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_{Form} 990

Return of Organization Exempt From Income Tax

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

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For t	he 2009 calend	dar year,	or tax year beginning Oc	t 1 ,	2009, an	d ending	Sep			, 201		
В	Check	ıf applicable		C Name of organization					D Employ	er iden	tification	Number	
	A	ddress change	Please use IRS label	GLAD TIDINGS INC	IA				55-0	0 <u>8</u> 65	5401		
	Ħ	lame change	or print or type.	Number and street (or P O bo		street addr)	Room/su	ite	E Telepho	_			
	\blacksquare	nitial return	See specific	1453 FIRST AVENU	E				(71	7) 8	343-5	695	
	Ħ	ermination	Instruc- tions.	City, town or country		State ZIP	code + 4						
	H	mended return		YORK		PA 1	7403		G Gross re	eceints	s 80	1,709.	
	\vdash	pplication pending	F Name :	and address of principal officer				(a) is this	a group retur			Yes	X No
	ш"	ppscation pending	1	reate jr 53 HARRISTOWN	TOT DADADICE	1 אם			affiliates incl			Yes	No
							527	If 'No.'	attach a list	(see in	structions)		
<u> </u>		x-exempt statu			, , , , , , , , , , , , , , , , , , , 	or []							
<u></u>				ltidingsindia.org		1.			exemption nu		_		
K		n of organization	X Corpora	ation Trust Association	Other -	L Year	of Formation	on 200	4 M S	tate of	legal dom	icile PA	
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CANNED FEB (I I	2	Check this bo		if the organization discontin	•	aisposea	of more	tnan 25	% of its as	ssets.	17		
حر مح	3		_	bers of the governing body t voting members of the gov	•	line 1h)				4	7		
Tie	5		-	yees (Part V, line 2a)	reming body (r die vi					5	3		
Z ≩	6			eers (estimate if necessary))					6	12		
4 8	7 a			ousiness revenue from Part		12				7a			0.
ي				taxable income from Form						7b			
00				<u> </u>				Р	rior Year		Cı	urrent Ye	ar
	8	Contributions	and gran	ts (Part VIII, line 1h) .					673,6	61.	ļ		203.
Revenue	9			ue (Part VIII, line 2g)	•				0.07	, , , ,	<u> </u>	,	
Ye.	10			art VIII, column (A), lines 3,	4. and 7d)					85.	<u> </u>	3,	344.
æ	11			II, column (A), lines 5, 6d,			-			-			
	12		•	nes 8 through 11 (must equ		A), line 12	2)	-	673,7	46.	-	789,	547.
	13			ounts paid (Part IX, column					517,3				834.
	14			members (Part IX, column									
	15			nsation, employee benefits		lines 5.10	1)		84,3	146	<u> </u>	77	689.
es	l			· -			-,		01/3		†		
ens	l		†	ig fees (Part IX, column (A)						-	1.		
Expenses	į t	Total fundrais	sing exper	nses (Part IX, column (D), I	ine 25) 🏲	84,	482.	ļ			1.	,	- 21
_	17	Other expens	es (Part I	X, column (A), lines 11a-11	d, 11f-24f)	-			32,4		<u> </u>		310.
	18	Total expense	es. Add Iır	nes 13-17 (must equal Part	IX column (A) ture	WED	\sim \sim		_634,1	<u>59.</u>		816,	833.
	19	Revenue less	expense	s. Subtract line 18 from line	13 REUL		781		39,5	87.		-27 ,	286.
b 8					15	0.044		Begi	nning of Y	ear	E	nd of Yea	ar
Net Assets or Fund Balances	20	Total assets	(Part X, III	ne 16)	AN I YAN I	3 2011	10		87,8	79.		51,	023.
A P	21	Total liabilitie					781		11,4	43.		1,	873.
şĒ	22	Net assets or	fund hala	ances Subtract line 21 from	line 20 0005	NU	r - 1		76,4	36.		49.	150.
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					ratura uncludina accompani	una schedule	es and state	ements an	d to the hest i	of my k	nowledge	and belief	ıtıs
		true, correct,	and complete	I declare that I have examined this Declaration of preparer (other than	officer) is based on all info	rmation of w	vhich prepa	rer has any	knowledge) .		
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He	re	Signature	of officer					Da	ate	·			
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Or		employed), address, and	<u> 170</u>		REET			E	IN _				
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Ма	y the	IRS discuss th	ıs return v	with the preparer shown abo	ove? (see instructions)						Yes	No
ВА	A Fo	r Privacy Act	and Paper	work Reduction Act Notice	e, see the separate in	structions	s.		TEEA0101	07/2	0/09	Form 990	(2009)

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2	Did the	-			ertake a	any sig	nıfıca	ant pr	ogran	n ser	vices	durır	ng the	yea	r wh	iich v	were	not I	sted	on t	he pr	ior	_	_		_	
	Form 99	90 or	990-EZ	?																			L	╛	Yes	X	No
	If 'Yes,'	desc	ribe the	ese ne	ew serv	rices or	n Sch	nedule	∍ O.														_	_		_	
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	If 'Yes,'				•																						
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46	Total p	rogra	m serv	ice ex	penses	S ►			7:	10,8	g34.	·	_														

•		·	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5	_	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	* X	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI		*	~ ~
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		¥	
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	^	\	
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X	-	» 🔅	**;
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization maintain an office, employees, or agents outside or the office office. Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedulo G, Part III	19		l x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Pai	↑IV · · Checklist of Required Schedules <i>(continued)</i>			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х_
24 a	B 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) 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		х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		<u>"</u>	
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_X_
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
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	Х	
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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	×	

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Form 990 (2009)

Page 5

7 OHH 94 (2003) CERTS 1 EP 2110 CE 2110 ET	0865401	!	Page :
Partiv Statements Regarding Other IRS Filings and Tax Compliance			
•		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1 a	1		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gam (gambling) winnings to prize winners?	ıng - 1 c		$\tilde{\mathbf{x}}$
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	3		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	X	<u> </u>
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	38	a	x
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	31	0	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?	er, a 4 a	a	х
b If 'Yes,' enter the name of the foreign country.		, ,	
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 8	a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	51	b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohib Tax Shelter Transaction?	ited 5	ε	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	on 6 a	а	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts we deductible?	ere not 61	b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se provided to the payor?	ervices 7		x
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	71	b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	o file 7	С	x_
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	<u> </u>		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7.	e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7:	F	Х
q For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7.	g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required	<u> </u>		†
8. Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	8		- X
holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.	8	+	+^
a Did the organization make any taxable distributions under section 4966?	9:	a	X
b Did the organization make any taxable distributions under section 4500. b Did the organization make any distribution to a donor, donor advisor, or related person?	9		X
10 Section 501(c)(7) organizations. Enter:			+
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		\$ *	1 %
11 Section 501(c)(12) organizations. Enter	,		
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		•	

Form 990 (2009)

Form 990 (2009) GLAD TIDINGS INDIA Governance. Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. **Governing Body and Management** Section A. Yes No 1a 7 1a Enter the number of voting members of the governing body **1b** 7 **b** Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents 4 Х since the prior Form 990 was filed? 5 X Did the organization become aware during the year of a material diversion of the organization's assets? Х 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 7 a X governing body? Х 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х a The governing body? 8Ь Х b Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Х Policies (This Section B requests information about policies not required by the Internal Section B. Revenue Code No Yes 10a Х 10a Does the organization have local chapters, branches, or affiliates? b if 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Х 11 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b X to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12¢ Х Schedule O how this is done 13 Does the organization have a written whistleblower policy? 13 Х 14 Х 14 Does the organization have a written document retention and destruction policy? 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? 15a Х a The organization's CEO, Executive Director, or top management official 15b **b** Other officers of key employees of the organization Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable 16a Х entity during the year? 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 16b status with respect to such arrangements? Section C. Disclosures List the states with which a copy of this Form 990 is required to be filed ▶ Pennsylvania Section 6104 requires an organization to make its Forms 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. Upon request Another's website Own 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

Form 990 (2009)

► REV. MARK A. DECKARD 1453 FIRST AVENUE YORK ____ PA 17403 ___ (717) 843-5695

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees
 See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not	ctor, or trustee									
(A)	(B) (c) Average Position (check all that apply)							(D)	(E)	(F)
Name and Title	Average hours per week			-				Reportable compensation from	Reportable compensation from	Estimated amount of other compensation
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	adivict ਈ frustee or direx ਲਾ	anstitutional trustee	Officer	key employee	Higt est compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	from the organization
		2 M 5	on al		playe	1 CONT				and related organizations
		stee.	25		1	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8				
			ä			ře				
REV. WILLIAM D. TEATE, JR										
PRESIDENT	40.00	_X		Х	X	Х		64,000.	0.	0.
DR. WILLIAM SCOTT								,		
CHAIRMAN	6.00	X		X				0.	0.	0.
MARK A. DECKARD ORD. MIN. FINANCIAL OFFICER	8.00	х						5,930.	0.	0.
REV. JAMES POCOCK								·		
DIRECTOR	_1.00	Х						0.	0.	0.
MR. DICK VAN RYN										
DIRECTOR	1.00	Х						0.	0.	0.
REV. RICHARD WHITESEL										
SECRETARY/TREASURER	6.00	Х	<u>_</u>	X				0.	0.	0.
MICHAEL HALL, M.D.										
DIRECTOR	1.00	Х						0.	0.	0.
			\vdash	_	-					
							<u> </u>			
			-		-		_			
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	i				İ	İ	j ,	į		
			_						-	
							_			
				<u> </u>	<u> </u>	l	<u> </u>			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (
. (A)	(B) (c) Average Position (check all that apply)					hat a	nnlus	(D)	(E)	(F)
Name and Title	hours per week		Institutional trustee	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
										
								·-		
		!								
		_		-	-	-				
	 		_	_		-				
	-									
										\
	ļ			_		-				
	-									
1 b Total	!	<u> </u>	<u> </u>	<u>i .</u>	<u> </u>			69,930.	0.	0.
2 Total number of individuals (including but not limited	to thos	e list	ted	abov	ve) v	who	rece		100,000 in reportab	·
from the organization 0		_								
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual					•				Yes No
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	oortable ian \$150	com),00(ipen)? /:	isatii f 'Ye	on a	and o	othei <i>lete</i>	r compensation fro Schedule J for su	om och	4 X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch	ompensa edule J	ation for s	fro uch	m aı per	ny u s <i>on</i>	nrel	ated	organization for	services	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensate compensation from the organization	ed indep	ende	ent (cont	ract	ors t	that	received more tha	n \$100,000 of	
(A) Name and business addres	s _							Description	of Services	(C) Compensation
					-		_			
							_			· · · · · · · · · · · · · · · · · · ·
2 Total number of independent contractors (including \$100,000 in compensation from the organization	but not I	ımıte	ed to	the	se	liste	d ab	ove) who received	d more than	

•		, ` ,		Total rev		(B) Relate exem functi reven	d or ipt on	Un bu	(C) related siness venue	Reve Reveluded excluder s under s 512, 513	nue from ta ections
'n	1 a Federated campaigns	1 a		1.			î	Å.	,		,
AND OTHER SIMILAR AMOUNTS	b Membership dues	1 b		_ *	*			****			
¥	c Fundraising events	1 c	†		*) _{#,}						
3	d Related organizations	1 d					`				
ᇙ	e Government grants (contribution	ons) <u>1 e</u>		- ,			. 32"				 بريانية
띩	f All other contributions, gifts, g	rants, and	706 202		, , , ,	1	% .	3	r.		**
5	similar amounts not included a Noncash contribute included in						3		3 25		
¥	h Total. Add lines 1a-1f	1115 1a-11 - 4	200,000.		,203.		, 49°	, ,	3		‴ 1, 3₩ ∧:
	ii Totali / laa liiles Ta Ti		Business Code	, 00	, 2001	\(\frac{1}{2}\)			3."		
	2a				4.4 - 10 200 - 10 miles	a adaptement of the	· · · · · · · · · · · · · · · · · · ·	-			
	b	 -				_					
	c										
	d										
	e										
	f All other program service	e revenue								2	
\downarrow	g Total. Add lines 2a-2f			<u> </u>			3, 7				<u>`</u> ``
	3 Investment income (incl	udıng dıvıdend	s, interest and		25.		25.		0.		,
	other similar amounts) 4 Income from investmen	t =	hand proceeds		25.	-	25.	 	<u> </u>		(
		t or tax-exempt	. pona proceeus	•		 					
1	5 Royalties	(ı) Real	(ii) Personal	7:		 	74.	\$ 22.	₩ ^ / ₂	. %	.5"
1	6a Gross Rents	() (()	(1.7) 5.557.51	- 1	•			»,			2
	b Less rental expenses				· _1		u V	ه دیگیا	🥦 . A & Z	_# ·~	"L# "
	c Rental income or (loss)			7			æ				
	d Net rental income or (lo	ss)	<u> </u>	>		d children and manufacture of the contract			ne Si remandelementen en en	~ · · · · · · · · · · · · · · · · · · ·	
	7a Gross amount from sales of	(i) Securities	(II) Other		ź	`					
	assets other than inventory	15,481	L .		Ç.	, ,	^ ,	\$\$Y.	. 8		4 4
	b Less cost or other basis							.*	•		
	and sales expenses	12,162		_ k,	,	1 E		4.5	•		
	c Gain or (loss)	3,319		_		- Ti					
	d Net gain or (loss)			3	<u>,319.</u>	3	<u>,319.</u>		0.		(
	8a Gross income from fund	Iraising events					¥.				
	(not including \$	d an line 1 al	-		, to #		387				
	of contributions reported	on line (c)				ľ	*			i	
	See Part IV, line 18 b Less direct expenses		a h	٠ .	15.00	x .				~	
	c Net income or (loss) fro	m fundraising					 -	- 			
	9a Gross income from garr See Part IV, line 19	-	a	,	4	5 %			Š,	~	ż.
	b Less: direct expenses		b	┪ .		1.			ş.		,
	c Net income or (loss) fro	m gaming activ	<u>-</u>	-	t./*0						
,				1			,	,	·-		
'	Oa Gross sales of inventory and allowances .	y, icos ieluiiis	a			'4,		"	Ş.X.		
	b Less: cost of goods sold	t	b								
	c Net income or (loss) fro	m sales of inve		<u> </u>							
	Miscellaneous Rever	nue	Business Code			l		ļ		<u> </u>	
1	1a			1		1				ļ. <u> </u>	
	b	-		 		<u> </u>		 		-	
	c			 		 		-		<u> </u>	
	d All other revenue			 		<u> </u>		-			
	e Total. Add lines 11a-11		•					 			
1	Total revenue. See inst	ructions	•	►ı 789	,547.	.ı 3	,344.	1	0.	1	C

Page **10**

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 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
Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3		, , ,	•
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1			
3 Grants and other assistance to governments organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	710,834.	710,834.	* * *	*
4 Benefits paid to or for members			*#	
5 Compensation of current officers, directors, trustees, and key employees	64,000.	0.	0.	64,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,524.	0.	0.	4,524.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	3,579.	0.	3,579.	0.
10 Payroll taxes	5,586.	0.	0.	5,586.
11 Fees for services (non-employees)				
a Management .	5,930.	0.	0.	5,93 <u>0</u>
b Legal				
c Accounting	5,950.	0.	5, 950.	0
d Lobbying				
e Prof fundraising svcs. See Part IV, In 17		A Comment	. No 3	
f Investment management fees				
g Other .				
12 Advertising and promotion				
13 Office expenses	3,808.	0.	3,288.	520
14 Information technology	2,064.	0.	2,064.	0
15 Royalties				
16 Occupancy .				
17 Travel .	2,745.	0.	0.	2,745
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	695.	0.	695.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52.	0.	52.	0
23 Insurance	1,685.	0.	1,685.	0
24 Other expenses. Itemize expenses not covered above (Expenses grouped togethe and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	r	,		
a BANK CHARGES	1,386.	0.	1,386.	0
b MINISTRY DEVELOPMENT	1,177.	0.	0.	1,177
c MISCELLANEOUS	100.	0.	100.	0_
d POSTAGE	2,718.	0.	2,718.	0
f All other expenses				<u> </u>
25 Total functional expenses. Add lines 1 through 24f	816,833.	710,834.	21,517.	84,482
26 Joint costs. Check here ► If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational		.20,001.		2.,.02
campaign and fundraising solicitation	<u> </u>			F 000 (000)
BAA				Form 990 (2009

Page 11

Part X Balance Sheet (A) Beginning of year (B) End of year 32,402 1 22,490. Cash - non-interest-bearing <u>16,</u>236. 2 12,100. 2 Savings and temporary cash investments 25,060. 3 10,340. 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis 10a 1,050 å. Complete Part VI of Schedule D 52 0. b Less: accumulated depreciation. 10b 1,050 10 c 14,129. 11 6,093. Investments - publicly-traded securities 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 51,023. 87,879. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 9,476. 2,104. 17 Accounts payable and accrued expenses 17 18 18 Grants payable -231 1,967. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 1 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 1,873 Total liabilities. Add lines 17 through 25 11,443. 26 26 Organizations that follow SFAS 117, check here X and complete lines 1 27 through 29 and lines 33 and 34. 27 0. 0. 27 Unrestricted net assets 76,436. 28 49,150. 28 Temporarily restricted net assets 29 Permanently restricted net assets P Organizations that do not follow SFAS 117, check here and complete FUND lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund 31 BALANCES 31 32 Retained earnings, endowment, accumulated income, or other funds 76,436. 33 49,150. 33 Total net assets or fund balances. 87,879. 34 51,023. 34 Total liabilities and net assets/fund balances

BAA

Form **990** (2009)

Form 990 (2009) GLAD TIDINGS INDIA	55-0865401	P	age 12
Part XI & Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. Cash X Accrual Other	*	g, .	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		- <u>- </u>	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u>. </u>	Х
b Were the organization's financial statements audited by an independent accountant?	26	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	**	,1.,	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is consolidated basis, separate basis, or both.	ssued on a		.,
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Audit Act and OMB Circular A-133?	he Single	1	x
b.lf_'Yes,'_did_the_organization-undergo-the-required-audit-or-audits?-lf-the-organization-did-not-undergo-the-r	equired-audit		

ВАА

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2009

2009

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

GLA	נ כ	IDINGS	INDIA	P							_	55-08	365401			
Part	114	Reason	for Pul	blic Charity	Statu	s (All o	rganızatıon	s must c	omple	te this	part.)	See II	nstructi	ions		
The o	rgar	nization is i	not a priv	ate foundation	becaus	se it is: (F	or lines 1 thro	ough 11, ch	neck only	y one bo	x)					
1	\Box	A church,	conventio	n of churches	or asso	ciation of	churches des	cribed in s	section 1	1 70(b)(1)(A)(i).					
2	П	A school d	lescribed	ın section 170	(b)(1)(A	(Att)	ach Schedule	E)								
3	П	A hospital	or coope	rative hospital	service	organiza	tion described	in sectio	n 170(b)	(1)(A)(iii).					
4	П	A medical	research	organization o	perate	d in conju	nction with a	hospital de	scribed	ın secti	on 170(b)(1)(A)(iii) Ente	r the hospi	tal's	
		name, city												.	·	
5		170(b)(1)(/	A)(iv). (C	erated for the b complete Part I	1)							nental u	nıt descr	ibed in sec	tion	
6	Ц			local governme												
_7		ın section	170(b)(1)	t-normally-rece (A)(vi). (Comp	olete Pa	art II)				ernment	al-unit-c	or-trom-t	ne-gener	ai public de	escribe	ea
8	닏		,	described in se					•							
9	X	from activi	ities relati t income	t normally rece ed to its exemp and unrelated section 509(a)	ot funct busines	ions – su ss taxable	bject to certai income (less	n exceptio	ns. and	(2) no n	nore tha	an 33-1/3	3 % of its	s support fr	om are	oss
10		An organiz	zation org	anized and op	erated	exclusivel	y to test for p	ublic safet	y See s	ection 5	09(a)(4).				
11		more publ	icly suppo	anized and oper orted organization of supporting of	itions di	escribed i	n section 509	(a)(1) or s	ection 50	09(a)(2)	ons of, See se	or carry ection 5	out the 109(a)(3).	purposes o Check the	f one o box th	or nat
		а Птуре	e l	b	Гуре ІІ		c Type	III - Func	tionally	ıntegrate	ed		d 🗌	Type III-	Other	
е		By checking	na this bo	x, I certify that nagers and oth	the org	ganızatıor n one or n	n is not contro nore publicly s	lled directly supported (y or indi organiza	rectly by itions de	one or scribed	more d	squalifie on 509(a	d persons)(1) or sec	other tion	
f				eceived a writt	ten dete	ermination	n from the IRS	that is a	Type I, T	ype II o	r Type I	II suppo	rting org	anızatıon,		
g				006, has the or	ganızat	tion accep	oted any gift	or contribu	tion fron	n any of	the foll	owing pe	ersons?			
		(i) a pe	rson who	directly or indi	rectly o	controls, e	either alone or	together v	with pers	ons des	cribed i	ın (ıı) an	d (III)	11 - (i)	Yes	No
			_	verning body o			-							11 g (i)		
			-	ber of a perso				-h2						11 g (ii)		
		` '		lled entity of a	•									11 g (i.i)		
h				ig information a	about th	T						1	1			-
	(1)	Name of Sup Organizati	oported on	(ii) EIN		(descr abov	pe of organization libed on lines 1-9 e or IRC section Instructions))	organizal (i) lister gove	Is the tion in col- d in your erning ment?	the organ	ou notify iization in (i) of ipport?	organizat	s the ion in col zed in the S ?	(VII) Amour	nt of Sup	port
								Yes	No	Yes	No	Yes	No			
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				. (3)	÷ ,	· *	2.2		* * 4							
Total				* * * * * * * * * * * * * * * * * * * *	• '	1	***	~ [²		<u> </u>						

Page 2

Par	· · ·	_			b)(1)(A)(iv) an	d 170(b)(1)(A)(\	/i)	
<u>. </u>	(Complete only if you checke	ed the box on line!	5, 7, or 8 of Part I)			·		
	tion A. Public Support				· -				
begiı	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	€	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf			7					
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge								···
4_	_TotalAdd_lines_1_through_3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4				18.5%	*	(, w)		
Sec	tion B. Total Support					1		.,,	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar 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 from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10 .				***	·			
12	Gross receipts from related activ	rities, etc (see ins	tructions)				12		
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, or	r fifth tax year as	a section 50	1(c)(3)		▶ □
Sec	tion C. Computation of Pu	ıblic Support P	Percentage	-					
14	Public support percentage for 20	009 (line 6, column	n (f) divided by line	e 11, column (f)			14		<u>%</u>
15	Public support percentage from	2008 Schedule A,	Part II, line 14				15		<u>%</u>
16	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box olicly supported or	on line 13, and ganization.	the line 14 is 33-1	/3 % or mor	e, chec	k this box	► 🔲
ļ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a, ganization	and line 15 is 33	-1/3% or mo	re, che	ck this box	-
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this t	oox and stop here	. Explain in i	Part IV)% how	- [
!	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	nd-circumstances	' test, check this t	oox and stop here	.Explain in	Part IV	5 is 10% how the	►
10	Private foundation If the organi							ictions	▶ 🗂

55-0865401 Schedule A (Form 990 or 990-EZ) 2009 GLAD TIDINGS INDIA Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (d) 2008 (e) 2009 (a) 2005 **(b)** 2006 (c) 2007 (f) Total Calendar year (or fiscal yr beginning in)► Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') 3,361,171. 480,719 840,590. 673,661 801,684. 564,517 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 480,719 564,517. 840,590 673,661 801,684 3,361,171. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified 0 0 0 0 0. 0. persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0. 0. 0 0 0 0. 0 0. 0. 0. 0. c Add lines 7a and 7b ~~``` ٠ Public support (Subtract line ... 1130 'n 7c from line 6) K 3,361,171. Section B. Total Support **(e)** 2009 (c) 2007 (d) 2008 (f) Total **(b)** 2006 (a) 2005 Calendar year (or fiscal yr beginning in) 564,517 840,590 673,661 801,684 3,361,171. 9 Amounts from line 6 480,719 10a Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form similar sources 5,445 650 85 25 7,716. 1,511 **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 650. 85. 25 7,716. 1,511 c Add lines 10a and 10b 5,445 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 3,368,887. 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ | Section C. Computation of Public Support Percentage 99.77% 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 99.73% S

Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)	17	0.23%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.27%

19a 33-1/3 support tests - 2009. 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

b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 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 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

X

Schedule A (Form 990 or 990-EZ) 2009	9 GLAD TIDINGS INDIA	55-0865401 Page 4
PartilV Supplemental Inform	nation. Complete this part to provide the explanat 7b; and Part III, line 12. Provide any other addition	ions required by Part II, line 10;
Part II, life 17a or 17	70; and Part III, line 12. Provide any other addition	lai information. See instructions.
		•
	·	
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	. 	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions 2009

Open to Public Inspection

Employer Identification number

55-0865401 GLAD TIDINGS INDIA Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year <u>Did the organization inform_all_donors_and_donor_advisors_in_writing-that-the-assets-held-in-donor-advised funds are the organization's property, subject to the organization's exclusive legal control?</u> No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2 c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990. Part X

Schedule D (Form 990) 2009 GLAD Part III Organizations Maintai				orical T	reactives or	55-086		ntını	Page 2
3 Using the organization's acquisition									
items (check all that apply).	on accession	and othe	er records, check	K ally O	the following that	it are a significant use	OI ILS COI	ection	
a Public exhibition			d 🔲 Loan	or excha	nge programs				
b Scholarly research			e Other						
c Preservation for future genera	ations								
4 Provide a description of the organ Part XIV	nization's colle	ections a	ind explain how	they fur	ther the organiza	ition's exempt purpose	ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or i	receive o	donations of art, ained as part of	, historic	al treasures, or o	other similar ction?	Yes	Γ	No
Part IV Escrow and Custodia							90, Pa	rt IV,	line
9, or reported an amo	unt on For	m 990,	Part X, line	<u>21.</u>					
1 a Is the organization an agent, trust included on Form 990, Part X?	tee, custodiar	, or othe	er intermediary f	for contr	ibutions or other	assets not	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV ar	nd comp	lete the followin	ig table [.]					
							Amount		
c-Beginning-balance						1c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1f			-
2a Did the organization include an ai	mount on For	m 990. F	Part X, line 21?				Yes		No
b If 'Yes,' explain the arrangement		•	,				_	-	_
Part V Endowment Funds Co		rganiza	ation answer	ed 'Ye	s' to Form 99	0, Part IV, line 10			
	(a) Current		(b) Prior yea		(c) Two years back	(d) Three years back	(e) [our year	s back
1 a Beginning of year balance	(u) ourroin	,,,,,,	(2) 1 1101) 12			T. 1 T. N. J. W.	*, ,	*	🔻
b Contributions .				- 	-		. 	,	
b Contributions .					2.2	7 1			
 c Net Investment earnings, gains, and losses 							,	h	· 🕸 1
d Grants or scholarships				-	<u> </u>		- 12 - 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<i>₹</i> ***	<u> </u>
 Other expenditures for facilities and programs 									^
f Administrative expenses					<u> </u>		₹ ₹	29	
g End of year balance				· .	, "1/ B	<u>a 18, 6</u>			
2 Provide the estimated percentage	of the year e	nd balai	nce held as						
a Board designated or quasi-endow	ment ►		*						
b Permanent endowment ▶									
c Term endowment ►	*								
3a Are there endowment funds not in organization by	n the possess	ion of th	e organization t	that are I	neld and adminis	stered for the	Γ	Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(II), are the related o	roanizations I	isted as	required on Sch	hedule R	?		3b		
4 Describe in Part XIV the intended	_						<u> </u>		,
Part VI Investments—Land, B					990. Part X.	line 10.			
Description of investment		(a) Cos	t or other basis	(b) (Cost or other sis (other)	(c) Accumulated Depreciation	(d) E	Book Va	alue
1 a Land				L					
b Buildings									
c Leasehold improvements									
d Equipment			0.		1,050.	1,050.			0.
e Other						•			
Total. Add lines 1a through 1e (Column	n (d) must ear	ual Form	990. Part X. co	olumn (F	3), line 10(c))				0.
Total Add lines to through to (Column	· (a) mast eq				,, · · · · · · · ·				202 2000

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 GLAD TIDINGS INDI			65401 Page 3
Part VII Investments—Other Securities See F	orm 990, Part X, III	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation irket value
Financial derivatives			<u> </u>
Closely-held equity interests			
Other			
			
		<u> </u>	
	· 	-	
		1	*
Total. (Column (b) must equal Form 990 Part X, col (B) line 12.)	Form 000 Part V		
Part VIII Investments-Program Related (See		(c) Method of valu	otion
(a) Description of investment type	(b) Book value	Cost or end-of-year ma	arket value
	······································		
			
Total (Column (b) must equal Form 990, Part X, Col. (B) line 13.)		4	
Part IX Other Assets (See Form 990, Part X,	line 15)		· -
	escription		(b) Book value
	<u> </u>		
	***		-
	·- ·- ·- · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col (B), li	ıne 15)	•	
Part X 4 Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
		*	
		, ,	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)		's financial statements that reports the	

		-
	-	
		
Pt XIII Line 4b DONATED BIBLES RECEIVED AND SHIPPING IN SEA/LAND CO	NTAINERS FOR DIST	TRIBUTION.
Pt XII Line 4b DONATED BIBLES RECEIVED FROM VARIOUS INDIVIDUA	LS.	
information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complet	, Part IV, lines 1b and 2b te this part to provide any	; Part V, additional
		. Dort V
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information	5	816,833.
c Add lines 4a and 4b	4c	200,000.
	00,000.	000 000
a Investments expenses not included on Form 990, Part VIII, line 7b		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
3 Subtract line 2e from line 1	3	616,833.
e Add lines 2a through 2d	Že	
d Other (Describe in Part XIV)		
c Other losses		
a Donated services and use of facilities 2a b Prior year adjustments		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a		
1 Total expenses and losses per audited financial statements	1	616,833.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		(1 (022
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	789,547.
c Add lines 4a and 4b	4c	200,000.
	00,000.	
a Investments expenses not included on Form 990, Part VIII, line 7b		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	·	
3 Subtract line 2e from line 1	3	589,547.
e Add lines 2a through 2d	2e	
d Other (Describe in Part XIV)		
c Recoveries of prior year grants		
b Donated services and use of facilities		
a Net unrealized gains on investments		
 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 	1	J05, 347.
Part XII. Reconciliation of Revenue per Audited Financial Statements With Revenue		589,547.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	o nor Boturn	-27 , 286.
9 Total adjustments (net). Add lines 4 through 8		07.000
8 Other (Describe in Part XIV)		
7 Prior period adjustments		
6 Investment expenses		
5 Donated services and use of facilities		
4 Net unrealized gains (losses) on investments		
2 Total expenses (Form 990, Part IX, column (A), line 25)3 Excess or (deficit) for the year Subtract line 2 from line 1	<u> </u>	-27,286.
1 Total revenue (Form 990, Part VIII,column (A), line 12)		816,833.
Part XI ^{**} Reconciliation of Change in Net Assets from Form 990 to Financial States	nents	789,547.
Schedule D (Form 990) 2009 GLAD TIDINGS INDIA	55-0865401	Page 4
·	EE 000E401	

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Schedule D (Form 990) 2009 GLAD TIDINGS INDIA Part XIV: Supplemental Information (continued)	55-0865401 F	Page 5
Part XIV: Supplemental Information (continued)		
·		
		- <u>-</u> -
		
		
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Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	D TIDINGS		55-0865401	
Par	General to Form	Information on Activities Outside the United States. Complete if the 990, Part IV, line 14b.	organization ansv	vered 'Yes'
1	For grantmaker grantees' eligib	s. Does the organization maintain records to substantiate the amount of the grants or as lity for the grants or assistance, and the selection criteria used to award the grants or as	ssistance, the ssistance?	es No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures i region
			located in the region)	service(s) in region	
					<u>.</u>
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	,				
					
				1,200	

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Schedule F (Form 990) (2009)

Page 2 Schedule F (Form 990) 2009 GLAD TIDINGS INDIA

Part II | Grants, and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed. 55-0865401

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			South Asia	MINISTRY PROGRA	108,012.	BANK DRAFT	200,000.	200,000. 8 SEA CONTAINERS FMV	FMV
			South Asia	MINISTRY PROGRA	89,400.	BANK DRAFT			
			South Asia	MINISTRY PROGRA	11,200.	BANK DRAFT			
		**							
	*	*							
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	>,								
		, , , , , , , , , , , , , , , , , , ,							
		* ,							
		*						'	
		^							
2 g	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ations listed above the son 501(c)(3) equival	iat are recognized as ency letter	s charities by the	foreign country, re	cognized as tax-ex	empt by the IRS, o	or for which the	3

3 Enter total number of other organizations or entitles BAA

Schedule F (Form 990) 2009

. Page 3	,	(h) Method of valuation (book, FMV, appraisal, other)										Schedule F (Form 990) 2009
55-0865401	es' to Form 990,	(g) Description of non-cash assistance										Schedule
55-(nswered 'Ye	(f) Amount of non-cash assistance					•					
	zation a	(()										
:	ite if the organi	(e) Manner of cash disbursement										
	ed States. Comple ace is needed.	(d) Amount of cash grant										TEEA3503 07/06/09
	utside the Unit	(c) Number of recipients										
GLAD TIDINGS INDIA	ce to Individuals O ule F-1 (Form 990)	(b) Region										
Schedule F (Form 990) 2009 GLAD TIE	Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance										ВАА

Schedule F (Form 990) 2009 GLAD TIDINGS INDIA	55-0865401	Page 4
Part IV Supplemental Information		
Complete this part to provide the information required in Part I, line 2, and any additional in	formation	
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	-	
	- -	
	<u></u>	
	- 	
	 	
		
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Schedule F (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

		(a)	(b)	(c)	(d)
		Check if applicable	Number of Contributions	Revenues reported on Form 990, Part VIII, line 1g	Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications .	X		200,000.	2.50 EACH/\$25000 PER SEA CONTAI
5_	Clothing_and_household_goods				
6	Cars and other vehicles			·-···	
7	Boats and planes			· ·	
8	intellectual property .				
9	Securities-Publicly traded			*****	
10	Securities-Closely held stock	_			
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				<u> </u>
13	Qualified conservation contribution— Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate-Residential .				
16	Real estate—Commercial			141.45	
17	Real estate-Other				
18	Collectibles .				
19	Food inventory				
20	Drugs and medical supplies .	_			
21	Taxidermy				
22	Historical artifacts	_			
23	Scientific specimens				
24	Archeological artifacts			· · ·	
25	Other ► ()			<u></u>	
26	Other ► ()		<u> </u>		
27	Other ► ()	_			
28	Other ► (
29	Number of Forms 8283 received by the organizat organization completed Form 8283, Part IV, Done	ion during the	tax year for contribution	ns for which the	29

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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 checked, describe in Part II

	Yes	No
, 'A '	i	~ .
30 a		X
31		,
32 a	х	
	30 a	30 a 31

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Schedule M (Form 990) 2009

Schedule M (Form 990) 2009 GLAD TIDINGS INDIA	55-0865401	Page 2
Part II Supplemental Information. Complete this part to provide the information requand 33. Also complete this part for any additional information.	ired by Part I, lines 30t	o, 32b,
Pt I Line 32b BIBLES AND ASSORTED CHRISTIAN BOOKS ARE SENT OF	VERSEAS	
Pt I Line 32b TO INDIA TO INDIA BIBLE LITERATURE, LITERACY II	NDIA TRUST,	
Pt_I_Line_32bAND_ADVANCE_GLOBAL_LITERATURETHESE_ORGANIZA	TIONS	
Pt I Line 32b ARE LOCATED IN INDIA AND DISTRIBUTE BIBLES AND	- 	
Pt I Line 32b RELIGIOUS BOOKS THROUGHOUT THAT COUNTRY.	. 	
	. 	
	- 	
	. 	
	- 	
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	-	
	- <i>-</i>	
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Schedule M (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990. **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Employer identification number 55-0865401 GLAD_TIDINGS INDIA Pt VI-B, Line 11A THE ORGANIZATION HAS THE OFFICERS REVIEW THE FORM 990 BEFORE IT IS FILED WITH THE IRS. Pt VI-B, Line 12c CONFLICTS OF INTEREST ARE REVIEWED ANNUALLY AT THE START OF THE FISCAL YEAR. Pt VI-B, Line 15 OFFICER AND EMPLOYEE COMPENSATION REQUIRES BOARD APPROVAL. Pt VI-C, Line 19 GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ON THE WEBSITE.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Open to Public or 37. Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36,
 Attach to Form 990.

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F) Direct controlling Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because of had one or more related tax-exempt organizations during the tax year.) entity **Employer Identification number** SECT 12(A) INCOME TAX A NONE SECT 12 (A) INCOME TAX A NONE SECT 12 (A) INCOME TAX A NONE 55-0865401 Public charity status (if section 501(c)(3)) (E) End-of-year assets E Parti Indentification of Disregarded Entities (Complete If the organization answered 'Yes' to Form 990, Part IV, line 33.) (D) Exempt Code section (**0**) Total income 501(C)(3) 501 (C) (3) TEEA5001 02/05/10 501(C)(3 Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) છ Z ZI BIBLES & LITERACY PROGRAM BIBLE & CASH DISTRIBUTION CASH FOR LITERACY BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Primary activity (B) Primary activity WITHIN INDIA WITHIN INDIA WITHIN INDIA ı I (A) (Ame, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity 1 ADVANCE GLOBAL LITERATURE UNKNOWN INDIA BIBLE LITERATURE UNKNOWN LITERACY INDIA IRUST UNKNOWN CHENNAI, 67 BERACAH RD., CHENNAI, 67 BERACAH RD., CHENNAI, GLAD TIDINGS INDIA 67 BERACAH RD., Department of the Trearury Internal Revenue Service Name of the organization Part II

Page 2 Schedule R (Form 990) (2009) (J)
General or
managing
partner? (H) Percentage ownership ž Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Yes Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 Code V-UBI
amount in box
20 of Schedule
K-1
(For (G) Share of end-of-year assets 55-0865401 Dispropor-tionate allocations? ž (F) Share of total income Ξ Yes Share of total income | Share of end-of-year assets Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year.) (C) (D)

Legal domicile
 Direct
 State or foreign controlling entity 02/02/10 (E)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) TEEA5002 country) Primary Activity Direct controlling entity e (C)
Legal
domicile
(state or
foreign Schedule R (Form 990) 2009 GLAD TIDINGS INDIA (A) Name, address, and EIN of related organization Primary Activity (A)
Name, address, and EIN of related organization Part IV 1 1 BAA

•	(H) General or managing partner? Yes No		
line 37.)	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)		
990, Part IV,	(F) Disproportionate allocations?		
d 'Yes' to Form 5	Share of end-of-year assets		
ion answere	Are all partners section S01(c)(3) organizations/		
e if the organizat	tonganization conducture train investment particle (C) Legal domicile (state or foreign country)		
ership (Complete	ng exclusion for cer (B) Primary activity		
Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)	Provide the rollowing information for each entity taxed as a partnership through which the organization for certain investment partnerships that was not a related organization See instructions regarding exclusion for certain investment partnerships (C) Name, address, and EIN of entity Name, address, and EIN of entity Name, address, and EIN of entity Name, address, and EIN of entity Name, address, and EIN of entity Soliciol Signature of end-of-year assets Soliciol Signature of end-of-year assets Soliciol Signature of end-of-year assets In box 20 of m assets In box 20 of m assets In box 20 of m assets In box 20 of m assets Soliciol Signature of end-of-year assets In box 20 of m assets Nes No Yes No Yes No		

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

2009

Attachment Sequence No 67

Name(s) shown on return

GLAD TIDINGS INDIA

Business or activity to which this form relates

Identifying number 55-0865401

	m 990 / Form 990			450				
Par	t I 📜 Election To Exp Note: If you have a	oense Certain P ny listed property, c	roperty Under Sec complete Part V before y	t ion 179 vou complete Par	t I			
1	Maximum amount. See the						1	\$250,000.
2	Total cost of section 179 p	roperty placed in se	ervice (see instructions)				2	
3	Threshold cost of section 1	179 property before	reduction in limitation (see instructions)			3	\$800,000.
4	Reduction in limitation. Su	btract line 3 from lir	ne 2 If zero or less, ent	er -0-			4	
5	Dollar limitation for tax yes separately, see instruction	ar. Subtract line 4 fr	om line 1 If zero or les	s, enter -0- If ma	arried fili	ng	5	
		Description of property		(b) Cost (business	use only)	(c) Elected of		· · ·
		, Description of property		(2)	<u>,, </u>	(-,		
				+				
7	Listed property Enter the	amount from line 29	9 .	_' .	7			
8	Total elected cost of section), lines 6 and 7			8	
9	Tentative deduction. Enter	the smaller of line	5 or line 8 .				9	
10	Carryover of disallowed de		-				10	
11	Business income limitation					(see instrs)	11	
12	Section 179 expense dedu) ► 13	•	12	· · · · · · · · · · · · · · · ·
	Carryover of disallowed de Do not use Part II or Part				- 13			· · · · · · · · · · · · · · · · · · ·
			ce and Other Depre			lintad proporti	\ (Coo	unatrustions \
Pai	till Special Deprec	iation Allowant	te and Other Depre	CIALIOII (DO NO	tinciude	listed property) (See	Instructions)
14	Special depreciation allow tax year (see instructions)	ance for qualified p	roperty (other than lister	d property) place	d in serv	ice during the	14	
16	• •						15	
	Property subject to section		•				16	52.
	Other depreciation (includ		clude listed property) (See instructions)	· · · · ·		1 10	32.
Га	till a macks befie	Clation (Do not in	Sectio					
17			36000	417				,
	MACDS deductions for ass	cate placed in service	e in tay years heginnin	a before 2009			17	
17		·	ce in tax years beginnin				17	<u> </u>
18	If you are electing to group	o any assets placed	-		r more g	eneral ► □	17	
_	If you are electing to group asset accounts, check her	o any assets placed e	in service during the ta	ax year into one o				m
_	If you are electing to group asset accounts, check her Section E	any assets placed e B - Assets Placed i (b) Month and	n Service During 2009 (c) Basis for depreciation	x year into one o	he Genei (e)	ral Depreciatio	n Syste	(g) Depreciation
	If you are electing to group asset accounts, check her Section E	o any assets placed e B – Assets Placed i	in service during the ta	x year into one o	he Gener	ral Depreciatio	n Syste	
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18	If you are electing to group asset accounts, check her Section E (a) Classification of property	any assets placed e B - Assets Placed i (b) Month and year placed	n Service During 2009 (c) Basis for depreciation (business/investment use	x year into one o	he Genei (e)	ral Depreciatio	n Syste	(g) Depreciation
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193 193 193 193 193 193 203 193 193 193 193 193 193 193 193 193 19	If you are electing to group asset accounts, check her Section E (a) Classification of property a 3-year property 5-year property d 10-year property e 15-year property f 20-year property h Residential rental property Nonresidential real property Section C a Class life b 12-year c 40-year rt IV** Summary (See of the section of the sec	any assets placed in (b) Month and year placed in service - Assets Placed in - Assets Placed in service - Assets Placed in servi	n Service During 2009 (c) Basis for depreciation (business/investment use only — see instructions) Service During 2009 To	25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 27.5 yrs 40 yrs	MM MM MM MM MM MM MM MM MM MM MM MM	S/ S/ S/ S/ S/ S/ S/ S/ S/ S/ S/ S/ S/ S	L L L L L L Son Sys	(g) Depreciation deduction
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Form 4592 (2009) 55-0865401 Page 2 GLAD TIDINGS INDIA Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and 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) No 24b If 'Yes,' is the evidence written? Yes No Yes 24 a Do you have evidence to support the business/investment use claimed? **(f)** (h) (i) (b) (c) Business (e) Elected section 179 Basis for depreciation Type of property (list vehicles first) Date placed in service Cost or other basis Recovery period Method/ Depreciation investment (business/investment deduction use cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 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 Vehicle 5 Vehicle 4 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven Total miles driven during the year Add 33 lines 30 through 32 Yes No Yes No Yes No Yes No Yes No Yes No Was the vehicle available for personal use 34 during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person? Is another vehicle available for 36 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) Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your 38 employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the 40 vehicles, and retain the information received? 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) (c) (d) (e) **(f)** (a) Code section Amortization Date amortization Amortizable Amortization Description of costs for this year begins period or percentage Amortization of costs that begins during your 2009 tax year (see instructions)

43

44

43

Amortization of costs that began before your 2009 tax year

Total. Add amounts in column (f) See the instructions for where to report