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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2008

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

Open to Public Inspection

OMB No 1545-0047

A Fo	r the 2	2008 cal	lendar yea	r, or tax year beginning 10-0	1-2008 and ending 09-30-200	19		
B Che	eck if ap	pplicable	Please	C Name of organization CHRISTIAN HERALD ASSOCIATION	ON INC		D Employer ide	ntification number
☐ Add	Iress ch	ange	use IRS label or	Doing Business As			13-161708 E Telephone nu	
☐ Nar	me char	nge	print or type. See	SEE SCHEDULE O				
Init	ıal retur	rn	Specific	Number and street (or P O box	of mail is not delivered to street addre	ess) Room/suite	(212) 684-2	
┌ Ter	mınatıo	n	Instruc- tions.	132 MADISON AVENUE			G Gross receipt	5 \$ 18,803,869
┌ Am	ended r	return		City or town, state or country,	and ZIP + 4			
┌ App	olication	pending		NEW YORK, NY 100167004				
		Ī	F Nan	ne and address of Principal () fficer	H(a) Is the	s a group return	for
				RD H MORGAN		affilia		⊤Yes ▼No
				ADISON AVENUE ORK,NY 100167004		H/h) Are all	offiliates include	d?
I Ta	x-exem	pt status	√ 501(c)) (3) ◀ (insert no))(1) or	1	affiliates include	See instructions)
	eb site	e: ► WW\	W BO WER	 Y		7	p Exemption Nui	
						, ,		
К Тур	e of org	janization	Corporat	cion trust association other	er 🏲	L Year of Fo	mation 1878 M	State of legal domicile NY
Pa	rt I	Sumn	narv					
	1			ne organization's mission or	most significant activities			
Ě	See A	dditiona	l Data Tab	ole				
Governance	2	Checkt	hıs box 🦵	if the organization discontin	ued its operations or disposed	of more than 2	5% of its asset	s
<u>\$</u>	3	Number	of voting	members of the governing bo	ody (Part VI, line 1a)		3 .	17
	4	Number	ofindepe	ndent voting members of the	governing body (Part VI, line 1	.b)	. 4 .	16
8	5	Total nu	umber of e	mployees (Part V , line 2a)			•	81
Ě	6			olunteers (estimate if neces			6 .	739
Activities &					Part VIII, line 12, column (C)		•	0
	ь	Net unre	elated bus	iness taxable income from F	orm 990-1, line 34		7b	
		C + h		d augusta (Daut)/III (.u.a. 1 h.)			r Year	Current Year
ब	8						8,896,472 402,354	15,293,253
- Revenue	10			me (Part VIII, column (A), lii	·	522,762	-165,685	
Ξ.	11			art VIII, column (A), lines 5		37,819	-4,489	
	12			dd lines 8 through 11 (must	ie	9,859,407	15,408,174	
	13		and simila	ar amounts paid (Part IX, col	umn (A), lines 1–3)		482,951	649,185
	14			or for members (Part IX, colu	, ,,		,	0
	15		•		fits (Part IX, column (A), lines	5 –		
Expenses		10)					3,694,823	3,450,661
₹ F	16a			raising fees (Part IX, columi			554,570	600,479
ठ	Ь			penses, Part IX, column (D), line 2				
	17			(Part IX, column (A), lines 1			5,060,122	4,912,323
	18				Il Part IX, line 25, column (A))		9,792,466	9,612,648
<u>₩</u>	19	Kevenu	ie iess exp	penses Subtract line 18 fron	nine 12	Pari	66,941	5,795,526 End of Year
Not Assets or Fund Balances	30	T-4-1-	costs /D=	rt V June 15 \		beginni	ng of Year	
35.4£ B.35.6	20		•	rt X, line 16)			16,589,754	22,625,641
골	21		•	Part X, line 26)	.		1,083,241	1,059,994
	22			id balances Subtract line 21	from line 20		15,506,513	21,565,647
Pal	rt II	_	nalties of ne		ned this return, including accompanying	schedules and s	tatements and to t	he hest of my knowledge
					of preparer (other than officer) is base			
Plea		****				2010- Date	06-09	
Sign Here		Signa	ture of office	er				
			RT P DEPUE or print nam					
		 	•		Data	Charle of	Proporce/s PTTM /	Soo Con Test \
Б		Preparer's signature		NIESKENS	Date 2010-06-09	Check if self-	Preparer's PTIN (see Gen Inst)
Paid	oror ⁱ -		<i>'</i>			empolyed 🕨 🦵		
Use (arer's Only	ıf self-em		-	<u> </u>		EIN 🕨	
- J-C (J.111 y	address, a	and ZIP + 4	81 LARKFIELD RD			Phono no 🕨 🗥	21) 754-4242
				EAST NORTHPORT, NY 1173			Phone no • (6:	
May	he IR	S discus	s this retu	rn with the preparer shown a	bove? (See instructions)			✓ Yes No

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

1 See A	Briefly describe the organization's mission dditional Data Table					
2	Did the organization undertake any s the prior Form 990 or 990-EZ? . If "Yes," describe these new services		vices during the year	which were not listed on	Yes ፟ No	
3	Did the organization cease conductin services?	g or make significant	changes in how it con	nducts any program	Yes ✓ No	
4	Describe the exempt purpose achieved Section 501(c)(3) and (4) organization others, the total expenses, and rever	ons and 4947(a)(1) tr	usts are required to r	eport the amount of grants and a		
4a	(Code) (Expenses S THE BOWERY MISSION - SEE PART III, LINE		including grants of \$	619,185) (Revenue \$)	
4b	(Code) (Expenses \$ KIDS WITH A PROMISE AND MONT LAWN CA		including grants of \$ SEE PART III, LINE 1	30,000) (Revenue \$)	
4c	(Code) (Expenses \$	s 1	ncluding grants of \$) (Revenue \$)	
4d	Other program services (Describe					
	(Expenses \$	including grants of	Þ) (Revenue \$)	

Part IV	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	12			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	o			
c	Did the organization comply with backup withholding rules for reportable payments t	o vend	dors and reportable			
	gaming (gambling) winnings to prize winners?			1 c	Yes	
2a	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	81			
ь	If at least one is reported in 2a, did the organization file all required federal employing					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?	g the	year covered by this	3a		No
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	· · · · · ·	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50		
-	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	v Regarding Prohibited			
	Tax Shelter Transaction?	•	· · ·	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat sud	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•				
а	Did the organization provide goods or services in exchange for any quid pro quo con	trıbutı	on of \$75 or	7a	Yes	
	more?		`		i	
	If "Yes," did the organization notify the donor of the value of the goods or services p			7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?		-	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	 			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	/ prem	nums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
a	For all contributions of qualified intellectual property, did the organization file Form 8			7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f			- 3		
	required?			7h		Νο
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a					
	supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the	spons	oring organization, have	_		
	year?			8		Νο
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		Νο
b	Did the organization make a distribution to a donor, donor advisor, or related person	? .		9b		Νο
10	Section 501(c)(7) organizations. Enter	_				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)..............	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

No

Yes

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

Section A. Governing Body and M	anagement
---------------------------------	-----------

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body	1a			17				
b	Enter the number of voting members that are independent	1b			16				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			•	•	2		No	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co					3		No	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							No	
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8	Did the organization contemporaneously document the meetings held or written active ar by the following	ons ur	ndertak	en durın	g the				
а	the governing body?					8a	Yes		
b	each committee with authority to act on behalf of the governing body? $\ \ . \ \ . \ \ .$					8b	Yes		
9a	Does the organization have local chapters, branches, or affiliates?					9a		Νo	
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o				,	9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990								
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section At the organization's mailing address? If "Yes," provide the names and addresses in Sc	•				11		No	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AK, AZ, FL, GA, KY, LA, MD, MN, MS, NH, NM, NC, ND, PA, TN, VA, WA, WV, WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ROBERT DEPUE
 132 MADISON AVENUE
 NEW YORK, NY 100167004
 (212) 684-2800

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

	F	Positi th	(C ion (nat a	che		II			(E)	(F)
(A) Name and Title we	or Crector ek	Individual Trustee	Institutional Trustee		Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
					-					
			_	_	-					
			-		\dashv					
					\dashv					
+			-+	\dashv	\dashv		\vdash			
				_	\dashv					
								_	_	_
1b Total							۲	433,256	23,937	55,974

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►2

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		,,	
	marviddai	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MERKLE INC PO BOX 64046 BALTIMORE, MD 212644046	FUNDR MAILINGS	585,072
COMMUNICATIONS CORP OF AMERICA 13195 FREEDOM WAY BOSTON, VA 22713	FUNDR MAILINGS	244,939
LAMBRIDES LAMOS TAYLOR CPA'S 81 LARKFIELD RD EAST NORTHPORT, NY 11731	AUDIT/CONSULT	116,173
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	· ·	3

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a					
ants Ints	b	Membership d	ues					
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	1b vents 1c	719,407				
ਛੁ≝	d	Related organ	izations1d					
n Ei Ei	e	Government gran	its (contributions) 1e	55,787				
butío ther	f	All other contribut similar amounts r	cions, gifts, grants, and not included above	14,518,059				
⊒ G G	g		rıbutıons ıncluded ın					
ပ္မ	١.	lines 1a-1f \$			15,293,253			
	h	Total (Add lin	es 1a-1f)	<u> </u>				
<u>a</u>	3-	CAMP & DETDEAT		Business Code				
ren	2a b	CAMP & RETREAT	FEES		285,095	285,095		
æ								
ACe	c d							
<u> </u>	e							
E	f	All other progr	ram service revenue					
Program Serwce Revenue								
Δ	g	Total. Add line ▶ \$ 285,095	es 2a-2f					
	3	Investment in	come (including divi	dends, ınterest				
		other sımılar a	imounts)		328,501			328,501
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	5	Royalties .						
		,	(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d		ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	2,738,305					
		assets other than inventory						
	ь	Less cost or other basis and	3,232,491					
		sales expenses	-494,186					
	c d	Gain or (loss) Net gain or (lo	·		-494,186	-494,186		
				. ▶	·	,		
Other Revenue	8a	s 13 of contribution 1c) See Part Attach Schedul	6,315 is reported on line	719,407				
<u>∓</u>	ь	Less directe	xpensesb					
₹	С	Net income or	(loss) from fundrais	ıng events ▶-	-26,889			-26,889
	9a	Gross Income activities See Complete Sched exceeds \$15,00	e part IV , line 19 dule G if total 00					
	ь		a xpensesb					
	c		xpensesb (loss) from gaming a	L activities				
	10a		f inventory, less	<u> </u>				
	ь	Less cost of	а					
	С		(loss) from sales of	inventory				
		Miscellaneou	s Revenue	Business Code				
	11a	OTHER INCO	ME		22,400			22,400
	ь							
	С							
	d	All other revei						
	e	Total. Add line	es 11a-11d	 \$ 22,400				
	12		. Add lines 1h, 2g, 3		15,408,174	-209,091		324,012
		8c,	.1e					

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 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 governments and organizations in the U.S. See Part IV, line 21	649,185	649,185		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	419,891	109,187	310,704	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	6,674	6,674		
7	Other salaries and wages	2,283,386	1,600,690		436,648
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	48,593	17,390	27,084	4,119
9	Other employee benefits	487,779	368,685	69,633	49,461
10	Payroll taxes	204,338	126,323	46,108	31,907
11	Fees for services (non-employees)				
а	Management				
b	Legal	5,457		5,457	
c	Accounting	30,991		30,991	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	600,479			600,479
f	Investment management fees				
g	Other	310,900	123,589	70,551	116,760
12	Advertising and promotion	62,022	500		61,522
13	Office expenses	140,157	62,514	42,760	34,883
14	Information technology				
15	Royalties				
16	Occupancy	390,406	337,099	46,585	6,722
17	Travel	155,602	129,456	10,733	15,413
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	1,365	300	1,010	55
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	376,543	292,873	62,889	20,781
23	Insurance	174,977	124,870	47,818	2,289
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	FOOD	2,069,057	2,069,057		
b	PROGRAM SUPPLIES	577,806	570,671	6,835	300
c	POSTAGE	276,885	1,575	3,475	271,835
d	MISCELLANEOUS	145,835	50,317	45,655	49,863
e	PRINTING	90,984	4,552	10,225	76,207
f	All other expenses	103,336	37,876	39,697	25,763
25	Total functional expenses. Add lines 1 through 24f	9,612,648	6,683,383	1,124,258	1,805,007
26	Joint Costs. Check fif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		-	56	·

	Part X	Balance	Sheet
--	--------	---------	-------

			(A) Beginning of year		(E End o	
	1	Cash—non-interest-bearing	267,706	1		258,058
	2	Savings and temporary cash investments	4,826	2		265,711
	3	Pledges and grants receivable, net	40,000	3		
	4	Accounts receivable, net	548,657	4		81,439
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L	I	6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
92	9	Prepaid expenses and deferred charges	281,471	9		166,736
Assets	10a	Land, buildings, and equipment cost basis 10a 10,866,7	37			
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	93 6,020,374	10c		5,849,844
	11	Investments—publicly traded securities	7,669,854	11	1	4,385,641
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D	1,701,410	12		1,564,749
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII</i> of Schedule D .		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	55,456	15		53,463
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,589,754	16	2	2,625,641
	17	Accounts payable and accrued expenses .	439,160	17		397,596
	18	Grants payable		18		
	19	Deferred revenue	40,925	19		60,515
	20	Tax-exempt bond liabilities		20		
eS.	21	Escrow account liability Complete Part IV of Schedule D		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
<u> </u>		persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D	603,156	25		601,883
	26	Total liabilities. Add lines 17 through 25	1,083,241	26		1,059,994
		Organizations that follow SFAS 117, check here ▶				
anc	27	Unrestricted net assets	8,222,584	27	1	4,532,091
Balance	28	Temporarily restricted net assets	205,540	28		91,828
	29	Permanently restricted net assets	7,078,389	29		6,941,728
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete				
2		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
Ŋĕţ	33	Total net assets or fund balances	15,506,513	33	2	1,565,647
_	34	Total liabilities and net assets/fund balances	16,589,754	34	2	2,625,641
Pa	rt XI	Financial Statements and Reporting		_		
					Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493160005030

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

CHRIS	TIAN H	ERALD ASSOCIA	ATION INC									
_									-1617086			
	rt I			harity Status (to be co					Instruct	ions)		
	rganız			ation because it is (Please								
1	<u> </u>	•		urches, or association of ch			Section 1	L/U(B)(1)(A)(I).			
2	<u> </u>			ion 170(b)(1)(A)(ii). (Attac		•						
3	<u> </u>	•	•	e hospital service organizati			-				•	
4	ļ		-	zation operated in conjuncti	on with a l	hospital de	escribed ii	Section :	170(b)(1)	(A)(iii). E	nter the	
	_	•	name, city, and									
5	Г	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	rnmental	unit desci	rıbed ın	
	_	Section 170	Section 170(b)(1)(A)(iv). (Complete Part II)									
6	<u> </u>	A federal, s	tate, or local go	overnment or governmental	unıt descr	ibed in Se	ction 170	(b)(1)(A)	(v).			
7	~	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a govei	rnmental u	ınıt or fron	n the gene	ral public	C
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8		A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	iplete Pari	tII)					
9	Г	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	n 511 tax	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10				and operated exclusively to								
11	Г	-	•	and operated exclusively fo		, ,			,	•		
				orted organizations describe type of supporting organiza						Section 5	09(a)(3)	.Check
		a T				- Function			'' d	Гтуре	III - Ot	her
e	Г		•	rtify that the organization is					ne or mor			
	·	•		agers and other than one or			•			•		
		section 50										
f		If the orgar check this		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ig organiz	zation,
g				as the organization accepted	d any gift	or contribi	ition from	any of the				,
9		following pe		as the organization accepto	a a, g			u., o				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wit	th persons	describe	d ın (ıı)		Yes	No
		and (111) bel	ow, the governı	ng body of the the supported	d organiza	tion?				11g	(i)	<u> </u>
		(ii) a famıly	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)	<u> </u>
h		Provide the	following inform	nation about the organizatio	ns the org	janızatıon	supports			<u></u>		
					T		ı					
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	sthe	1	nount of
		orted lization		(described on lines 1-9 above or IRC section	_	ation in Iisted in	_	nization) of your		ation in organized	supp	ort?
	o i gaii	iizatioii		(See Instructions))	your go		supp			US?		
				(000 201 200.0),		nent?		Tapport In the o o				
					Yes	No	Yes	No	No Yes No			
						l						

Total

Support Schedule for Organizations Described in IRC 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.)

	this Support	Ked the DOX O	11 IIIIE 3, 7, UI	o or rait 1.)				
	iblic Support	(-) 2004	(b) 2005	(-) 2006	(4) 2007	(-)	2000	(6) Total
	endar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	membership fees received (Do not	7,072,881	7,997,410	6,773,701	8,896,472		15,293,253	46,033,717
	include any "unusual grants")	.,,	.,,	-,,	-,,			,,.
2	Tax revenues levied for the organization's							
_	benefit and either paid to or expended on							
	its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3	7,072,881	7,997,410	6,773,701	8,896,472		15,293,253	46,033,717
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							6,130,092
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
_	(f) Public Support subtract line 5 from line							
6	4							39,903,625
T	otal Support			ı				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	7,072,881	288,467	6,773,701	8,896,472		15,293,253	46,033,717
8	Gross income from interest, dividends,	, ,	,	, , <u>, , , , , , , , , , , , , , , , , </u>	, ,		, ,	
0	payments received on securities loans,	270 427	200 467	475 700	407.507		222 524	4 000 504
	rents, royalties and income from similar	279,437	288,467	475,702	437,587		328,501	1,809,694
	sources							
9	Net income from unrelated business							
	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss	6.054	6 474	64.443	76.644		22.400	476 702
	from the sale of capital assets (Explain in	6,851	6,474	64,443	76,614		22,400	176,782
	Part IV)							40.020.102
	Total Support (Add lines 7 through 10)	<u> </u>				ı		48,020,193
12	Gross receipts from related activities, etc	(See instruction	s)			12		2,784,401
13	First Five Years. If the Form 990 is for the	organızatıon's fır	st, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(_
	organization, check this box and stop here						ļ	► □
	omputation of Public Support Perc			.1		T		
14	Public Support Percentage for 2008 (line 6		•	olumn (T))		14		83.097 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		92.274 %
16a	33 1/3% Test - 2008. If the organization did	d not check the b	oox on line 13, a	and line 14 is 33	1/3% or more,	check	this box	
	and stop here. The organization qualifies as	a publicly supp	orted organızatı	on				▶ ▽
b	33 1/3% Test - 2007. If the organization die			•	L5 is 33 1/3% o	r more	, check thi	
	box and stop here. The organization qualified							▶ ┌
17a	10% Facts and Circumstances Test - 2008.	-						
	more, and if the organization meets the "fac							
h	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.							►
D	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							▶ □
18	Private Foundation. If the organization did							. ,
	instructions		,	, ,	,			▶ ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)								
	Facts and Circumstances Test								

Schedule A (Form 990 or 990-EZ) 2008

Additional Data

Software ID:

Software Version:

EIN: 13-1617086

Name: CHRISTIAN HERALD ASSOCIATION INC

Form 990, Part VII - Section Aaa

Torin 550, rure vii Section Add										1
		Posit t	(C non () hat a	chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
EDWARD H MORGAN , PRES /CEO	40	Х		Х				168,276	0	17,285
NICHOLAS J DEMARCO , DIRECTOR	1	Х						0	0	0
DUDLEY DIEBOLD , DIRECTOR	1	Х						0	0	0
DOUGLAS MARC JOHN , DIRECTOR	1	Х						0	0	0
VICTOR J HUEBNER , DIRECTOR	1	Х						0	0	0
DONALD KOLOWSKY , DIRECTOR	1	Х						0	0	0
BRUCE MAASBACH , DIRECTOR	1	Х						0	0	0
JAN NAGEL , CHAIRMAN	1	Х		Х				0	0	0
MIGUEL SANCHEZ , DIRECTOR	1	Х						0	0	0
PAMELA LEGGETT , DIRECTOR	1	Х						0	0	0
DANIEL NESS , DIRECTOR	1	Х						0	0	0
THOMAS R VOGELEY , DIRECTOR	1	Х						0	0	0
VAUGHN WEIMER , DIRECTOR	1	Х						0	0	0
BEVERLY SLOAN , DIRECTOR	1	Х						0	0	0
HANK HIGDON , DIRECTOR	1	Х						0	0	0
STACY HOCK , DIRECTOR	1	Х						0	0	0
CHARLES W VETH , DIRECTOR	1	Х						0	0	0
BRIAN JOHANSSON , VP OPERATION	40			Х				75,647	23,937	16,396
ROBERT DEPUE , CFO	40			Х				73,865	0	6,465
TERRENCE BRENNAN - RESIGNED 33108, VP OPERATION							×	115,468	0	15,828

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

CHRISTIAN HERALD ASSOCIATION, DOING BUSINESS AS THE BOWERY MISSION & KIDS WITH A PROMISE, HAS SERVED NEW YORKERS IN NEED SINCE 1879. OUR GOAL IS SIMPLE: TO BE THE MOST EFFECTIVE PROVIDER (SEE CONTINUATION ON SCHEDULE O) CHRISTIAN HERALD ASSOCIATION, DOING BUSINESS AS THE BOWERY MISSION & KIDS WITH A PROMISE, HAS SERVED NEW YORKERS IN NEED SINCE 1879. OUR GOAL IS SIMPLE: TO BE THE MOST EFFECTIVE PROVIDEROF COMPASSIONATE CARE AND LIFE TRANSFORMATION FOR HURTING PEOPLE IN NEW YORK CITY. OUR VISION IS CLEAR: WE ARE CALLED TO MINISTER IN NEW YORK CITY TO MEN, WOMEN AND CHILDREN CAUGHT IN CYCLES OF POVERTY, HOPELESSNESS AND DEPENDENCIES OF MANY KINDS, AND TO SEE THEIR LIVES TRANSFORMED TO HOPE, JOY, LASTING PRODUCTIVITY AND ETERNAL LIFE THROUGH THE POWER OF JESUS CHRIST. OUR CHRISTIAN FAITH-BASED APPROACH TO THE WORST SOCIAL PROBLEMS OF THE CITY HAS BEEN THE FOUNDATION OF OUR SUCCESS FOR 131 YEARS. WE HAVE NEVER AFFILIATED WITH A PARTICULAR CHURCH OR DENOMINATION, AND OUR SERVICES ARE PROVID

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

CHRISTIAN HERALD ASSOCIATION, DOING BUSINESS AS THE BOWERY MISSION & KIDS WITH A PROMISE, HAS SERVED NEW YORKERS IN NEED SINCE 1879. OUR GOAL IS SIMPLE: TO BE THE MOST EFFECTIVE PROVIDER (SEE CONTINUATION ON SCHEDULE O) CHRISTIAN HERALD ASSOCIATION, DOING BUSINESS AS THE BOWERY MISSION & KIDS WITH A PROMISE, HAS SERVED NEW YORKERS IN NEED SINCE 1879. OUR GOAL IS SIMPLE: TO BE THE MOST EFFECTIVE PROVIDEROF COMPASSIONATE CARE AND LIFE TRANSFORMATION FOR HURTING PEOPLE IN NEW YORK CITY. OUR VISION IS CLEAR: WE ARE CALLED TO MINISTER IN NEW YORK CITY TO MEN, WOMEN AND CHILDREN CAUGHT IN CYCLES OF POVERTY, HOPELESSNESS AND DEPENDENCIES OF MANY KINDS, AND TO SEE THEIR LIVES TRANSFORMED TO HOPE, JOY, LASTING PRODUCTIVITY AND ETERNAL LIFE THROUGH THE POWER OF JESUS CHRIST. OUR CHRISTIAN FAITH-BASED APPROACH TO THE WORST SOCIAL PROBLEMS OF THE CITY HAS BEEN THE FOUNDATION OF OUR SUCCESS FOR 131 YEARS. WE HAVE NEVER AFFILIATED WITH A PARTICULAR CHURCH OR DENOMINATION, AND OUR SERVICES ARE PROVID

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DLN: 93493160005030

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public

	me of the organization RISTIAN HERALD ASSOCIATION INC		Employer identification number
Pa	organizations Maintaining Donor A		unds or Accounts. Complete if the
_		(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
ŀ	Aggregate value at end of year		
5	Did the organization inform all donors and donor adfunds are the organization's property, subject to the	<u> </u>	nor advised Yes V No
j	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be impermissible private benefit?		·
Pai	rt III Conservation Easements. Complete	e if the organization answered "Yes" t	o Form 990, Part IV, line 7.
•	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space	ition or pleasure) Preservation of ar	n historically importantly land area ertified historic structure
2	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	alified conservation contribution in the form	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemer	nts	2b
c	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c	, ,	2d
ı.	Number of conservation easements modified, trans	•	
	the taxable year ►	galonea, entingalonea, en terminati	
ŀ	Number of states where property subject to conser	vation easement is located ►	
;	Does the organization have a written policy regarding enforcement of the conservation easements it holds	- · · · · · · · · · · · · · · · · · · ·	ations, and Yes V No
•	Staff or volunteer hours devoted to monitoring, insp	pecting and enforcing easements during the	e year 🕨
•	A mount of expenses incurred in monitoring, inspec	ting, and enforcing easements during the y	ear ► \$
3	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	rtion Yes V No
•	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financia	· ,
ar	Complete if the organization answered		or Other Similar Assets.
la	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	ld for public exhibition, education or resear	ch in furtherance of public service,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these item	r public exhibition, education, or research i	· ·
	(i) Revenues included in Form 990, Part VIII, line	1	► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, his following amounts required to be reported under SF.		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
ь	Assets included in Form 990, Part X		b- ¢

Part	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Treasu</u>	res, or Othe	<u>r Similaı</u>	· Asse	ts (cc	ontinued)
3	Using the organization's accession and othe items (check all that apply)	records, check any	of th	e foll	owing that ar	e a sıgnıfıcant u	se of its co	llection		
а	Public exhibition		d	Γ	Loan or excl	hange programs				
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how	v the	/ further the o	organization's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	Γ,	Yes	√ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					ınızatıon answ	ered "Yes	" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	diary	for c	ontributions o	or other assets I	not	Γ,	Yes	√ No
b	If "Yes," explain why in Part XIV and comple	te the following table	9							
								A mou	nt	
C .	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?					Γ,	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete									
_		(a)Current Year 8,798,526	(b)) Prior	Year (c)Tw	vo Years Back (d)	Three Years I	3ack (e)	Four Ye	ears Back
1a	Beginning of year balance	8,798,326								
Ь	Contributions	20.002								
С	Investment earnings or losses	29,083								
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	8,827,609								
2	Provide the estimated percentage of the yea	r end balance held a:	S							
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment ► 100 000 %									
c	Term endowment ▶									
3a	Are there endowment funds not in the posses	ssion of the organiza	tıon t	:hat a	re held and a	dmınıstered for	the			
	organization by								Yes	No
	(i) unrelated organizations			•				3a(i)		No
L	(ii) related organizations							3a(ii)		No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•						3b		No
	t VI Investments—Land, Buildings					art X. line 10				
	<u> </u>	, and Equipmen)		Cost or other	(b)Cost or other				
	Description of investment				s (investment)	basis (other)	(c) Deprec	iation	(d) Bo	ok value
	_and			T	1,801	940,000	l	-+		
1a				⊢	-,	,	١ ,,	⊢		941,801
	Buildings					/.685.994] 3.7	54,229 l		
b I	Buildings					7,685,994	3,2	54,229		
b	_easehold improvements		•						,	4,431,765
b c d	Leasehold improvements					2,170,764		62,664		941,801 4,431,765 408,100 68 178
b c d e (_easehold improvements	rm 990 Part Y colum		line	10(c))					4,431,765

Paint VIII Investments—Other Securities. See	Form 990, Part X, line 1	۷.	
(a) Description of security or cateory	(b) Book value	(c) Method of valu	
(including name of security)		Cost or end-of-year ma	arket value
Financial derivatives and other financial products			
Closely-held equity interests			
Other BENEFICIAL INTEREST IN TRUST	1,564,749		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) 🕨	1,564,749		
Day Will Investments Dressen Belated Co.	Form 000 Part V line	12	
Part VIII Investments—Program Related. See	e FORM 990, Part X, IINE		Intion
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
		,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin		1	
(a) Descrip	otion	(B)	Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			53,463
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
POST-RETIREMENT BENEFITS PAYABLE	550,762		
GIFT BONDS PAYABLE	37,500		
RESERVE FOR GIFT ANNUITIES PAYABLE	13,621		
	<i> </i>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	601,883		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,408,174
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,612,648
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,795,526
4	Net unrealized gains (losses) on investments	4	412,840
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-149,232
9	Total adjustments (net) Add lines 4 - 8	9	263,608
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,059,134
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial		15,794,670
_	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	_	
е	Add lines 2a through 2d	2e	386,496
3	Subtract line 2e from line 1	3	15,408,174
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)	_	
_ C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	15,408,174
1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial statements	s per 1	9,735,536
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	9,733,530
z a	Donated services and use of facilities		
b	Prior year adjustments	-	
c	Losses reported on Form 990, Part IX, line 25	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	122,888
3	Subtract line 2e from line 1	3	9,612,648
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	بً	3,512,540
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,612,648
	. The composition of the control of		1 3,012,040

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	OUR ENDOWMENT FUNDS ARE USED ACCORDING TO THE DONORS REQUIREMENTS THE INTENDED USES ARE BASED ON A CASE BY CASE BASIS OUR OUTLOOK FOR THE INTENDED USES ARE SPECIFICALLY IN THE AREAS OF LIFE TRANSFORMATION PROGRAMS AT THE BOWERY MISSION, WOMENS CENTER AT HEARTSEASE HOME, MONT LAWN CAMP AND KIDS WITH A PROMISE WE SEEK TO ADD TO OUR ALREADY DIVERSE PROGRAM BY USING THESE FUNDS TO EXPAND IN THE AREAS OF COMPASSIONATE CARE, POSITIVE LIFE EXPERIENCES FOR CHILDREN AND SURROUNDING ALL IN A LOVING ENVIRONMENT THAT PROMOTES LOVE, KINDNESS, OPPORTUNITY AND EDUCATION
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	FIN 48 FOOTNOTE IS REQUIRED FOR "NOT FOR PROFIT" ENTITIES WITH A FISCAL YEAR END OF 12/16/09 OR LATER
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS -136,661 CHANGE IN LIABILITY FOR POST RETIREMENT BENEFITS -12,571
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS -136,661
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	CHANGE IN LIABILITY FOR POST RETIREMENT BENEFITS 12,571

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As Filed Data -

DLN: 93493160005030

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Fundraising or Gaming Activities Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,

Open to Public Inspection

Name of the organization	Employer identification number
CHRISTIAN HERALD ASSOCIATION INC	
	13-1617086

Supplemental Information Regarding

lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Pai	rt I	Fundraising Activities. Comp	ete if the organization	answered "Yes" t	o Form 990, Part	IV, line 17.
1	Indic	rate whether the organization raised fur	ds through any of the foll	owing activities. Che	ck all that apply	

- Mail solicitations
- Email solicitations
- Phone solicitations In-person solicitations

- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(iii) Did fundraiser have custody or control of contributions		er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
MERKLE INC	MAILINGS		No		393,344	-393,344	
COMMUNICATIONS CORP OF AMERICA	MAILINGS		No		207,135	-207,135	
Total			•				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

A K, FL, A Z, GA, KY, LA, MD, MN, MS, NH, NM, NC, ND, PA, TN, VA, WA, WV, WI, NY

Par	t II	Fundraising Events. Commore than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rec	Form 990, Part IV, lin eipts greater than \$5,0	e 18, or 000.	report	ed
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) ⊤o	tal Eve	
			VALENTINE GALA	TBM WOMEN'S CEN	3	(Add col (a) th col (c))		rough
			(event type)	(event type)	(total number)			
RUE	1	Gross receipts	590,043	92,790	172,889		85!	5,722
Revenue	2	Less Charitable contributions	524,793	53,425	141,189		719	9,407
	3	Gross revenue (line 1 minus line 2)	65,250	39,365	31,700		136	5,315
	4	Cash Prizes						
Expenses	5	Non-cash Prizes						
tper.	6	Rent/Facility costs						
Δ.	7	Other direct expenses	91,150	18,249	53,805		16	3,204
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			16	3,204
	9	Net income summary Combine lir	_				-26	5,889
Par	H			'Yes" to Form 990, Pa	irt IV, line 19, or repo	rted mor	e than	
		\$15,000 on Form 990-EZ, lin	1			l		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
~	1	Gross revenue						
	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
교 첫	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Yes	┌ Yes			
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9		er the state(s) in which the organiza					Yes	No
a b								
	_							
10a b								
11 12	Is t	es the organization operate gaming a the organization a grantor, beneficiar	y or trustee of a trust or			11		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

Software ID: Software Version:

EIN: 13-1617086

Name: CHRISTIAN HERALD ASSOCIATION INC

Form 990 Schedule G - Licensed States

Licensed States

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

OMB No 1545-0047

2008

DLN: 93493160005030

Open to Public

Department of the Treasury

Schedule I

(Form 990)

Internal Revenue Service Name of the organization						Employer ident	Inspection if the control of the con
CHRISTIAN HERALD ASSOC	IATIONING					13-1617086	
Part I General Infor	mation on Gra	nts and Assistance				·	
the selection criteria use	d to award the gra	nts or assistance?			gibility for the grants or as		
2 Describe in Part IV the o							
Form 990, Part Part IV and Sch	IV, line 21 for ai edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	000. Check this box	tes. Complete if the of if no one recipient rec	eived more than \$5	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec							13
organizations 3 Enter total number of oth							▶ 1

	· /						
Part III	Grants and Othe	r Assistance to Indivi	duals in the United States.	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line 22.
	Use Schedule I-1 ((Form 990) if additional s	pace is needed.	-			

I -		<u> </u>			
(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
					<u> </u>

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE VICE-PRESIDENT MEETS DIRECTLY WITH THE CHA MANAGERS OF THE MINISTRIES RECEIVING THE FUNDS TO ENSURE THE GRANT FUNDS ARE BEING DISBURSED AND USED AS STATED IN THE AGREEMENT WITH THE ORGANIZATION PROVIDING THE FUNDS ONCE THE GRANT FUNDS HAVE ALL BEEN SPENT THE DEVELOPMENT GROUP WILL PROVIDE A REPORT TO THE GRANTING ORGANIZATION DETAILING HOW THE FUNDS WERE SPENT

Software ID:

Software Version:

EIN: 13-1617086

Name: CHRISTIAN HERALD ASSOCIATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
DARVIN & STOLZFUS1335 WILMINGTON PIKE WEST CHESTER,PA 19382		N/A		182,906	EST VALUE	SURPLUS FOOD	FOR CHARITY DISTRIB
WATER STREET RESCUE MISSION210 SOUTH PRINCE STREET LANCASTER,PA 17603	23-6004676	3		113,224	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
BREAD OF LIFE35 N FRONT STREET NEWPORT,PA 17074	23-1988339	3		92,673	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
BETHESDA MISSION2101 NORTH FRONT STREET BUILDING 1 SUITE 301 HARRISBURG,PA 17110	23-1389397	3		30,870	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
INTERNATIONAL RELIEF SERVICES114 S PENNSYLVANIA STREET MARION,IN 46952	72-1272954	3		22,968	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
BUSHKILL OUTREACHPO BOX 103 BUSHKILL,PA 18324	23-2652235	3		19,058	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
LIVING HOPE MEN'S PROGRAM120-122 16TH STREET BROOKLYN,NY 11215				17,060	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
SALVATION ARMY225 BOWERY STREET NEW YORK, NY 10002	13-6058438	3		13,743	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
KING OF KINGS LORD OF LORDS226 EDGECOMBE AVENUE NEW YORK, NY 10030				9,395	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
MIRACLE CHRISTIAN CENTER334 FULTON STREET HEMPSTEAD,NY 11550	22-3697167			9,313	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NYC RESCUE MISSION 90 LAFAYETTE STREET NEW YORK, NY 10013	13-5596794	3		7,730	EST VALUE	SURPLUS FOOD	PRO GRA M SUPPO RT
CHRISTIAN HERALD HOUSING132 MADISON AVENUE NEW YORK, NY 10016	13-3482114	3	55,000				PRO GRAM SUPPO RT
EVANGELICAL CHRISTIAN CHURCH 1458 MINFORD PLACE BRONX,NY 10460		3	15,000				PRO GRA M SUPPO RT
LIVING WATERS FELLO WSHIP265 STANHOPE STREET BROOKLYN,NY 11237	11-2565515	3	15,000				PRO GRA M SUPPO RT

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As Filed Data -

DLN: 93493160005030

OMB No 1545-0047

2008

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule J

(Form 990)

ternal Revenue Service that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization
CHRISTIAN HERALD ASSOCIATION INC

Employer identification number

13-1617086

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II		•			
	First class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "l			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		•			
	Compensation committee		Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		N o

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
EDWARD H MORGAN	(i) (ii)	120,276		48,000		17,285	185,561	124,285	
	(I) (II)	99,468		16,000		15,828	131,296	93,450	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
FRINGE OR EXPENSE EXPLANATION	PAGE 1, PART	THE CHIEF EXECUTIVE OFFICER, VICE PRESIDENT OF OPERATIONS, AND THE FORMER VICE PRESIDENT OF OPERATIONS (RESIGNED 3/31/2008) RECEIVED HOUSING BENEFITS FOR THE CALENDAR YEAR ENDED 12/31/2008 VALUED AT 48,000, 8,000, AND 16,000 RESPECTIVELY

Schedule J (Form 990) 2008

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DLN: 93493160005030

OMB No 1545-0047

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury

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

Non-Cash Contributions

Name of the organization

Internal Revenue Service Inspection **Employer identification number** CHRISTIAN HERALD ASSOCIATION INC 13-1617086 Part I Types of Property (a) (b) (d) (c) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g 1 Art—Works of art . . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household Х 308,031 VALUED BASED ON WEIGHT goods Cars and other vehicles . . Boats and planes Intellectual property . . 6,536,496 STOCK EXCHANGE QUOTES Securities—Publicly traded . Χ 10 Securities-Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution (historic structures) 14 Qualified conservation contribution (other) . . . 15 Real estate—Residential . 16 Real estate—Commercial . . Real estate—Other . . . 18 Collectibles 4,589 2,480,033 VALUED BASED ON WEIGHT Χ 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 22 Historical artifacts 23 Scientific specimens . . Archeological artifacts . . . 24 25 Other (describe

604 90,646 ESTIMATED VALUE SUPPLIES/OTHER) Х 26 Other (describe ___ Other (describe ____ 27 28 Other (describe _____ Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at			
	least three years from the date of the initial contribution, and which is not required to be used for exempt purposes			
	for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash			
	contributions?	32a	Yes	
b	If "Yes", describe in Part II			
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is			
	chacked describe in Part II			

Acknowledgement

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Identifier Explanation THIRD PARTY USED TO PROCESS SCHEDULE M, PAGE 1, PART I, THE ORGANIZATION USES A BROKER FOR STOCK NONCASH CONTRIBUTIONS LINE 32B DONATIONS SUPPLEMENTAL INFORMATION SCHEDULE M, PAGE 2, PART II CHRISTIAN HERALD ASSOCIATION IS REPORTING THE NUMBER OF INDIVIDUAL CONTRIBUTIONS MADE

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Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

DLN: 93493160005030

Inspection

Name of the organization CHRISTIAN HERALD ASSOCIATION INC

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990)

Employer identification number

13-1617086

ldentifier	Return Reference	Explanation
DOING BUSINESS AS	FORM 990, PAGE 1, ITEM C	THE BOWERY MISSION, KIDS WITH A PROMISE, AND MONT LAWN CAMP AND RETREAT CENTER

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	CHRISTIAN HERALD ASSOCIATION, DOING BUSINESS AS THE BOWERY MISSION & KIDS WITH A PROMISE, HAS SERVED NEW YORKERS IN NEED SINCE 1879 OUR GOAL IS SIMPLE TO BE THE MOST EFFECTIVE PROVIDEROF COMPASSIONATE CARE AND LIFE TRANSFORMATION FOR HURTING PEOPLE IN NEW YORK CITY OUR VISION IS CLEAR WE ARE CALLED TO MINISTER IN NEW YORK CITY OUR VISION IS CLEAR WE ARE CALLED TO MINISTER IN NEW YORK CITY OMEN, WOMEN AND CHILDREN CAUGHT IN CYCLES OF POVERTY, HOPELESSNESS AND DEPENDENCIES OF MANY KINDS, AND TO SEE THEIR LIVES TRANSFORMED TO HOPE, JOY, LASTING PRODUCTIVITY AND ETERNAL LIFE THROUGH THE POWER OF JESUS CHRIST OUR CHRISTIAN FAITH-BASED APPROACH TO THE WORST SOCIAL PROBLEMS OF THE CITY HAS BEEN THE FOUNDATION OF OUR SUCCESS FOR 131 YEARS WE HAVE NEVER AFFILIATED WITH A PARTICULAR CHURCH OR DENOMINATION, AND OUR SERVICES ARE PROVIDED TO ALL REGARDLESS OF THEIR BELIEFS OUR FIRST STEP IS TO OFFER COMPASSIONATE CARE TO MEET THE MIMEDIATE, PHYSICAL AND EMOTIONAL NEEDS OF EACH GUEST THE FOLLOWING SERVICES ARE OFFERED TO BOTH MEN AND WOMEN, FREE OF CHARGE CHAPEL SERVICES THREE TIMES A DAY, COOKED MEALS THREE TIMES A DAY, DALLY OVERNIGHT SHELTER IN THE WINTER, SHOWERS, HAIRCUTS AND CLOTHING, A WEEKLY MEDICAL CLINIC AND MONTHLY OPTOMETRIC CLINIC, AND OUTTREACH TO STREET CORNERS AND PARKS IN MANHATTAN AND BROOKLYN WE OFFER LIFE TRANSFORMATION IN OUR RESIDENTIAL RECOVERY PROGRAMS FOR BOTH MEN AND WOMEN, WHICH INCORPORATE ONE-ON-ONE AND GROUP COUNSELING, ADDICTION RECOVERY AND FAMILY RESTORATION PROGRAMS, CAREER CENTERS OFFERING TUTORING, COWINTER AND VOCATIONAL SKILLS TRAINING, AND JOB PREPARATION, AND PARTICIPATION IN DALLY WORK, WORSHIP, AND BIBLE STUDIES IN 2009, 94 MEN AND WOMEN GRADUATED FROM OUR RESIDENTIAL RECOVERY PROGRAMS THE BOWERY MISSION DISCIPLESHIP INSTITUTE AND THE BOWERY MISSION WOMENS CENTER AT HEARTSEASE HOME EACH GRADUATE EXHIBITED FIVE SPECIFIC EVIDENCES OF FUTURE SUCCESS TO GRADUATE, A PERSON MUST 1 BE CONNECTED TO CHRIST 2 BE CONNECTED TO FAMILY 3 BE COMMITTED TO BEING CLEAN AND SOBER 4 HAVE FOUND A JOB AND

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE 990 WILL BE REVIEWED AND APPROVED BY THE FINANCE AND AUDIT COMMITTEE PRIOR TO FILING IT WILL ALSO BE PROVIDED TO THE FULL BOARD FOR REVIEW

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ON A YEARLY BASIS, THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY, AND APPROVES ANY NECESSARY REVISIONS DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE THEN REQUIRED TO REVIEW THE UPDATED CONFLICT OF INTEREST POLICY, AND DISCLOSE ANY KNOWN CONFLICTS OF INTEREST IF ANY CONFLICTS ARISE, THE BOARD ACTS ACCORDINGLY

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION OF THE CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE BASED ON, AMONG OTHER THINGS, INDUSTRY COMPARABLES AND SENIORITY THE EXECUTIVE COMMITTEE MAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS, WHICH THEN APPROVES THE FINAL COMPENSATION PACKAGE

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	l '	THE CEO PERFORMS A COMPENSATION ANALYSIS BASED ON, AMONG OTHER THINGS, INDUSTRY COMPARABLES AND SENIORITY THIS ANALYSIS IS THEN PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND INPUT THE FINAL DETERMINATION ON COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS MADE BY THE CEO

Identifier	Return Reference	Explanation					
STATES WHERE COPY OF RETURN IS FILED	FORM 990, PAGE 6, PART VI, LINE 17	PENNSYLVANIA, TENNESSEE, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN					

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	CHRISTIAN HERALD ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

DLN: 93493160005030

OMB No 1545-0047 2008

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Internal Revenue Service Name of the organization **Employer identification number** CHRISTIAN HERALD ASSOCIATION INC 13-1617086

				13-101/000	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organization	ions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3)	(F) 5 Direct controlling 6) entity
CHRISTIAN HERALD HOUSING DEVELOPMENT FUND CORP 132 MADISON AVENUE	CHARITY	NY	501	7	NA

NEW YORK, NY100167004 13-3482114 HEARTEASE HOME INC NΑ 216 EAST 70TH STREET CHARITY NY 501 NEW YORK, NY10021 13-1857760 Cat No 50135Y

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)		(F) Share of total income		(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V Transactions with Related Organizatio
--

Part V Transactions with Related Organizations				
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Ye	s No
During the tax year, did the orgranization engage in any of the following transactions with	th one or more related organizations listed in Parts II-IV	?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	1	No
b Gift, grant, or capital contribution to other organization(s)		1b	Ye	s
c Gıft, grant, or capıtal contribution from other organization(s)		1c	:	No
d Loans or loan guarantees to or for other organization(s)		1d		No
e Loans or loan guarantees by other organization(s)		1e	:	No
f Sale of assets to other organization(s)				No
g Purchase of assets from other organization(s)		1 g	,	No
h Exchange of assets		1h	1	No
i Lease of facilities, equipment, or other assets to other organization(s)		11		No
j Lease of facilities, equipment, or other assets from other organization(s)		1j		No
k Performance of services or membership or fundraising solicitations for other organiz	ration(s)	1k		s
Performance of services or membership or fundraising solicitations by other organiza		11		No
m Sharing of facilities, equipment, mailing lists, or other assets		1n	n	No
n Sharing of paid employees		1n		No
Reimbursement paid to other organization for expenses		10	,	No
p Reimbursement paid by other organization for expenses		1p	,	No
q O ther transfer of cash or property to other organization(s)		19	1	No
r O ther transfer of cash or property from other organization(s)		1r	•	No
If the answer to any of the above is "Yes," see the instructions for information on who	o must complete this line, including covered relationships	and transaction thresholds		
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved		

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	CHRISTIAN HERALD HOUSING DEVELOPMENT FUND CORP	В	55,000
(2)	CHRISTIAN HERALD HOUSING DEVELOPMENT FUND CORP	к	85,000
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

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DLN: 93493160005030

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

	▶	See separate instruction	s. 🕨 Attach	to your tax r	eturn.			Sequence No 67
Name(s) shown on return		Business or a	activity to which	this form re	lates	Iden	tifyin	g number
CHRISTIAN HERALD AS	SOCIATION IN						6170	206
Part I Election	To Evnence	Certain Property Ur	PEPRECIATION			13-1	6170	186
	•	isted property, comple			nplete Par	t I.		
-		for a higher limit for cer					1	250,000
2 Total cost of section	179 property plac	ced in service (see instru	ıctıons) .			.	2	
		y before reduction in limit		uctions)		.	3	800,000
		from line 2 If zero or les	•			. 1	4	,
		line 4 from line 1 If zero	ŕ	0- If married	d filina			
separately, see instru	•						5	
(a)	Description of pro	pperty		(busıness us	e (c) Flo	ected	cost	
			-	only)	(-,			4
6								\dashv
7 Listed property Enter	r the amount from	June 20		. 7				┦
		erty Add amounts in col	ump /s) lunes 6				8	
		•	ullili (c), lilles o	allu / .		• }	9	
9 Tentative deduction						• 1		
10 Carryover of disallowe11 Business income limitation		•		a o instructions)		٠ ١	10	
		·		·		•	11	
12 Section 179 expense		<i>,</i>		n line 11	· · ·	•	12	
13 Carryover of disallow				.▶ 13				
Note: Do not use Part								
		Allowance and Othe					operty	y) (See instructions)
14 Special depreciation a tax year (see instruct		illied property (other than	i iistea property) praced in s	ervice durin	ig the	14	
15 Property subject to se	ŕ	election				. 1	15	
16 Other depreciation (in							16	376,543
	<u>-</u>	Do not include listed	property.) (Se	e instruction	ons.)			
•			ection A					
17 MACRS deductions fo	or assets placed i	n service in tax years be	gınnıng before 2	. 800		. [17	
18 If you are electing	to group any a	ssets placed in servic	e during the t	ax year ınt	o one or n	nore		
general asset acco	unts, check he	re			1	-		
Section B-Ass	sets Placed in	Service During 20	08 Tax Year	Using the	General	Depr	ecia	tion System
	(I-) M	(c) Basis for						
(a) Classification of	(b) Month and year placed in	depreciation (business/investment	(d) Recovery	(e) Conven	ition (f)	Metho	a l	(g)Depreciation
property	service	use	period	(-,	(1)			deduction
		only—see instructions)						
19a 3-year property								
b 5-year property								
c 7 - year property d 10 - year property								
e 15-year property								
f 20-year property								
g 25-year property			25 yrs			5/L		
h Residential rental			27 5 yrs	ММ	9	5/L		
property			27 5 yrs	ММ		5/L		
i Nonresıdentıal real			39 yrs	ММ	Ş	5/L		
property				MM	9	5/L		
	on C—Assets Pla	ced in Service During 200	8 Tax Year Using	gthe Alterna			Syste	em
20a Class life	_					S/L		
b 12-year			12 yrs			S/L		
c 40-year Part IV Summa	ry (See instruc	tions)	40 yrs	MM		S/L		
21 Listed property Enter						T	21	
22 Total. Add amounts fr			and 20 in colu-	n (a) and lu	 10 21 Entre	hara	~ =	
		:urn Partnerships and S					22	376,543
23 For assets shown abo	-	·	•	e				
portion of the basis at				23				

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44