0	0
Ellsworth McKee PO Box 750 Collegedale, TN 37315	Director None	0		0	0
Danny Shelton 2954 New Lake Road West Frankfort, IL 62896	President Director 40 hrs/wk	53,695			
Linda Shelton 2954 New Lake Road West Frankfort, IL 62896	Vice Pres. Director 40 hrs/wk	58,169			
G. Ralph Thompson 12501 Old Columbia Pike Silver Spring, MD 20904-6600	Director None	0		0	0
Owen Troy 1906 Dana Drive Adelphi, MD 20783-2119	Director None	0		0	0
Larry Welch 715 S Mulkey Christopher, IL 62822	Director 40 hrs/wk	40,567 152,431	_	0	0
			==		

#37-1179056

Statement 10 Form 990, Part V, Line 90A List of States Which This Return is Filed California Illinois Oregon

#### Statement 11 Form 990, Part VII

### Relationship of Activities to the Accomplishment of Exempt Purposes in # Explanation of Activities

Citie ir	Explanation of Adams of				
93	Payment for airtime & production of certain religious programming				
95	Interest income is used to help offset general operating expenses				
97	Rental income is used to help offset general operating expenses				
102	Sale of satellite dishes to enable veiwers to receive programming				
103a	Sale of religious programming and religious books				
103c	Recovery of airtime and production revenue relating to religious programming				
103d	Other income is used to belo offset general operating expenses				

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

### Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Three Angels Broadcasting Network, Inc.

Employer identification number

37:1179056

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more than \$50,000 (b) Title and average hours per week devoted to position account and other allowances mployee benefit plans & deferred compensation (c) Compensation Moses Primo Director of Engineering 69,732.14 PO Box 39, Thompsonville, IL 62890 Total number of other employees paid over 0 \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (c) Compensation (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 Investment Management Union Bank of California 62,291 PO Box 85243, San Diego, CA 92186 Legal Sidley, Austin, Brown & Wood LLP 65,546 555 West 5th Street, Suite 4000, Los Angeles, CA 90013

Total number of others receiving over \$50,000 for professional services . . . .

Cat. No. 11285F

	<del></del>	Page			
Part III Statements About Activities (See page 2 of the instructions.)	Y	es No			
During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$	1				
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.					
During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)					
a Sale, exchange, or leasing of property?	2a				
b Lending of money or other extension of credit?	2b 2c	<del>,   '</del>			
c Furnishing of goods, services, or facilities?	2d	,			
e Transfer of any part of its income or assets?	2e	•			
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how					
you determine that recipients qualify to receive payments.)	3a				
b Do you have a section 403(b) annuity plan for your employees?	3b				
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4				
Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions	.)	-			
The organization is not a private foundation because it is: (Please check only ONE applicable box.)					
<ul> <li>5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).</li> <li>6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)</li> </ul>					
<ul> <li>A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)</li> <li>A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).</li> </ul>					
A findspital of a cooperative indepital service organization. Section 170(b)(1)(A)(v).      A findspital of a cooperative indepital service organization. Section 170(b)(1)(A)(v).					
9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the ho and state ▶					
An organization operated for the benefit of a college or university owned or operated by a governmental unit. See (Also complete the Support Schedule in Part IV-A.)					
11a An organization that normally receives a substantial part of its support from a governmental unit or from Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	the gene	ral put			
A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  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 charitable, etc., functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)					
An organization that is not controlled by any disqualified persons (other than foundation managers) and supports of described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 50					
section 509(a)(3).)					
section 509(a)(3).)  Provide the following information about the supported organizations. (See page 5 of the instruction		_			

	IV-A Support Schedule (Complete only You may use the worksheet in the instructions						accounting.		
	ndar year (or fiscal year beginning in) .	(a) 2002	(b) 2001	(c) 2000	(d) 1999		(e) Total		
15	Gifts, grants, and contributions received. (Do	(4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4	(-,	(4, =====					
	not include unusual grants. See line 28.).	17,236,402	13,521,717	11,202,957	10,911,244		10,911,244		52,872,320
16	Membership fees received								
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.	1,998,731	1,794,201	3,476,063	4,610	4,610,614 11			
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	52,416	70,437	83,580	77,741		77,741		284,174
19	Net income from unrelated business activities not included in line 18					ļ			
20	Tax revenues levied for the organization's benefit and either paid to it or expended on								
	its behalf								
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.				:				
22	Other income. Attach a schedule. Do not								
	include gain or (loss) from sale of capital assets								
23	Total of lines 15 through 22	19,287,549	15,386,355		15,599	<del></del>	<del></del>		
24	Line 23 minus line 17	17,288,818	13,592,154		10,988		mmmmmm		
25	Enter 1% of line 23	192,875	153,864	147,626	155	,996			
	Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 >  Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts >								
c d			19	<del></del>		26c ////// 26d			
e f	Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numeration))				▶	26e 26f	%		
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and	total amounts re	ceived in each ye	were receive ar from, eac	ed fro th "dis	m a "disqualified squalified person."		
	12002) 317,048 (2001)	261,527	(2000)	455,94	5. (1999) .		1,444,658		
b	Cold will be a second of the s								
С	Add: Amounts from column (e) for lines: 15 17		16		>	27c	64,751,929		
d	Add: Line 27a total	and line 27b tota	741	,762	>	27d	· · · · · · · · · · · · · · · · · · ·		
e	Public support (line 27c total minus line 27d to				▶	27e	61,530,989		
f	Total support for section 509(a)(2) test: Enter a	amount from line	23, column (e)	▶ 27f	65,036,103				
g	Public support percentage (line 27e (numer	ator) divided by I	ine 27f (denom			279	I		
h	Investment income percentage (line 18, col	umn (e) (numerat	or) divided by l	ine 27f (denomir	nator)). 🟲	27h	.4 %		
28	Unusual Grants: For an organization describ prepare a list for your records to show, for ea description of the nature of the grant. Do not	ed in line 10, 11, ach year, the nam	or 12 that rece e of the contrib	ived any unusual outor, the date an	grants dur	or the	grant, and a brief		

Part V	Private School Questionnaire (S	ee page 7 of the instructions.)
	(To be completed ONLY by sch	ools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes No
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a
ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	
33	Does the organization discriminate by race in any way with respect to:	33a
a	Students' rights or privileges?	33b
c	Employment of faculty or administrative staff?	33c
d	Scholarships or other financial assistance?	33d
е	Educational policies?	33e
f	Use of facilities?	33f
g	Athletic programs?	33g
h	Other extracurricular activities?	
	il you allswered. Tes to any or the above, please explain, in you need more space, dittori o separate	
		34a
34a	Does the organization receive any financial aid or assistance from a governmental agency?	346
b	Has the organization's right to such aid ever been revoked or suspended?	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05	

Par	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an	ecting Public ( eligible organiz	Charities (See ation that file	e page 9 of th d Form 5768	ie instri )	uctions.)	
Chec	k ▶ a ☐ if the organization belongs to an affiliat					ted control*	provisions apply.
	Limits on Lobbyin	• •				(a) ited group totals	(b) To be completed for ALL electing organizations
	(The term "expenditures" mean			30	-		Organizacions
36	Total lobbying expenditures to influence public			• • • -		<del></del>	
37	Total lobbying expenditures to influence a legis	•					
38	Total lobbying expenditures (add lines 36 and 3						
39							
40	Total exempt purpose expenditures (add lines 3	· · · ·					
41	Lobbying nontaxable amount. Enter the amount						
	If the amount on line 40 is—  Not over \$500,000 20% of						
	Over \$500,000 but not over \$1,000,000 \$100,0			1 1////			
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	•					
	Over \$1,500,000 but not over \$1,000,000 . \$225,0						
	Over \$17,000,000 \$1,000	•		1 0///			
42	Grassroots nontaxable amount (enter 25% of li				2		
43	Subtract line 42 from line 36. Enter -0- if line 4			4			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lin	e 38	4	4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				*			
	Caution: If there is an amount on either line 43	<del></del>					
	(Some organizations that made a section See the instructions for	or lines 45 throug T	do not have to	complete all of 1 of the instruc	tions.)		
	Calandar year for	(3)	(b)	(c)		(d)	(e)
	Calendar year (or fiscal year beginning in) ▶	(a) 2003	2002	2001		2000	Total
	install year segming "","						-
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e)).						<b></b>
47	Total lobbying expenditures ,						
				-			
48	Grassroots nontaxable amount				and and		
			X/////////////////////////////////////				
49	Grassroots ceiling amount (150% of line 48(e))						<b>/</b>
	Comments labeling and additional						
50	Grassroots lobbying expenditures	nting Dublic C	Larities				<u> </u>
	rt VI-B Lobbying Activity by Nonelect (For reporting only by organization)	ations that did	natices nat complete	Part VI-A) (S	ee pag	e 12 of t	he instructions.
_						1 1	<u> </u>
	ng the year, did the organization attempt to infli mpt to influence public opinion on a legislative o				iy airy	Yes No	Amount
	· · · · · · · · · · · · · · · · · · ·		idili, allough an	. 435 5			
	Volunteers		onorted on lines	se through h.)			
b	Media advertisements			s C allough his			
0							
d e							
f	Grants to other organizations for lobbying purp						
g	The second of th		or a legislative	body			
e h							
i	Total lobbying expenditures (Add lines c throu	ah h.)					//a
•	If "Yes" to any of the above, also attach a sta	tement giving a c	letailed descript	ion of the lobb	ying acti	vities.	

Surply of the first term and the surply of the first term of the f

гa	19/11			ansters to and transaction page 12 of the instruction	ctions and Relationships Wit ns.)	n Nonc	harit	able
<del></del> 51		the reporting organ	nization directly or i	ndirectly engage in any of the	following with any other organization		d in s	ection
	-			· · · · · · · · · · · · · · · · · · ·	on 527, relating to political organization	ns?	Yes	No
а			• -	o a noncharitable exempt orga	nization of:	51a(i)	162	V
		Cash				a(ii)		1
		Other assets				<u> </u>	<u> </u>	- <del></del>
b		er transactions:			M	b(i)		~
		•		noncharitable exempt organiza		b(ii)	$\vdash$	~
				able exempt organization , .		b(iii)		1
				er assets		b(iv)		V
			•			b(v)		~
		•				b(vi)	1	1
				hip or fundraising solicitations		c		~
				ts, other assets, or paid emplo				
	goog	ds, other assets, or	r services given by	the reporting organization. If t	e. Column (b) should always show the fi he organization received less than fail ds, other assets, or services received:	market	value	in any
	(a) e no.	(b) Amount involved	Name of possi	(c) naritable exempt organization	(d) Description of transfers, transactions, and	t sharing an	rangem	ents
	e 110.	Amount involved	Name of nonci	antable exempt organization	Description of Bansless, delisactions, disc	s sharing on	onge	
_					<del> </del>			
					<u> </u>			
			• •					
						_		
			<del>-</del>					
			-					
					-			
_								
								_
	des	cribed in section 50 Yes," complete the	ectly or indirectly a 01(c) of the Code (of following schedule	other than section 501(c)(3)) or	ne or more tax-exempt organizations in section 527?	Ye	s E	Ø No
		(a) Name of organiz	zation	(b) Type of organization	Description of relation	ship		<del></del>
_								
							_	
	-							
_								
			··-·					
_	<u>.                                      </u>	<del>.,,</del>			<del> </del>			
					<del></del>			<del>-</del>
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_			<u> </u>					
					Schedule A (	Form 990 c	or 990-	EZ) 200:

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