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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) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHRISTIAN HERALD ASSOCIATION INC	D Employer identification number 13-1617086
	Doing Business As SEE SCHEDULE O	E Telephone number (212) 684-2800
	Number and street (or P O box if mail is not delivered to street address) 132 MADISON AVENUE	
	City or town, state or country, and ZIP + 4 NEW YORK, NY 100167004	
	F Name and address of principal officer EDWARD H MORGAN 132 MADISON AVENUE NEW YORK, NY 100167004	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.BOWERY.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1878
		M State of legal domicile NY

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities CHRISTIAN HERALD ASSOCIATION HAS SERVED NEW YORKERS IN NEED SINCE 1879 OUR GOAL IS SIMPLE TO BE THE MOST EFFECTIVE PROVIDER OF COMPASSIONATE CARE AND LIFE TRANSFORMATION FOR HURTING PEOPLE IN NEW YORK CITY (SEE SCHED O)																								
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>15</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>14</td></tr><tr><td>5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>5</td><td>186</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>1,236</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>7b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td></td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	15	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	186	6 Total number of volunteers (estimate if necessary)	6	1,236	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b Net unrelated business taxable income from Form 990-T, line 34	7b							
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Net Assets or Fund Balances	<table><tr><td></td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>20 Total assets (Part X, line 16)</td><td>23,595,708</td><td>23,292,850</td></tr><tr><td>21 Total liabilities (Part X, line 26)</td><td>1,108,440</td><td>1,007,615</td></tr><tr><td>22 Net assets or fund balances Subtract line 21 from line 20</td><td>22,487,268</td><td>22,285,235</td></tr></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	23,595,708	23,292,850	21 Total liabilities (Part X, line 26)	1,108,440	1,007,615	22 Net assets or fund balances Subtract line 21 from line 20	22,487,268	22,285,235												
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Part II	Signature Block
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<div>***** Signature of officer</div>	2012-03-07 Date			
	<div>ROBERT P DEPUE CFO / TREASURER Type or print name and title</div>				
Paid Preparer Use Only	Print/Type preparer's name LESLIE NIESKENS	Preparer's signature LESLIE NIESKENS	Date 2012-03-07	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ LAMBRIDES LAMOSTAYLOR LLP				Firm's EIN ▶
	Firm's address ▶ 81 LARKFIELD RD EAST NORTHPORT, NY 11731				Phone no ▶ (631) 754-4242

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒

1

Briefly describe the organization's mission

CHRISTIAN HERALD ASSOCIATION HAS SERVED NEW YORKERS IN NEED SINCE 1879 OUR GOAL IS SIMPLE TO BE THE MOST EFFECTIVE PROVIDER OF COMPASSIONATE CARE AND LIFE TRANSFORMATION FOR HURTING PEOPLE IN NEW YORK CITY (SEE SCHED O)

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ Yes ☐ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 6,020,248 including grants of \$ 1,290,193) (Revenue \$)

THE BOWERY MISSION - SEE PART III, LINE 1

4b

(Code) (Expenses \$ 1,752,590 including grants of \$ 73,520) (Revenue \$)

KIDS WITH A PROMISE AND MONT LAWN CAMP AND RETREAT CENTER - SEE PART III, LINE 1

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d



















Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 7,772,838

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 (see instruction)? 	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	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
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	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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b 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. 	11b Yes	
c 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. 	11c	No
d 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. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school 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 United States?	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 United States? If "Yes," complete Schedule F, Parts I and IV	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 U S ? If "Yes," complete Schedule F, Parts II and IV	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 U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
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 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: See instructions for 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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 services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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.		
11 Section 501(c)(12) organizations. Enter			
a	Gross income from 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?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a Did the organization receive any payments for indoor tanning services during the tax year?			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		No

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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 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
18	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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
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.
20	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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDWARD H MORGAN PRESIDENT/CE	36 00	X		X				134,414	0	81,850
(2) NICHOLAS J DEMARCO DIRECTOR	1 00	X						0	0	0
(3) DUDLEY DIEBOLD DIRECTOR	1 00	X						0	0	0
(4) DOUGLAS MARC JOHN - UNTIL 12152010 DIRECTOR	1 00	X						0	0	0
(5) VICTOR J HUEBNER DIRECTOR	1 00	X						0	0	0
(6) DONALD KOLOWSKY DIRECTOR	1 00	X						0	0	0
(7) BRUCE MAASBACH DIRECTOR	1 00	X						0	0	0
(8) JAN NAGEL CHAIRMAN	1 00	X		X				0	0	0
(9) MIGUEL SANCHEZ DIRECTOR	1 00	X						0	0	0
(10) PAMELA LEGGETT DIRECTOR	1 00	X						0	0	0
(11) DANIEL NESS DIRECTOR	1 00	X						0	0	0
(12) THOMAS R VOGLEY DIRECTOR	1 00	X						0	0	0
(13) VAUGHN WEIMER DIRECTOR	1 00	X						0	0	0
(14) HENRY HIGDON DIRECTOR	1 00	X						0	0	0
(15) STACY HOCK DIRECTOR	1 00	X						0	0	0
(16) CHARLES W VETH DIRECTOR	1 00	X						0	0	0

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	357,158		132,308

2 Total number of individuals (including but not limited to those listed above) 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 "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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	701,730
COMMUNICATION CORP OF AMERICA 13195 FREEDOM WAY BOSTON, VA 22713	FUNDR MAILINGS	229,668

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►2

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,250,987			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	40,192			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,264,984			
	g	Noncash contributions included in lines 1a-1f \$		4,005,386			
	h	Total. Add lines 1a-1f		10,556,163			
	Program Service Revenue			Business Code			
2a		RETREAT CENTER & CAMP FEES		376,252	376,252		
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		376,252			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		536,435		536,435
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ 1,250,987 of contributions reported on line 1c) See Part IV, line 18					
		a		199,634			
		b	Less direct expenses	b	185,204		
	c	Net income or (loss) from fundraising events		14,430		14,430	
	9a	Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11a	OTHER INCOME		47,504			47,504	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		47,504				
12	Total revenue. See Instructions		12,044,979	890,447		598,369	

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
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,363,713	1,363,713		
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	442,395	186,379	256,016	
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	2,768,882	1,760,504	382,427	625,951
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	60,505	37,150	12,692	10,663
9	Other employee benefits	338,843	235,581	34,274	68,988
10	Payroll taxes	233,178	138,562	47,050	47,566
a	Fees for services (non-employees) Management				
b	Legal	9,678		9,678	
c	Accounting	49,707		49,707	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	964,549			964,549
f	Investment management fees				
g	Other	357,770	167,015	132,354	58,401
12	Advertising and promotion	23,177			23,177
13	Office expenses	211,705	76,020	60,856	74,829
14	Information technology				
15	Royalties				
16	Occupancy	527,456	452,239	67,702	7,515
17	Travel	231,072	197,178	17,983	15,911
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	28,546	9,348	11,502	7,696
20	Interest	1,300	286	962	52
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	381,612	320,012	48,632	12,968
23	Insurance	118,320	100,641	16,441	1,238
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FOOD	2,031,655	2,031,655		
b	PROGRAM SUPPLIES	621,777	607,988	13,789	
c	POSTAGE	242,009	636	3,929	237,444
d	MISCELLANEOUS	140,722	10,707	7,174	122,841
e	EQUIPMENT RENTAL & MAINT	123,205	54,532	44,298	24,375
f	All other expenses	117,492	22,692	65,762	29,038
25	Total functional expenses. Add lines 1 through 24f	11,389,268	7,772,838	1,283,228	2,333,202
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			343,261	1	511,481
	2	Savings and temporary cash investments			137,516	2	500,011
	3	Pledges and grants receivable, net			20,000	3	56,000
	4	Accounts receivable, net			74,980	4	112,231
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			195,082	9	235,254
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	13,029,072			
	b	Less: accumulated depreciation	10b	5,779,784	5,730,240	10c	7,249,288
	11	Investments—publicly traded securities			15,384,733	11	13,081,257
	12	Investments—other securities. See Part IV, line 11			1,619,034	12	1,499,026
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			90,862	15	48,302
16	Total assets. Add lines 1 through 15 (must equal line 34)			23,595,708	16	23,292,850	
Liabilities	17	Accounts payable and accrued expenses			423,737	17	455,382
	18	Grants payable				18	
	19	Deferred revenue			67,625	19	72,032
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			617,078	25	480,201
	26	Total liabilities. Add lines 17 through 25			1,108,440	26	1,007,615
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			15,439,549	27	14,766,134
	28	Temporarily restricted net assets			51,706	28	643,096
	29	Permanently restricted net assets			6,996,013	29	6,876,005
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			22,487,268	33	22,285,235
34	Total liabilities and net assets/fund balances			23,595,708	34	23,292,850	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,044,979
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,389,268
3	Revenue less expenses Subtract line 2 from line 1	3	655,711
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,487,268
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-857,744
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	22,285,235

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

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

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,773,701	8,896,472	15,293,253	9,362,715	10,556,163	50,882,304
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 lines 1 through 3	6,773,701	8,896,472	15,293,253	9,362,715	10,556,163	50,882,304
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)						5,467,692
6 Public Support. Subtract line 5 from line 4						45,414,612

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,773,701	8,896,472	15,293,253	9,362,715	10,556,163	50,882,304
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	475,702	437,587	328,501	550,819	536,435	2,329,044
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)	64,443	76,614	22,400	17,874	47,504	228,835
11 Total support (Add lines 7 through 10)						53,440,183
12 Gross receipts from related activities, etc (See instructions)					12	2,578,194
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	84 980 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	83 480 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	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? <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	
6	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 <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
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 taxable year ▶ _____											
4	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, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

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	▶ \$ _____
2	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	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	9,734,613	8,827,609	8,798,526	
b	Contributions				
c	Investment earnings or losses	-218,777	907,004	29,083	
d	Grants or scholarships				
e	Other expenditures for facilities and programs	450,000	852,719	165,744	
f	Administrative expenses				
g	End of year balance	9,065,836	9,734,613	8,827,609	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

3a(i)

No

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		943,750		943,750
b Buildings		7,778,590	3,776,646	4,001,944
c Leasehold improvements				
d Equipment		2,425,551	2,003,138	422,413
e Other		1,881,181		1,881,181
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				7,249,288

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,044,979
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,389,268
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	655,711
4	Net unrealized gains (losses) on investments	4	-875,868
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	18,124
9	Total adjustments (net) Add lines 4 - 8	9	-857,744
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-202,033

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	11,143,635
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-875,868
b	Donated services and use of facilities	2b	94,532
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-120,008
e	Add lines 2a through 2d	2e	-901,344
3	Subtract line 2e from line 1	3	12,044,979
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)	4b	
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	12,044,979

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	11,345,668
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	94,532
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	-138,132
e	Add lines 2a through 2d	2e	-43,600
3	Subtract line 2e from line 1	3	11,389,268
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
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	11,389,268

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 IV, 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. Also complete this part to provide any additional information.

Identifier	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, WOMEN'S 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	CHRISTIAN HERALD'S CURRENT ACCOUNTING POLICY IS TO DISCLOSE LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR IS IT AWARE OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX.
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS -120,008. CHANGE IN LIABILITY FOR POST RETIREMENT BENEFITS 138,132.
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS -120,008.
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	CHANGE IN LIABILITY FOR POST RETIREMENT BENEFITS -138,132.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
CHRISTIAN HERALD ASSOCIATION INC

Employer identification number
13-1617086

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

b

☒

Internet and e-mail solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☒

Special fundraising events

2a

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 services?

☒ Yes ☐ No

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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MERKLE INC PO BOX 64046 BALTIMORE, MD 212644046	MAILINGS		No		731,178	-731,178
DOUGLAS SHAW & ASSOCIATES 1717 PARK STREET SUITE 300 NAPERVILLE, IL 60563	TEXT CAMPG		No		79,578	-79,578
GRIZZARD COMMUNICATIONS GROUP INC 229 PEACHTREE ST NE SUITE 1400 ATLANTA, GA 30303	EMAIL APL		No		71,966	-71,966
THE FOCUS GROUP LLC 521 A1A BEACH BLVD ST AUGUSTINE, FL 32080	CAP CAMPGN		No		46,734	-46,734
INFOGROUP NONPROFIT 1020 EAST 1ST STREET PAPILLION, NE 68046	MAILINGS		No		20,856	-20,856
MDS COMMUNICATIONS CORPORATION 545 WEST JUANITA AVE MESA, AZ 85210	TELEMARKET		No		14,237	-14,237
Total ▶					964,549	

3

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.

AK, FL, AZ, GA, KY, LA, MD, MN, MS, NH, NM, NC, ND, PA, TN, VA, WA, WV, WI, NY

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		VALENTINE GALA (event type)	BROADWAY @ GREE (event type)	3 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	1,047,230	140,155	263,236
	2	Less Charitable contributions	976,390	90,175	184,422
	3	Gross income (line 1 minus line 2)	70,840	49,980	78,814
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	79,800	41,879	33,625
	7	Food and beverages			6,000
	8	Entertainment	5,200	11,000	7,700
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					14,430

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9

Enter the state(s) in which the organization operates gaming activities

a

Is the organization licensed to operate gaming activities in each of these states?

☐ Yes

☐ No

b

If "No," Explain

10a

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes

☐ No

b

If "Yes," Explain

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

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?

Yes

No

b

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

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

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 \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRISTIAN HERALD ASSOCIATION INC

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
13-1617086

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part III

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 section 501(c)(3) and government organizations

25

3

Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE ONLY CASH GRANTS GENERALLY PROVIDED BY CHRISTIAN HERALD ARE MADE TO A RELATED ORGANIZATION, CHRISTIAN HERALD HOUSING DEVELOPMENT FUND CORPORATION (CHHDFC) THE CFO OF CHRISTIAN HERALD CLOSELY MONITORS THE USE OF THESE FUNDS TO ENSURE THEY ARE BEING USED FOR THE COMMON GOAL OF BOTH ORGANIZATIONS, NAMELY PROVIDING COMPASSIONATE CARE AND LIFE TRANSFORMATION FOR HURTING PEOPLE IN NEW YORK CITY IN ADDITION, THE YOUNG SCHOLARS PROGRAM (SEE SCHEDULE O) PROVIDES CASH GRANTS FOR NEEDY CHILDREN TO ATTEND A CHRISTIAN SCHOOL THE USE OF NON-CASH ASSISTANCE, SURPLUS FOOD, BY EACH OF THE RECIPIENTS IS VERIFIED BY A CHRISTIAN HERALD EMPLOYEE TO ENSURE THAT SURPLUS FOOD GOES TO ASSIST HURTING PEOPLE IN NEW YORK CITY THROUGH OTHER 501(C)(3) CHARITIES

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL NATIONS BAPTIST CHURCH8676 80TH STREET WOODHAVEN,NY 11412	11-1761498	3		135,939	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
ANTIOCH BAPTIST CHURCH41 W 124TH ST NEW YORK,NY 10027	62-7002419	3		88,100	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
BETEL OF AMERICA26-02 4TH ST ASTORIA,NY 11102	56-1801715	3		59,619	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
BETHESDA MISSION2101 NORTH FRONT STREET BUILDING 1 SUITE 301 HARRISBURG,PA 17110	23-1389397	3		33,456	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
BREAD OF LIFE35 N FRONT STREET NEWPORT,PA 17074	23-1988339	3		109,598	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
CALVARY CHAPEL30 MAPLE PARKWAY STATEN ISLAND,NY 10303	13-3260772	3		5,520	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
CHRISTIAN HERALD HOUSING132 MADISON AVENUE NEW YORK,NY 10016	13-3482114	3	57,000				PROGRAM SUPPORT
EASTCHESTER CHURCH INC3020 EASTCHESTER ROAD BRONX,NY 10469	13-3998608	3		35,844	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
EVANGELICAL CHRISTIAN CHURCH3921 CRESCENT STREET LONG ISLAND CITY,NY 11101	80-0199724	3	22,955				PROGRAM SUPPORT
EVANGELICAL POWER IN ACTION CHURCH1841 FLATBUSH AVENUE BROOKLYN,NY 11210	11-3528154	3		10,685	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
FRANKLIN JUNIORS FOUNDATION95 E 161 ST BRONX,NY 104512205	11-3697239	3		84,291	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
FRIENDSHIP BAPTIST CHURCH144 W 131 ST NEW YORK,NY 10027	34-2061137	3		6,663	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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY APOSTLES296 9TH AVE NEW YORK,NY 10001	13-2892297	3		27,818	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
INTERFAITH COMMUNITY SERVICES73 EAST 3RD ST NEW YORK,NY 10003	11-3684335	3		18,005	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
INTERNATIONAL RELIEF SERVICES114 S PENNSYLVANIA STREET MARION,IN 46952	72-1272954	3		250,875	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
KING OF KINGS LORD OF LORDS226 EDGECOMBE AVENUE NEW YORK,NY 10030				10,838	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
LIGHT OF HOPE MINISTRY PO BOX 567 EPHRATA,PA 17522	20-8597936	3		174,489	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
LIVING HOPE CHRISTIAN MINISTRIES107-55 166TH ST JAMAICA,NY 11433	90-0358576	3		15,412	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
LIVING WATERS FELLOWSHIP265 STANHOPE ST BROOKLYN,NY 11237	11-2565515	3		40,755	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
MANHATTAN CHRISTIAN ACADEMY401 WEST 205TH STREET NEW YORK,NY 10034	68-0588257	3	50,565				PROGRAM SUPPORT
METROPOLITAN BAPTIST CHURCH151 W 128TH ST NEW YORK,NY 10027	13-6001410	3		21,246	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
MIRACLE CHRISTIAN CENTER139-141 AUBURN ST PATERSON,NJ 07501	22-3697167	3		15,797	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
NYC RESCUE MISSION90 LAFAYETTE STREET NEW YORK,NY 10019	13-9956794	3		12,506	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
SALVATION ARMY225 BOWERY STREET NEW YORK,NY 10002	13-1740429	3		19,180	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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY LOWER EAST SIDE LUTHERAN602 E 9TH ST NEW YORK, NY 10009	13-1987477	3		5,775	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
CHRISTIAN HERALD ASSOCIATION INC

Employer identification number
13-1617086

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EDWARD H MORGAN	(i) (ii)	134,414				81,850	216,264	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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	Ret urn Reference	Explanat ion
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	THE PRESIDENT / CHIEF EXECUTIVE OFFICER AND VICE PRESIDENT OF OPERATIONS RECEIVED HOUSING BENEFITS FOR THE CALENDAR YEAR ENDING 12/31/2010 VALUED AT 48,000 AND 24,000 RESPECTIVELY

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization
CHRISTIAN HERALD ASSOCIATION INC

Employer identification number
13-1617086

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		328,334	VALUE BASED ON WEIGHT
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	4	515,027	STOCK EXCHANGE QUOTES
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				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory	X	5,699	3,080,051	VALUE BASED ON WEIGHT
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (<u>SUPPLIES/OTHER</u>)	X	546	81,974	ESTIMATED VALUE
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			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?		Yes	No
b	If "Yes," describe the arrangement in Part II			No
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 checked, describe in Part II			

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.

Identifier	Return Reference	Explanation
THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS	SCHEDULE M, PAGE 1, PART I, LINE 32B	THE ORGANIZATION USES A BROKER FOR STOCK DONATIONS
SUPPLEMENTAL INFORMATION	SCHEDULE M, PAGE 2, PART II	CHRISTIAN HERALD ASSOCIATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN B OF SCHEDULE M, PART I

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization CHRISTIAN HERALD ASSOCIATION INC	Employer identification number 13-1617086
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Identifier	Return Reference	Explanation
DOING BUSINESS AS	FORM 990, PAGE 1, ITEM C	THE BOWERY MISSION KIDS WITH A PROMISE MONT LAWN CAMP AND RETREAT CENTER

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	<p>CHRISTIAN HERALD ASSOCIATION, DOING BUSINESS AS THE BOWERY MISSION AND KIDS WITH A PROMISE, HAS SERVED NEW YORKERS IN NEED SINCE 1879. OUR GOAL IS SIMPLE: TO BE THE MOST EFFECTIVE PROVIDER OF 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 132 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 IMMEDIATE, 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, DAILY OVERNIGHT SHELTER IN THE WINTER, SHOWERS, HAIRCUTS AND CLOTHING, A WEEKLY MEDICAL CLINIC AND MONTHLY OPTOMETRIC CLINIC, AND OUTREACH TO STREET CORNERS AND PARKS IN MANHATTAN AND BROOKLYN. EACH SERVICE WE PROVIDE IS AN INVITATION TO A DEEPER LIFE CHANGE. WE FACILITATE 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, COMPUTER AND VOCATIONAL SKILLS TRAINING, AND JOB PREPARATION, AND PARTICIPATION IN DAILY WORK, WORSHIP, AND BIBLE STUDIES. IN 2011, 90 MEN AND WOMEN GRADUATED FROM OUR TWO RESIDENTIAL RECOVERY PROGRAMS: THE BOWERY MISSION DISCIPLESHIP INSTITUTE AND THE BOWERY MISSION WOMEN'S 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 A PLACE TO LIVE, 5. HAVE A PLAN FOR THE FUTURE. OUR CHILDREN'S PROGRAMS, KNOWN COLLECTIVELY AS KIDS WITH A PROMISE, REACH OUT TO HIGHLY AT-RISK CHILDREN THROUGH A COORDINATED PROGRAM WHICH EFFECTIVELY AND MEASURABLY CHANGES THEIR LIFE DIRECTION. CHILDREN AND THEIR FAMILIES ARE PROVIDED YEAR-ROUND WITH CHARACTER-BUILDING MENTORING, ACADEMIC TUTORING, AND HORIZON-BROADENING EXPERIENCES. PROGRAMS INCLUDE MONTLAWN CAMP, THE LEADERSHIP ACADEMY FOR TEENAGERS, AND YOUNG SCHOLARS FOR ELEMENTARY SCHOOL CHILDREN. IN 2011, IN ADDITION TO OUR 90 GRADUATES, THE BOWERY MISSION PROVIDED APPROXIMATELY 369,200 MEALS, 30,500 BAGS OF GROCERIES, 79,300 NIGHTS OF SHELTER, AND 53,200 ARTICLES OF CLOTHING, AS WELL AS SHOWERS, HAIRCUTS, 511 PROFESSIONAL DOCTORS APPOINTMENTS AND 92 EYE EXAMINATIONS AT OUR IN-HOUSE CLINIC. KIDS WITH A PROMISE SERVED MORE THAN 1,000 CHILDREN WITH SUMMER CAMP AND YEAR-ROUND MENTORING AND EDUCATIONAL OPPORTUNITIES. OUR WORK WAS SUPPORTED BY MORE THAN 33,800 DONORS, 63,500 VOLUNTEER HOURS, AND 3,490,359 OF IN-KIND DONATIONS.</p>

Identifier	Return Reference	Explanation
ANY SIGNIFICANT NEW PROGRAM SERVICES NOT LISTED ON A PRIOR RETURN	FORM 990, PAGE 2, PART III, LINE 2	DURING 2011, CHRISTIAN HERALD ASSOCIATION BEGAN A NEW PROGRAM SERVICE WITHIN ITS OVERALL PROGRAM CALLED FRESH START CLEANING THE PURPOSE OF THE CHRISTIAN HERALD ASSOCIATION AND FRESH START CLEANING IS TO SEE LIVES TRANSFORMED TO HOPE, JOY , AND LASTING PRODUCTIVITY AND ETERNAL LIFE THROUGH THE POWER OF JESUS CHRIST AS A COMPLEMENT TO, AND CONTINUATION OF, THE WORK BEGUN IN THE CAREER CENTERS WE WILL PROVIDE A TRANSITIONAL JOB AND A SEASON OF INTENSE TRAINING FOR MEN AND WOMEN COMING OUT OF OUR PROGRAMS EQUIPPING THEM TO FLOURISH NOT ONLY IN THE NEXT JOB BUT IN ALL FUTURE JOBS

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 WILL BE REVIEWED AND APPROVED BY THE FINANCE AND AUDIT COMMITTEE PRIOR TO FILING COPIES OF THE 990 WILL ALSO BE PROVIDED TO THE FULL BOARD

Identifier	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

Identifier	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

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	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

Identifier	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

Identifier	Return Reference	Explanation
RELATED ORGANIZATIONS	FORM 990, PAGE 7, PART VII	AVERAGE HOURS PER WEEK SPENT BY OFFICERS AND DIRECTORS WORKING AT A RELATED ORGANIZATION, CHRISTIAN HERALD HOUSING DEVELOPMENT FUND CORPORATION (CHHDFC), IS AS FOLLOWS EDWARD H MORGAN - PRESIDENT / CEO - 4 HOURS ROBERT DEPUE - CFO - 4 HOURS BRIAN JOHANSSON - VP OF OPERATIONS - 10 HOURS BOARD OF DIRECTORS (ALL) - 10 HOURS EACH

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS INCLUDE CHANGE IN LIABILITY FOR POST-RETIREMENT BENEFITS 138,132 CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS (120,008) UNREALIZED LOSS ON INVESTMENTS (875,868) ----- TOTAL OTHER CHANGES IN NET ASSETS (857,744) _____

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHRISTIAN HERALD ASSOCIATION INC

Employer identification number
13-1617086

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

(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 Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CHRISTIAN HERALD HOUSING DEVELOPMENT FUND CORP 132 MADISON AVENUE NEW YORK, NY 100167004 13-3482114	CHARITY	NY	501C3	7	NA		No
(2) HEARTSEASE HOME INC 216 EAST 70TH STREET NEW YORK, NY 10021 13-1857760	CHARITY	NY	501C3	7	NA		No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with 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

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CHRISTIAN HERALD HOUSING DEVELOPMENT FUND CORP	B	57,000	
(2) CHRISTIAN HERALD HOUSING DEVELOPMENT FUND CORP	K	85,000	
(3) CHRISTIAN HERALD HOUSING DEVELOPMENT FUND CORP	D	88,433	
(4) HEARTSEASE HOME INC	J	12,000	
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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