ANKERBERG THEOLOGICAL RESEARCH INSTITUTE INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2023

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-TE TO:

SMITH & HOWARD ADVISORY, LLC 271 17TH STREET, NW SUITE 1600 ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2024. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Eom 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year	2023, or fiscal	year beginning	and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN ANKERBERG THEOLOGICAL RESEARCH INSTITUTE 62-1138444 Name and title of officer or person subject to tax DARLENE ANKERBERG, CEO/COMPTROLLER Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 6, 788, 434. Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) **b** Tax based on investment income (Form 990-PF, Part V, line 5). . . . Form 990-PF check here 4a 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D). 8b Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** I am an officer of the above entity or ____ I am a person subject to tax with respect to (name Under penalties of perjury, I declare that of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize 3 4 2 2 6 as my signature SMITH & HOWARD ADVISORY, to enter my PIN Enter five numbers, but **ERO firm name** do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 11/15/2024 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. [6]7]8]8]2]7]9]2 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature 11/15/2024 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So For Privacy Act and Paperwork Reduction Act Notice, see back of form. Form **8879-TE** (2023)

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

Open to Public Inspection

Form **990** (2023)

A For the 2023 calendar year, or tax year beginning and ending D Employer identification number C Name of organization B Check if applicable: ANKERBERG THEOLOGICAL RESEARCH INSTITUTE 62-1138444 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change PO BOX 8977 (423)892-7722Initial return City or town, state or province, country, and ZIP or foreign postal code Amended G Gross receipts \$ 6,796,512. CHATTANOOGA, TN 37421 Application pending F Name and address of principal officer: H(a) Is this a group return for DARLENE ANKERBERG Yes Χ Nο subordinates' CHATTANOOGA, TN 37421 6928 LEE HIGHWAY, Yes No H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) If "No," attach a list. (see instructions) 501(c) ((insert no.) WWW.JASHOW.ORG Website: H(c) Group exemption number Form of organization: X Corporation Other > L Year of formation: 1982 M State of legal domicile: TN Summary Part I 1 Briefly describe the organization's mission or most significant activities: RELIGIOUS/EDUCATIONAL TV PROGRAMING Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 42 Total number of volunteers (estimate if necessary) 6 4 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 6,705,456. 8,576,428 **COPY FOR** Program service revenue (Part VIII, line 2g) NONE NONE PUBLIC INSPECTION Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 48 79,502. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -26,4963,476. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,549,980. 6,788,434. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,230,351. 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,982,722 2,335,748. **16a** Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ _ ____427,334. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,962,986 6,724,058. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,945,708 11,290,157. 19 Revenue less expenses. Subtract line 18 from line 12 604,272. -4,501,723.ts or **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 8,189,287 4,920,887. Total liabilities (Part X, line 26) 21 1,557,470. 322,875 22 Net assets or fund balances. Subtract line 21 from line 20 7,866,412 3,363,417. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/15/2024 Sign Signature of officer Here RLENE ANKERBERG CEO/COMPTROLLER Type or print name and title Print/Type preparer's name PTIN Preparer's signature Check Paid self-employed 11/15/2024 SABRE J LINAHAN P01372980 **Preparer** Firm's name > SMITH & HOWARD ADVISORY, 92-0749631 Firm's FIN **Use Only** 404-874-6244 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	art III	Statement of Program Serv		$\overline{}$
1	Briefly	escribe the organization's mis-	s a response or note to any line in this Part III	_
•		=		
			ERG THEOLOGICAL RESEARCH INSTITUTE IS TO RS FOR THE GOSPEL OF CHRIST THROUGH RADIO	_
				_
		AND INTERNET EVANGELI	SM VIA THE JOHN ANKERBERG SHOW.	_
2	Did the	organization undertake any s	gnificant program services during the year which were not listed on the	
			Yes X	40
	If "Yes,"	describe these new services of	n Schedule O.	
3			ting, or make significant changes in how it conducts, any program	
		=	Yes X	40
	If "Yes,"	describe these changes on Sc	hedule O.	
4			service accomplishments for each of its three largest program services, as measured	
			(c)(4) organizations are required to report the amount of grants and allocations to other	ers
	the tota	l expenses, and revenue, if any	, for each program service reported.	
_				
4a	(Code:		9,082,269. including grants of \$) (Revenue \$)	
			S A WEEKLY HALF-HOUR NATIONWIDE	
			PURPOSE IS TO DEMONSTRATE THAT	
			HAT OUR VIEWERS WILL EMBRACE IT FOR	
			HARE IT EFFECTIVELY WITH OTHERS. THE	
			S APOLOGETICS MINISTRY ARE INFORMAL	
			ATIVES OF DIFFERING BELIEF SYSTEMS, AND	
			TATIONS ON MAJOR ISSUES IN SOCIETY TO	
			IAN FAITH HAS SOMETHING OF CONSEQUENCE TO	
			IGNED TO REACH AND APPEAL TO A THINKING	
	AUDI	ENCE OF CHRISTIANS AN	D NON-CHRISTIANS ALIKE.	
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4d	Other p	rogram services (Describe on S	Schedule O.)	_
	(Expens	= '		
1-	Tatalan	ogram convice expenses		

4e Total program service JSA 3E1020 2.000

Form 990 (2023) Page **3**

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		- 71
U	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
3	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		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Λ	
• • •	VII, VIII, IX, or X, as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
а	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	114	71	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			- 21
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
А	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1		- 21
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
Δ	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	71	Х
	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		71	
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124	21	
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		- 11	
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		- 11	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A). line 1? If "Yes." complete Schedule I. Parts I and II	21	x	1

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Part	IV Checklist of Required Schedules (continued)			<u> </u>
	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
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			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
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		Χ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51		
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			3.7
07	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20	,,	
Dort	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
4	Enter the number reported in hex 2 of Form 1006. Enter 0 if not applicable		168	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	v	
JSA	reportable gaming (gambling) winnings to prize winners?	I I C	aan	(2022

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		3.7
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			21
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
• •	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

Part VI

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					21
	<u> </u>				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	hip with			
	any other officer, director, trustee, or key employee?		-	2	Х	
3	Did the organization delegate control over management duties customarily performed by or ur					
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) m	embers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O.</i>			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal F	Revenue	Code		
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of			406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	•		10b 11a	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the	form? .	Ha	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			120		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t		_	12b	Х	
_	rise to conflicts?			120	21	
С	describe on Schedule O how this was done	-		12c	Х	
12	Did the organization have a written whistleblower policy?			13	X	
13 14	Did the organization have a written whistleblower policy?			14	X	
15	Did the process for determining compensation of the following persons include a review an					
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to eva	luate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?			16b		
Secti	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\frac{\mathrm{TN}}{}$,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		and 990-1	(sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on Sc		· O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents,	conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's barrene ankerberg 6928 Lee Highway Chattanooga. TN 37421	ooks	and record	S.		

423-892-7722

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

Check if Schedule O contains a response or note to any line in this Part VII 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. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

Check this box if neither the organization nor any related organization con	mpensated any current officer, director, or trustee.
---	--

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	rson	e than or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DR. JOHN ANKERBERG	45.00									
PRESIDENT	NONE	Х		Х				100,604.	NONE	4,874.
(2) DARLENE ANKERBERG	45.00									
CEO	NONE	X		Χ				94,595.	NONE	4,564.
(3) MICHELLE ANKERBERG	45.00							06.000	,,,,,,,	6 000
DIRECTOR OF DONOR RELATIONS	NONE	X						86,000.	NONE	6,009.
(4) REID HUGHES	2.00	Х						NONE	NONE	NONE
CHAIRMAN (5) DAN BOWDEN	1.00	X						NONE	NONE	NONE
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(6) TIM GIARRA	1.00	Λ						NONE	NONE	NONE
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(7) DON BOWMAN	1.00	Λ						NONE	NONE	NONE
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(8)	None							1,01,2	1.0112	
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	ye	es,	and F	lig	hest Compensat	ed Employ	ees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	(E) Reportal compensatio	n from	am	(F) timated nount of other pensati	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizati (W-2/1099-		fro orga and	om the anization direlated	on d
1b Sub-total							\blacktriangleright	281,199.		NONE		15,	447.
c Total from continuation sheets to Part VII, Se	ection A						ightharpoons	NONE		NONE			NONE
d Total (add lines 1b and 1c)								281,199.		NONE		15,	447.
2 Total number of individuals (including but not l reportable compensation from the organization		hose	liste	d al	bov	e) who	re	eceived more than	\$100,000 d	of			
· · · · · · · · · · · · · · · · · · ·												Yes	No
3 Did the organization list any former office	er, directo	r, or	tru	ıste	e.	kev e	mp	oloyee, or highes	t compensa	ated			
employee on line 1a? If "Yes," complete Schedu											3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations greaters.	eater than	\$15	0,0	00?	. It	"Yes	3, "	complete Schedu	le J for s	such			
individual	accrue coi	mpen	sati	on 1	fron	n any	un	related organization	on or individ	dual	4		X
for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	ıle J	I for	such	per	son	<u> </u>		5		X
Complete this table for your five highest component compensation from the organization. Report of year.													
(A) Name and business add	ress							(B) Description of se	rvices		(C)	sation	
Traine and business add	. 555							2000 I priori di 30			- Inpone		
							-						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \blacktriangleright NONE

ANKERBERG THEOLOGICAL RESEARCH INSTITUTE 62-1138444

Par	t VIII	Statement of Revenue Check if Schedule O contains a response	onse or note to an	ov line in this Part \	/III		
		Check ii Ochedule O contains a respi	onse of note to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b					
عَ ق	c	Fundraising events 1c					
ţš,	١.	Related organizations 1d					
≅	d	•					
ä.ğ	e	Government grants (contributions) 1e					
P	f	All other contributions, gifts, grants,	6 705 456				
the		and similar amounts not included above 1f	6,705,456.				
ΞÓ	g	Noncash contributions included in	r.				
äč		lines 1a-1f <u>1g</u>		C 705 45C			
<u> </u>	h	Total. Add lines 1a-1f	Business Code	6,705,456.			
Ð			Busiliess Code				
Š	2a						
Ser	b						
E P	С						
gra Re	d						
Program Service Revenue	е						
ъ.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends		07.500			07.500
	_	other similar amounts)		87,580.			87,580
	4	Income from investment of tax-exempt bor	•	NONE			- 455
	5	Royalties	(ii) Personal	3,476.			3,476
	_		(II) I ersorial				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NO	-				
	_ d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
_		other than inventory 7a	NONE				
venue	b	Less: cost or other basis	0.070				
		and sales expenses 7b	8,078.				
Other Re	C	Gain or (loss)	-8,078.	0.070			0.070
Jer	d	Net gain or (loss)		-8,078.			-8,078
₹	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line	NONE				
		1c). See Part IV, line 18					
	b	Less: direct expenses	<u> </u>	NONE			
	C	Net income or (loss) from fundraising event	5	NONE			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	١.	· · · · · · · · · · · · · · · · · · ·					
	b c	Less: direct expenses Net income or (loss) from gaming activities	<u> </u>	NONE			
		` ' -		NONE			
	10a	Gross sales of inventory, less returns and allowances	none				
	h	Less: cost of goods sold	*				
	b c	Net income or (loss) from sales of inventory		NONE			
S			Business Code				
Miscellaneous Revenue	11a						
ane	b						
eve	C						
isc R	d	All other revenue					
≥	e	Total. Add lines 11a-11d		NONE			
	12	Total revenue See instructions		6 788 131			82 978

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	2,230,351.	2,230,351.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	NONE							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16	NONE							
4	Benefits paid to or for members	NONE							
5	Compensation of current officers, directors,								
	trustees, and key employees	296,646.	139,987.	107,919.	48,740				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	NONE							
7	Other salaries and wages	1,620,114.	885,379.	494,606.	240,129.				
8	Pension plan accruals and contributions (include	NONE							
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	284,226.	208,420.	66,509.	9,297				
10	Payroll taxes	134,762.	97,029.	32,343.	5,390				
	Fees for services (nonemployees):								
а	Management	NONE							
b	Legal	550,698.		550,698.					
	Accounting	84,167.		84,167.					
d	Lobbying	NONE							
е	Professional fundraising services. See Part IV, line 17.	NONE							
f	Investment management fees	9,121.		9,121.					
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A), amount, list line 11g expenses on Schedule O.)	NONE	4.0		0 621				
	Advertising and promotion	8,679.	48.	100 100	8,631				
13	Office expenses	290,002.	181,869.	108,133.					
14	Information technology	173,422.	119,428.	53,994.					
15	Royalties	NONE	70 547	71 506					
16	Occupancy	142,083.	70,547.	71,536.	44.006				
	Travel	489,842.	391,873.	53,883.	44,086				
18	Payments of travel or entertainment expenses	27027							
	for any federal, state, or local public officials	NONE	101 760	16 740	12 600				
	Conferences, conventions, and meetings	152,200.	121,760.	16,742.	13,698				
	Interest	13,527.	10,822.	1,488.	1,217				
21	-	NONE	216 540	E7 71C	1 / / 27				
22	Depreciation, depletion, and amortization	288,731.	216,548.	57,746.	14,437				
	Insurance	27,512.	27,512.						
24	' '								
	above. (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)								
		2 752 000	2 752 000						
	TV PRODUCTION	3,752,899.	3,752,899.	10 055	41 700				
	PRINTING & PUBLICATIONS	412,078.	358,114.	12,255.	41,709.				
	CONTRACT SERVICES	194,900.	194,900.	E0 EC7					
	DUES AND SUBSCRIPTIONS	132,503.	73,936.	58,567.					
	All other expenses	1,694.	847.	1 700 554	407 224				
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	11,290,157.	9,082,269.	1,780,554.	427,334.				
-0	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)								

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,642,817.	1	535,121.
	2	Savings and temporary cash investments	235,864.	2	NON
	3	Pledges and grants receivable, net	NONE	3	NON
	4	Accounts receivable, net	1,205.	4	70,923
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	24,733.	5	245,565.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONI
ß	7	Notes and loans receivable, net	3,520.	7	14,851.
Assets	8	Inventories for sale or use	3,113.	8	3,562
As	9	Prepaid expenses and deferred charges	326,163.	9	224,628.
	_	Land, buildings, and equipment: cost or other	020,2000		221,020
		basis. Complete Part VI of Schedule D 10a 4,327,032.			
	h	Less: accumulated depreciation	2,681,295.	100	2,408,261.
	11	Investments - publicly traded securities	NONE		1,090,344.
	12	Investments - other securities. See Part IV, line 11	5,991.		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14		NONE		
		Intangible assets			NONE
	15	Other assets. See Part IV, line 11	264,586.		327,632.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,189,287.	16	4,920,887.
	17	Accounts payable and accrued expenses	272,444.	17	932,973.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	NONE	22	NONE
_	23	Secured mortgages and notes payable to unrelated third parties	50,431.	23	624,497.
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	322 , 875.	26	1,557,470.
seo		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	7,815,912.	27	3,312,917.
Ba	28	Net assets with donor restrictions.	50,500.	28	50,500.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	23,233		
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds			
ţ	32	Total net assets or fund balances	7 000 410	31	2 262 417
Re	33		7,866,412.	32	3,363,417.
	33	Total liabilities and net assets/fund balances	8,189,287.	33	4,920,887. Form 990 (2023)

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	,					
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	, 78	88,	<u>434</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	, 29	90,	<u> 157</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>723</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7			<u>412</u> .
5	Net unrealized gains (losses) on investments	5		-	-1,:	<u>272</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	3	, 36	53,	<u>417</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain o	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		• • –	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			.		
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	а			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis		_			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_		.	37	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain c	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for					37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		• • —	a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•		вь		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	IOHS -		D I		

SCHEDULE A (Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization ANKERBERG THEOLOGICAL RESEARCH INSTITUTE 62-1138444 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) FIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990) 2023 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					,	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	5,892,543.	7,545,668.	9,272,938.	8,576,428.	6,705,456.	37,993,033.
	include any "unusual grants.")	3,692,343.	7,343,000.	9,272,930.	0,370,420.	0,703,430.	37,993,033.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	5,892,543.	7,545,668.	9,272,938.	8,576,428.	6,705,456.	37,993,033.
5	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)						971,264.
6	Public support. Subtract line 5 from line 4						37,021,769.
	tion B. Total Support					ı	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4	5,892,543. 7,602.	7,545,668.	9,272,938.	8,576,428. 3,211.	6,705,456. 91,056.	37,993,033. 122,573.
9	similar sources Net income from unrelated business activities, whether or not the business is regularly carried on	7,002.	10,200.	1,121.	3,211.	31,030.	NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	743.	1,824.	1,755.	676.	NONE	4,998.
11	Total support. Add lines 7 through 10						38,120,604.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup			44 1 (6)			07 10 0
14	Public support percentage for 2023 (li		•			15	97.12 % 95.17 %
15	Public support percentage from 2022						
Iba	33 1/3% support test - 2023. If the orgonization q	•					
h	331/3% support test - 2022. If the organization q	•		•			
b	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	-		=			
174	10% or more, and if the organization	_					
	Part VI how the organization meets					=	•
	organization			_			
b	10%-facts-and-circumstances test - 2						
~	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meets						•
	organization			•	•		
18	Private foundation. If the organization						
-	instructions						

Schedule A (Form 990) 2023 Page **3**

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
. •	received from 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 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•	•	•		•
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10 a	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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						F04()(2)
14	First 5 years. If the Form 990 is for	-					
<u></u>	organization, check this box and stop here.						
	tion C. Computation of Public Supp		_	(f\)		15	0/
15	Public support percentage for 2023 (line 8,		•			15	%
16	Public support percentage from 2022 Sche					16	%
	tion D. Computation of Investment			401 (0)		17	0.4
17	Investment income percentage for 2023 (lin					17	%
18	Investment income percentage from 2022 S					18	<u>%</u>
19 a	331/3% support tests - 2023. If the or	-					
_	17 is not more than 331/3%, check this	-	-	•			·
b	331/3% support tests - 2022. If the orga						
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization of	aia not check	a pox on line 1	14, 19a, or 19b	, cneck this bo	x and see instr	uctions

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governi documents? If "No." describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of star under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the forei supported organization? If "Yes," describe in Part VI how the organization had such control and discreti despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinati under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and E numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the acti was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alrea designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribution (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled ent with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on li 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons, as defined in section 4946 (other than foundation managers and organizatio described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of secti 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrat supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	110		
	on an appearance of the second		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	2		
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see			_
2	Activities Test. <i>Answer lines 2a and 2b below.</i>			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
b	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
~	of its supported organizations? If "Vas " describe in Part VI the role played by the organization in this regard	26		

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Da	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	•								
	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See										
•	instructions. All other Type III non-functionally integrated supporting organi										
Se	Section A - Adjusted Net Income (A) Prior Year (Optional)										
_	Not short term conital gain	1		(optional)							
1 2	Net short-term capital gain Recoveries of prior-year distributions	2									
3	Other gross income (see instructions)	3									
4	Add lines 1 through 3.	4									
5	Depreciation and depletion	5									
_	<u> </u>	- 3									
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of										
	property held for production of income (see instructions)	6									
7		7									
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8									
	Adjusted Net Income (Subtract lines 5, 0, and 7 from line 4)			(B) Current Year							
Se	ection B - Minimum Asset Amount		(A) Prior Year	(optional)							
1	Aggregate fair market value of all non-exempt-use assets (see										
	instructions for short tax year or assets held for part of year):										
a	Average monthly value of securities	1a									
	Average monthly cash balances	1b									
C	Fair market value of other non-exempt-use assets	1c									
_	Total (add lines 1a, 1b, and 1c)	1d									
е	Discount claimed for blockage or other factors										
	(explain in detail in Part VI):										
2	Acquisition indebtedness applicable to non-exempt-use assets	2									
3	Subtract line 2 from line 1d.	3									
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,										
	see instructions).	4									
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5									
_6	Multiply line 5 by 0.035.	6									
_7	Recoveries of prior-year distributions	7									
8	Minimum Asset Amount (add line 7 to line 6)	8									
Se	ection C - Distributable Amount			Current Year							
1	Adjusted net income for prior year (from Section A, line 8, column A)	1									
2	Enter 0.85 of line 1.	2									
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3									
4	Enter greater of line 2 or line 3.	4									
5	Income tax imposed in prior year	5									
6	Distributable Amount. Subtract line 5 from line 4, unless subject to										
	emergency temporary reduction (see instructions).	6									
7		ly integra	ted Type III supporting	g organization							
	(see instructions).			- -							

Schedule A (Form 990) 2023

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Type III Non Eurotionally Integrated 500(a)(2) Supporting Organizations (continued)

Part	Type III Non-Functionally integrated 509(a)(3)	Supporting Organizat	ions (continuea)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				

Schedule A (Form 990) 2023

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2019

Excess from 2020

Excess from 2021

Excess from 2022

Excess from 2023 . . .

and 4c.

Schedule A (Form 990 or 990-EZ) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INCOM	Ε					
DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
OTHER INCOME	743.	1,824.	1,755.	676.	NONE	4,998.
TOTALS	743.	1,824.	1,755.	676.	NONE	4,998.
==						

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number Name of the organization ANKERBERG THEOLOGICAL RESEARCH INSTITUTE 62-1138444 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(** 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

	ANKERBERG THEOLOGICAL RESEARCH	INSTITUTE	62-1138444
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

(a)

No.

(d) Type of contribution

Person Payroll

Noncash
(Complete Part II for noncash contributions.)

\$

(c) Total contributions

(b)

Name, address, and ZIP + 4

Name of organization **Employer identification number**

ANKERBERG THEOLOGICAL RESEARCH INSTITUTE

62-1138444

Part II	Noncash Property (see instructions). Use duplicate copies of	Part II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	

Page 4 Schedule B (Form 990) (2023) Employer identification number Name of organization ANKERBERG THEOLOGICAL RESEARCH INSTITUTE 62-1138444 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number ANKERBERG THEOLOGICAL RESEARCH INSTITUTE 62-1138444 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included on line 2a . . . Number of conservation easements included on line 2c acquired after July 25, 2006, and 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)

sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

and section 170(h)(4)(B)(ii)?

If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance

- If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (ii) Assets included in Form 990, Part X.....\$_
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- Assets included in Form 990, Part X....

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

Schedule D (Form 990) 2023

8

				GICAL RE				Cimalian		138444	Page 2
	rt Organizations Maintaini										
3	Using the organization's acquisitio		sion, and o	otner recor	as, cnec	k any or tr	ne follow	ving that r	nake sigi	illicant us	se or its
	collection items (check all that appl	у).			7						
a	Public exhibition			d -	=	or exchang	je progra	m			
b	Scholarly research	4:		e	Other						
C	Preservation for future gener					th	41			4	in Don't
4	Provide a description of the organ	nization's	collections	s and expla	ain now	tney furthe	er the or	ganization	s exemp	t purpose	in Part
_	XIII.				£ 4 1. 1. 4			. 41			
5	During the year, did the organizatio										
	assets to be sold to raise funds rath			ained as pa	rt of the	organizatio	n's colle	ction?		Yes	No
Pa	TELY Escrow and Custodial A				000 [)4	- 0			. 4	
	Complete if the organiza	tion ans	werea "Ye	es" on For	m 990, F	art IV, IIn	e 9, or r	eported a	ın amour	nt on For	m
	990, Part X, line 21.				11. 6						
٦а	Is the organization an agent, trust				-				ets not	¬ ,,	
	included on Form 990, Part X?								L	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII	l and com	plete the to	llowing tai	ole.			•		
									Amount		
C	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance									1	
	Did the organization include an ame									Yes	No
	If "Yes," explain the arrangement in	n Part XIII	I. Check h	ere if the e	xplanatior	has been	provided	in Part XIII		<u></u>	
Pa	t V Endowment Funds		1.115.7		000 5		4.0				
	Complete if the organiza			1							
	_	(a) Curi	rent year	(b) Prio	-	(c) Two ye	ears back	(d) Three y	ears back	(e) Four ye	
1 a	Beginning of year balance		50,500.		50,500.	50	,500.		50,500.	4	42,000.
b	Contributions										8,500.
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		50,500.		50,500.	50	,500.		50,500.	Ę	50,500.
2	Provide the estimated percentage		rrent year	end balanc	e (line 1g,	column (a)) held as	s:			
а	Board designated or quasi-endowm			%							
b	Permanent endowment	%									
С	Term endowment $\underline{100.0000}$ %										
	The percentages on lines 2a, 2b, a										
3a	Are there endowment funds not in t	the posse	ession of th	ne organiza	ition that	are held a	nd admii	nistered for	the	_	
	organization by:									Y	es No
	(i) Unrelated organizations?									3a(i)	X
	(ii) Related organizations?									3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organiz	zations liste	d as require	ed on Sch	edule R?.				3b	
4	Describe in Part XIII the intended u										
Pa	t VI Land, Buildings, and Equ Complete if the organiza	ıipment	1 115.7	!! - :	000	D-4 N / !'	- 11 - 1	C F	000 5		10
	Description of property	auon ans		es" on Fol other basis		Part IV, III or other basis		See Form		I rt X, line I) Book value	
	Description of property			tment)		ther)		reciation		n book value	
1a	Land				1	L94 , 799.				194	, 799.
b	Buildings				2,5	92,705.	7	08,297.		1,884	,408.

2,408,261. Schedule D (Form 990) 2023

75,107.

253,947.

c Leasehold improvements

d Equipment

860,945.

678,583.

785,838.

424,636

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (I		LOGICAL RESEARC	CH INSTITUTE 6	52-1138444 Page
Part VII	Investments - Other Securities			
	Complete if the organization answered	y "Yes" on Form 990), Part IV, line 11b. See Form 990), Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII				
	Complete if the organization answered	y "Yes" on Form 990	, Part IV, line 11c. See Form 990), Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	LIIV II E 000	N D	> D + 1 \
	Complete if the organization answered), Part IV, line 11d. See Form 990	
(4)======		escription		(b) Book value
	OF USE ASSETS			108,211.
	SURRENDER VALUE INSURANCE			213,430.
(3)OTHER	ASSETS			5,991
(4)				
(5)				
(6)				
(7)				
(8) (9)				
Total (Col	umn (b) must equal Form 990, Part X, line 15,	col (R))		327,632.
Part X	Other Liabilities	COI. (D)),	· · · · · · · · · · · · · · · · · · ·	327,032.
Taltx	Complete if the organization answered line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f. See Fo	rm 990, Part X,
1.		otion of liability		(b) Book value
	ral income taxes	otion of hability		(b) Book value
(2)	asomo tanos			+
(3)				
(4)				
(5)				1
(6)				
(7)				
(8)				
(9)				<u> </u>
	nn (b) must equal Form 990, Part X, line 25, col. (B))			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n	1100111 9
1	Total revenue, gains, and other support per audited financial statements	1	6,778,042.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		, ,
- a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
_			
C C	reservation of prior year grante;	-	
d	(======================================	2e	-1,271.
e	Add lines 2a through 2d	3	6,779,313.
3	Subtract line 2e from line 1	-	0,779,313.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
_ C	Add lines 4a and 4b	4c	9,121.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,788,434.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn	
1	Total expenses and losses per audited financial statements	1	11,281,036.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	11,281,036.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		11,101,000
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 9, 121.		
a	, , , , , , , , , , , , , , , , , , , ,	-	
b	Carlot (Become in tarevain)	10	0 101
C	Add lines 4a and 4b	4c	9,121.
5 Dort		5	11,290,157.
Provid	Supplemental Information le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V,	line 4; Part X, line
	tra, into 2a ana 15, ana 1 arran, into 2a ana 15. 7166 complete the part to provide any additional inform		•
SEE	SUPPLEMENTAL PAGE		

Part XIII Supplemental Information (continued)

PART V, LINE 4

THE ANKERBERG THEOLOGICAL RESEARCH INSTITUTE HAS A RESTRICTED ENDOWMENT TO BE USED FOR THE DISCIPLESHIP PROGRAM AND OTHER DONOR RESTRICTED PURPOSES.

PART X, LINE 2

THE INSTITUTE IS A NONPROFIT CORPORATION IN THE STATE OF TENNESSEE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization **Employer identification number** 62-1138444 ANKERBERG THEOLOGICAL RESEARCH INSTITUTE General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (b) Number (a) Region (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, of offices in expenditures for region (by type) (such as, a program service, agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) NORTH AMERICA 34 PROGRAM SERVICES PRODUCTION 519,146. (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)(12)(13)(14)(15)(16)(17)Subtotal 3a 1 34. 519,146. Total from continuation sheets to Part I

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

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2023

519,146.

		any recipient who received							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X	No

Schedule F (Form 990) 2023

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization ANKERBERG THEOLOGICAL RESEARCH INSTITUTE 62-1138444 General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of (g) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) noncash assistance or government grant noncash assistance or assistance (1) GREAT COMMISSION MEDIA MINISTERIES 81-3853764 501(C)(3) PO BOX 16418 ST PAUL, MN 55116 243,009. SUPPORT (2) FAITH COMES BY HEARING 2421 AZTEC RD NE ALBUQUERQUE, NM 87107 85-0223225 501(C)(3) 1,985,587. SUPPORT (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)

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

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2

GRANTS ARE PROVIDED BASED ON NEED IN CONJUNCTION WITH THE ORGANIZATION'S

MISSION.

SCHEDULE L (Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open To Public Inspection

Employer identification number Name of the organization ANKERBERG THEOLOGICAL RESEARCH INSTITUTE 62-1138444 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. 1 (b) Relationship between disqualified person and (a) Name of disqualified person (c) Description of transaction (d) Corrected? organization Yes No (1) (2)(3)(4)(5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (i) Written (b) Relationship (f) Balance due (g) In default? (h) Approved (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? SEE SUPPLEMENTAL PAGE From Yes No Yes No Yes No (1) (2)(3)(4)(5)(6)(7)(8)(9) (10)Total 245,565 Part III **Grants or Assistance Benefiting Interested Persons** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Type of assistance (e) Purpose of assistance person and the organization assistance (1)(2)(3)(4)(5)(6)(7) (8) (9)

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

(10)

Schedule L (Form 990 or 990-EZ) 2023 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization' revenues?		
				Yes	No	
(1)MICHELLE ANKERBERG	DAUGHTER OF JOHN AND DARL	86,000.	COMPENSATION W2 WAGES		Х	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART II

DURING THE 2023 YEAR, THE BANK BALANCE OF ONE OF THE ORGANIZATION'S BANK ACCOUNTS WAS HELD IN THE OFFICER'S NAME AND PERSONAL IDENTIFICATION NUMBER. ONCE THE ERROR WAS DISCOVERED IN SPRING OF 2024, THE OFFICER'S IMMEDIATELY CORRECTED THE MATTER BY TRANSFERRING THE OWNER OF THE ACCOUNT AND ANY EARNINGS FROM THE ACCOUNT BACK TO THE ORGANIZATION. THIS AMOUNT IS REPORTED FOR 2023 PURPOSES AND HAS BEEN PAID IN 2024.

Page 2

Part IV	Business	Transactions	Involving	Interested Persons.	
---------	----------	---------------------	-----------	---------------------	--

Complete if the organization answere	d "Yes'	" on Form 9	90, Part	IV, line 28a,	28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SC	HEDULE	L, PART I	I													
==	=====		=													
(A/B)	NAME AND	RELATIONSHIP	(C) PURPOSE OF	LOAN	(D)	LOAN	(E)	ORIGINAL	(F)	BALANCE DUE	(G)	IN DEFAULT?	(H)	APPROVED	(I)	WRITTEN
					TO	FROM						YES NO		YES NO	Y	ES NO
OHN	& DARLENE	ANKERBERG				Х		245,565.		245,5	65.	X		Х		Х
OARD	MEMBER			COD												

TOTAL 245,565. -----

JSA 3E1507 1.000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Inspection

62-1138444

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

ANKERBERG THEOLOGICAL RESEARCH INSTITUTE

PART VI, SECTION A, LINE 2

JOHN AND DARLENE ANKERBERG ARE HUSBAND AND WIFE.

MICHELLE ANKERBERG IS THE DAUGHTER OF JOHN AND DARLENE ANKERBERG.

PART VI, SECTION B, LINE 11B

FORM 990 IS REVIEWED BY THE ORGANIZATION'S MANAGEMENT AND THE BOARD OF DIRECTORS PRIOR TO BEING FILED.

PART VI, SECTION B, LINE 12C

THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ANNUALLY.

PART VI, SECTION B, LINE 15

THE ORGANIZATION'S MANAGEMENT AND BOARD REVIEWS AND APPROVES THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES.

PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

PART XI, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Primary activity

(c) Legal domicile (state OMB No. 1545-0047

2023

Open to Public Inspection

(f) Direct controlling

(e) End-of-year assets

Total income

Name of the organization

ANKERBERG THEOLOGICAL RESEARCH INSTITUTE

62-1138444

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

				or loreign country)	1		ent	ıty
(1)								
(2)								
(2)								
(3)								
(4)								
(5)								
(6)								
Part II Identification one or more	n of Related Tax-Exempt Organization related tax-exempt organizations dur	ons. Complete if the ing the tax year.						
Name, add	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)		(g) Section 512(b)(1 controlled entity?	
(1) THE JOHN ANKERBERG SHO	NH CAMADA						Yes	No
PO BOX 5800	VANCOUVER, BC CA V6B 5P4	EVANGELISM	CA	N/A	N/A	N/A		X
(2)								
(3)								
(4)								
/F\								
(6)								

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

Name, address, and EIN (if applicable) of disregarded entity

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	allocations? Code V - amount in of Schedu		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	box 20 managing partner?		(k) Percentage ownership
		Country)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<i>,</i>				, ,				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Χ				
	ift, grant, or capital contribution to related organization(s)										
		grant, or capital contribution from related organization(s)									
	Loans or loan guarantees to or for related organization(s)				1d	Х					
	Loans or loan guarantees by related organization(s)				1e		Χ				
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
f	Dividends from related organization(s)				1f		Χ				
а	Sale of assets to related organization(s)				1g		Χ				
	Purchase of assets from related organization(s)				1h		X				
i	Exchange of assets with related organization(s)				1i		Х				
	Lease of facilities, equipment, or other assets to related organization(s).				1j		Х				
,	2000 of facilities, equipment, of ethor access to related eliganization(6), [] [] [] [] [] [] [] [] [
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х				
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х				
					1m		Х				
	 m Performance of services or membership or fundraising solicitations by related organization(s). n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 										
	Sharing of paid employees with related organization(s)				1n 1o		X				
U	Straining of paid employees with related organization(s)						21				
_	Reimbursement paid to related organization(s) for expenses				1р		Χ				
	Reimbursement paid by related organization(s) for expenses				1q	Х					
Ч	Reinibursement paid by related organization(s) for expenses				19	21					
_	Other transfer of each or preparty to related executivation(s)				1r		Х				
r	Other transfer of cash or property to related organization(s)				1s		X				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line including cove	ered relationships and trans	action thre							
	(a)	(b)	(c)		(d)	· · ·					
	Name of related organization	Transaction	Amount involved	Method	of dete		g				
		type (a - s)		amo	unt invo	olved					
(1)	THE JOHN ANKERBERG SHOW CANADA	0	519,146.	FMV							
(- /	THE COM MANDERO SHOW CHANDA	<u>×</u>	313,110.	LIIV			_				
(2)	THE JOHN ANKERBERG SHOW CANADA	D	70,923.	FMV							
(-/	THE COMM ANNUADENCE ONOW CANADA		70,323.	1111							
(3)											
ν,											
(4)											
· ·/											
(5)											

Schedule R (Form 990) 2023

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	nd EIN of entity (b) Primary activity Legal domicile (state or foreign country)		redominant income (related, unrelated, excluded from tax under sections 512 - 514) (e) Are all partners section 501(c)(3) organizations? Yes No			(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512 - 514)	Yes	No			Yes	No	, ,	Yes	No		
(1)	_													
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
4.0														
(15)														
(16)														

Schedule R (Form 990) 2023

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.