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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
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 David C Cook

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 4050 Lee Vance View

City or town, state or country, and ZIP + 4
 Colorado Springs, CO 80918

D Employer identification number
 36-6008100

E Telephone number
 (719) 536-0100

G Gross receipts \$ 62,743,796

F Name and address of principal officer
 Scott Miller COO
 4050 Lee Vance View
 Colorado Springs, CO 80918

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: ▶ www.davidccook.com

K Form of organization Corporation Trust Association Other ▶ **L** Year of formation 1944 **M** State of legal domicile IL

Part I Summary

| | | | |
|---|---|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities TO EQUIP THE CHURCH WITH CHRIST-CENTERED RESOURCES FOR MAKING AND TEACHING DISCIPLES WHO OBEDIENTLY TRANSFORM TODAY'S GENERATIONS SEE SCHEDULE O FOR BIBLICAL STATEMENT OF PURPOSE AND CORE VALUES | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 10 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 257 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 778,257 | 1,191,791 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,364,225 | 999,905 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 21,800,466 | 26,336,672 |
| | 12 | 23,942,948 | 28,528,368 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 123,000 | 95,021 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 12,534,400 | 16,986,061 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 562,549 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 10,357,066 | 19,332,257 |
| | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 23,014,466 | 36,413,339 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 928,482 | -7,884,971 | |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 115,619,932 | 136,608,166 |
| | 21 Total liabilities (Part X, line 26) | 24,117,105 | 54,527,184 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 91,502,827 | 82,080,982 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *****
 Date: 2013-04-15

Scott Miller COO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Rita F Worster CPA
 Date: _____
 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: BKD LLP, 111 South Tejon Suite 800, Colorado Springs, CO 809039848
 Preparer's taxpayer identification number (see instructions): _____
 EIN: _____
 Phone no: (719) 471-4290

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
TO EQUIP THE CHURCH WITH CHRIST-CENTERED RESOURCES FOR MAKING AND TEACHING DISCIPLES WHO OBEDIENTLY TRANSFORM TODAY'S GENERATIONS SEE SCHEDULE O FOR BIBLICAL STATEMENT OF PURPOSE AND CORE VALUES

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 29,778,779 including grants of \$) (Revenue \$ 14,521,156)
LEADING NONPROFIT PROVIDER OF GLOBAL CHRISTIAN RESOURCES INCLUDING BOOKS, SUNDAY SCHOOL CURRICULUM, MUSIC AND OTHER CHRISTIAN CONTENT Sunday School Curriculum The mission statement of Church Ministries is to partner with the local church by providing biblical products and services that help the church accomplish its mission to evangelize and disciple this generation for Christ This program publishes and prints Bible-based Sunday School curriculum In addition, it develops and distributes additional evangelical products that serve the church These products provide innovative and practical tools to use in a wide range of Christian ministries Products range from children's church materials to youth and adult electives and training materials for pastors, teachers, and administrators The products are sold through Christian bookstores and directly to churches Christian Book Publishing The mission statement of book publishing is to assist in the spiritual growth of each member of the family by producing and distributing Christian products which foster saving faith, increased understanding of the Bible, and promote the application of Christian values in everyday life The products, which include books, CD ROMs, games, and toys, equip the family to reinforce the spiritual growth process that is being initiated in the church The products are prayerfully crafted to fit their prime audience and are inspirational, fun, creative, and provide sound Christian education The products are sold through various channels which include Christian bookstores, religious and general distributors, American Booksellers Association bookstores and ministries Integrity Music David C Cook purchased Integrity Music in June of 2011, becoming part of the music ministry with Cook's already established Kingsway out of Eastbourne, England In November of 2011, both organizations became one and operate under the widely recognized name of Integrity Music The mission statement of Integrity Music is helping people worldwide experience the manifest presence of God This program is dedicated to mentoring and developing songwriters who produce worship songs of substance, the very sort of songs that feed the church with a message that changes the world In addition, Integrity Music produces products, which include CD's, EP's, LP's, DVD's, from worship leaders who explore and articulate faith in Jesus as well as words that build, inspire and instruct disciples Overall, Integrity's songwriters and artists are found in many parts of the world and share David C Cook's view of the importance of discipleship, and see the role that songs play in helping strengthen, inspire and build the church The products are sold through various channels which include Christian bookstores, religious and general distributors, ministries and direct to consumers thru various websites

4b (Code) (Expenses \$ 3,043,453 including grants of \$ 95,021) (Revenue \$ 3,430,740)
GLOBAL MISSION ONE OF THE MOST IMPORTANT ISSUES OF OUR TIME IS CHILDREN AROUND THE WORLD WHO ARE ORPHANED, ABANDONED, OR ABUSED WHILE MANY GOOD PROGRAMS EXIST TO HELP THEM WITH PHYSICAL NEEDS LIKE FOOD, SHELTER AND EDUCATION, FAR TOO LITTLE IS DONE TO ADDRESS THEIR SIGNIFICANT EMOTIONAL, SOCIAL, AND SPIRITUAL NEEDS GLOBAL MISSION, THE INTERNATIONAL ARM OF DAVID C COOK, PROVIDES AN EXTENSIVE CHILDREN'S PROGRAM THAT CHURCHES, ORPHANAGES, AND OTHER GROUPS USE TO FOSTER INNER HEALING WITH CHILDREN WHO HAVE WOUNDED HEARTS CURRENTLY, THESE PROGRAMS SERVE APPROXIMATELY 20 MILLION CHILDREN A YEAR

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 \$ 32,822,232

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)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/> | Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/> | Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> | | 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? <i>If "Yes," complete Schedule C, Part II.</i> | | 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? <i>If "Yes," complete Schedule C, Part III.</i> | | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/> | Yes | |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/> | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/> | | 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? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/> | | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/> | 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? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/> | 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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/> | | No |
| 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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/> | Yes | |
| 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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/> | Yes | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/> | 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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/> | | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/> | | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/> | Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | Yes | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> <input checked="" type="checkbox"/> | Yes | |
| 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? <i>If "Yes," complete Schedule F, Part II and IV.</i> <input checked="" type="checkbox"/> | | 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? <i>If "Yes," complete Schedule F, Part III and IV.</i> <input checked="" type="checkbox"/> | | 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? <i>If "Yes," complete Schedule G, Part I.</i> | | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> | | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> | | No |
| 20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> | | No |
| b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements. | | |

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 | Yes | |
| 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 questions 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 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 | |
| 35a Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | Yes | |
| b 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> | 35b | Yes | |
| 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 [X]

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (10), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: IL, MN, MS, PA, SC, TN, WV
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 made these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made 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. THE ORGANIZATION, 4050 LEE VANCE VIEW, Colorado Springs, CO 80918, (719) 536-0100

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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) DR DAVID BAER SECRETARY | 5 0 | X | | X | | | | 5,000 | 0 | 0 |
| (2) MR EDRIC GREEN VICE-CHAIR | 5 0 | X | | X | | | | 5,000 | | 0 |
| (3) DR JEANETTE HSIEH TRUSTEE | 5 0 | X | | | | | | 5,000 | | 0 |
| (4) MR DENNIS JOHNSON TREASURER | 5 0 | X | | X | | | | 6,500 | | 0 |
| (5) MR WILLIAM JOHNSTON TRUSTEE | 5 0 | X | | | | | | 5,500 | | 0 |
| (6) MR JOSEPH KOCH CHAIR ELECT | 5 0 | X | | | | | | 2,500 | | 0 |
| (7) MR DAVID ROGERS TRUSTEE | 5 0 | X | | | | | | 5,000 | | 0 |
| (8) MR JOHN ROTE CHAIRMAN | 5 0 | X | | X | | | | 5,000 | | 0 |
| (9) MR RICHARD SATTERFIELD TRUSTEE | 5 0 | X | | | | | | 2,500 | | 0 |
| (10) DR DOUG SHAW TRUSTEE | 5 0 | X | | | | | | 5,000 | | 0 |
| (11) MR CRIS DOORBOS CEO | 40 0 | | | X | | | | 483,724 | | 20,082 |
| (12) MR SCOTT MILLER CHIEF OPERATING OFFICER | 40 0 | | | X | | | | 258,084 | | 9,232 |
| (13) MR DANIEL RICH CHIEF PUBLISHING OFFICER | 40 0 | | | | X | | | 254,341 | | 14,402 |
| (14) MR RYAN DUNHAM PRESIDENT, INTEGRITY MUSIC | 40 0 | | | | X | | | 262,254 | | 18,082 |
| (15) MR ERIC THURMAN PRESIDENT, GLOBAL MISSION | 40 0 | | | | X | | | 194,425 | | 15,402 |
| (16) MR MIKE HASTINGS SR DIR-LOGISTICS & INVENTORY | 40 0 | | | | | X | | 133,752 | | 5,020 |
| (17) MR DONALD PAPE VP, TRADE PUBLISHING | 40 0 | | | | | X | | 133,170 | | 11,667 |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| (18) MRS MARLENE LEFEVER-RISLEY VP, EDUCATIONAL DEVELOPMENT | 40 0 | | | | | X | | 132,284 | | 11,702 |
| (19) MR STEVEN BRENNER SR DIR-INFORMATION TECHNOLOGY | 40 0 | | | | | X | | 124,186 | | 13,872 |
| (20) MR BRAD NILSEN SR DIR - SALES | 40 0 | | | | | X | | 123,691 | | 36,491 |
| (21) MR RALPH GATES FORMER SR VP-INTL MINISTRIES | 0 0 | | | | | | X | 170,263 | | 0 |
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| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 2,317,174 | 0 | 155,952 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **19**

| | 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 Yes | |
| 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 Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| SCHWAB CHARITABLE TRUST FUND 211 MAIN STREET SAN FRANCISCO, CA 94105 | AUTHOR | 1,051,505 |
| HINSHAW CULBERTSON LLP 8142 SOLUTIONS CENTER DRIVE CHICAGO, IL 60677 | legal | 830,616 |
| FLANNEL 4555 WILSON AVE SW STE 1 GRANDVILLE, MI 49418 | PRODUCT DEVELOPMENT | 475,000 |
| SANDBOX LTD PO BOX 2101 LINDALE, TX 75771 | MUSIC ROYALTIES | 473,390 |
| GATEWAY CHURCH 500 S NOLEN DR STE 300 SOUTHLAKE, TX 76092 | MUSIC ROYALTIES | 435,707 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **36**

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) 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 | | | | | |
| | d | Related organizations 1d | | | | | |
| | e | Government grants (contributions) 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 1,191,791 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ <u>99,497</u> | | | | | |
| | h | Total. Add lines 1a-1f ▶ | 1,191,791 | | | | |
| Program Service Revenue | 2a | _____ Business Code _____ | | | | | |
| | b | _____ | | | | | |
| | c | _____ | | | | | |
| | d | _____ | | | | | |
| | e | _____ | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f ▶ | 0 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) ▶ | 999,325 | | | 999,325 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . ▶ | 0 | | | | |
| | 5 | Royalties ▶ | 8,361,406 | | | 8,361,406 | |
| | 6a | (i) Real | | | | | |
| | | (ii) Personal | | | | | |
| | | Gross rents | 23,370 | | | | |
| | | Less rental expenses | | | | | |
| | c | Rental income or (loss) | 23,370 | | | | |
| | d | Net rental income or (loss) ▶ | 23,370 | | | 23,370 | |
| | 7a | (i) Securities | | | | | |
| | | (ii) Other | | | | | |
| | | Gross amount from sales of assets other than inventory | 10,001,214 | | | | |
| | | Less cost or other basis and sales expenses | 10,000,634 | | | | |
| | c | Gain or (loss) | 580 | | | | |
| | d | Net gain or (loss) ▶ | 580 | | | 580 | |
| 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a | | | | | | |
| b | Less direct expenses b | | | | | | |
| c | Net income or (loss) from fundraising events . . . ▶ | 0 | | | | | |
| 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 . . . ▶ | 0 | | | | | |
| 10a | Gross sales of inventory, less returns and allowances a | 42,140,915 | | | | | |
| b | Less cost of goods sold b | 24,214,794 | | | | | |
| c | Net income or (loss) from sales of inventory . . . ▶ | 17,926,121 | 17,926,121 | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | MISC INCOME | 900099 | 25,775 | 25,775 | | | |
| b | _____ | | | | | | |
| c | _____ | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d ▶ | | 25,775 | | | | |
| 12 | Total revenue. See Instructions ▶ | | 28,528,368 | 17,951,896 | 9,384,681 | | |

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)

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

| 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 United States See Part IV, line 21 | 78,521 | 78,521 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 16,500 | 16,500 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,591,255 | 822,659 | 768,596 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 11,187,742 | 10,151,102 | 754,216 | 282,424 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 1,078,326 | 1,044,481 | 31,320 | 2,525 |
| 9 | Other employee benefits | 2,160,255 | 1,930,530 | 197,322 | 32,403 |
| 10 | Payroll taxes | 968,483 | 869,521 | 85,939 | 13,023 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 0 | | | |
| b | Legal | 708,260 | 405,008 | 301,401 | 1,851 |
| c | Accounting | 174,677 | 38,986 | 135,691 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 35,047 | | 35,047 | |
| g | Other | 3,948,012 | 3,772,683 | 92,100 | 83,229 |
| 12 | Advertising and promotion | 2,974,602 | 2,878,221 | 5,020 | 91,361 |
| 13 | Office expenses | 838,788 | 750,524 | 70,346 | 17,918 |
| 14 | Information technology | 522,261 | 496,629 | 25,632 | |
| 15 | Royalties | 4,580 | 4,580 | | |
| 16 | Occupancy | 555,203 | 433,019 | 120,944 | 1,240 |
| 17 | Travel | 1,107,807 | 854,553 | 227,801 | 25,453 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 504,987 | 496,621 | 948 | 7,418 |
| 20 | Interest | 1,056,739 | 1,056,739 | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 6,015,378 | 5,996,771 | 18,607 | |
| 23 | Insurance | 392,044 | 296,145 | 95,899 | |
| 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 | PROGRAM DEVELOPMENT/PRINTING | 309,352 | 304,991 | 1,509 | 2,852 |
| b | MEMBERSHIPS & SUBSCRIPTIONS | 140,575 | 79,503 | 60,220 | 852 |
| c | BAD DEBT EXPENSE | 20,833 | 20,833 | | |
| d | OTHER EXPENSES | 23,112 | 23,112 | 0 | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 36,413,339 | 32,822,232 | 3,028,558 | 562,549 |
| 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 | 13,976,671 | 1 | 792,847 |
| | 2 Savings and temporary cash investments | 8,541,528 | 2 | 2,566,508 |
| | 3 Pledges and grants receivable, net | 81,274 | 3 | 2,132 |
| | 4 Accounts receivable, net | 14,638,476 | 4 | 18,465,687 |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 1,088,570 | 7 | 969,222 |
| | 8 Inventories for sale or use | 11,296,629 | 8 | 12,553,119 |
| | 9 Prepaid expenses and deferred charges | 607,560 | 9 | 698,671 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 40,508,169 | | |
| | b Less accumulated depreciation | 27,769,697 | 10c | 12,738,472 |
| | 11 Investments—publicly traded securities | 35,532,253 | 11 | 32,374,870 |
| | 12 Investments—other securities See Part IV, line 11 | 507,494 | 12 | 480,560 |
| | 13 Investments—program-related See Part IV, line 11 | 12,162,163 | 13 | 12,162,163 |
| | 14 Intangible assets | 410,015 | 14 | 35,359,909 |
| | 15 Other assets See Part IV, line 11 | 3,961,642 | 15 | 7,444,006 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 115,619,932 | 16 | 136,608,166 | |
| Liabilities | 17 Accounts payable and accrued expenses | 6,733,568 | 17 | 8,673,721 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 103,382 | 19 | 155,887 |
| | 20 Tax-exempt bond liabilities | 11,600,000 | 20 | 11,600,000 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 27,050,000 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 1,000,000 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 5,680,155 | 25 | 6,047,576 |
| 26 Total liabilities. Add lines 17 through 25 | 24,117,105 | 26 | 54,527,184 | |
| 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 | 87,753,755 | 27 | 78,037,915 |
| | 28 Temporarily restricted net assets | 871,152 | 28 | 1,165,147 |
| | 29 Permanently restricted net assets | 2,877,920 | 29 | 2,877,920 |
| | 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 | 91,502,827 | 33 | 82,080,982 | |
| 34 Total liabilities and net assets/fund balances | 115,619,932 | 34 | 136,608,166 | |

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 | 28,528,368 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 36,413,339 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -7,884,971 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 91,502,827 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -1,536,874 |
| 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 | 82,080,982 |

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 type="checkbox"/> Separate basis <input checked="" 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)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
David C Cook

Employer identification number

36-6008100

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 **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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | |

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 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2011. 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 <input type="checkbox"/> | | |
| b 33 1/3% support test—2010. 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 <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2011. 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 <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2010. 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 <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in IRC 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 2,432,174 | 705,145 | 841,337 | 778,257 | 1,191,791 | 5,948,704 |
| 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 | 32,924,872 | 30,565,110 | 33,505,533 | 37,395,698 | 42,166,690 | 176,557,903 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | 1,006,755 | | | 1,006,755 |
| 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 | 35,357,046 | 31,270,255 | 35,353,625 | 38,173,955 | 43,358,481 | 183,513,362 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 116,750 | 31,800 | 26,575 | 31,658 | 19,442 | 226,225 |
| 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 | 482,522 | 459,569 | 492,976 | 293,976 | 190,329 | 1,919,372 |
| c Add lines 7a and 7b | 599,272 | 491,369 | 519,551 | 325,634 | 209,771 | 2,145,597 |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | 181,367,765 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 9 Amounts from line 6 | 35,357,046 | 31,270,255 | 35,353,625 | 38,173,955 | 43,358,481 | 183,513,362 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 4,493,298 | 3,313,043 | 2,126,733 | 2,477,205 | 9,384,101 | 21,794,380 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 4,493,298 | 3,313,043 | 2,126,733 | 2,477,205 | 9,384,101 | 21,794,380 |
| 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) | 39,850,344 | 34,583,298 | 37,480,358 | 40,651,160 | 52,742,582 | 205,307,742 |

14 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**

| | | |
|--|-----------|----------|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | 88 340 % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | 88 593 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|----------|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 | 10 616 % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | 10 888 % |

19a 33 1/3% support tests—2011. 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
|-------------------------------------|

| |
|--------------------|
| Explanation |
|--------------------|

TY 2011 Investment in Subsidiaries Statement

Name: David C Cook

EIN: 36-6008100

| Description | Beginning Amount | Ending Amount |
|-------------|------------------|---------------|
|-------------|------------------|---------------|

TY 2011 Itemized Other Current Liabilities Schedule

Name: David C Cook

EIN: 36-6008100

| Corporation Name | Corporation EIN | Description | Beginning Amount | Ending Amount |
|------------------|-----------------|-----------------------------------|------------------|---------------|
| | | Deferred Revenue | 31,270 | 20,454 |
| | | Current Portion of Long-Term Debt | 62,632 | 62,312 |
| | | Income Taxes Payable | 181,160 | 0 |

TY 2011 Itemized Other Assets Schedule

Name: David C Cook

EIN: 36-6008100

| Corporation Name | Corporation EIN | Other Assets Description | Beginning Amount | Ending Amount |
|------------------|-----------------|--------------------------|------------------|---------------|
| | | Prepaid Expenses | 30,016 | 18,605 |
| | | Due from Affiliates | 313,686 | 313,686 |
| | | Other Receivables | 0 | 17,751 |

**TY 2011 Itemized Other Current Assets
Schedule**

Name: David C Cook

EIN: 36-6008100

| Corporation Name | Corporation EIN | Other Current Assets Description | Beginning Amount | Ending Amount |
|------------------|--------------------|----------------------------------|------------------|---------------|
| | | | | |

TY 2011 Other Deductions Schedule

Name: David C Cook

EIN: 36-6008100

| Description | Foreign Amount (should only be used when attached to 5471 Schedule C Line 16) | Amount |
|--------------------------|---|---------|
| SELLING & MARKETING | 902,171 | 905,509 |
| OPERATIONS & WAREHOUSE | 186,800 | 187,491 |
| GENERAL & ADMINISTRATIVE | 898,015 | 901,338 |

TY 2011 Itemized Other Liabilities Schedule

Name: David C Cook

EIN: 36-6008100

TY 2011 Itemized Other Liabilities Schedule

| Corporation Name | Corporation EIN | Other Liabilities Description | Beginning Amount | Ending Amount |
|------------------|-----------------|-----------------------------------|------------------|---------------|
| | | Long-Term Debt - Mortgage Payable | 1,026,938 | 906,911 |
| | | Due to Affiliates | 1,328,725 | 920,303 |
| | | Future Income Taxes | 65,532 | 33,603 |

TY 2011 Other Income Statement

Name: David C Cook

EIN: 36-6008100

| Description | Foreign Amount | Amount |
|-------------|----------------|--------|
|-------------|----------------|--------|

Software ID:
Software Version:
EIN: 36-6008100
Name: David C Cook

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount Involved (\$) | (d) Method of determining amount involved |
|---|-------------------------------------|------------------------------------|---|
| (1) David C Cook Distribution Canada Limited | A | 71,180 | amount paid |
| (2) David C Cook Distribution Canada Limited | A | 80,775 | amount paid |
| (3) Kingsway Communications Limited | D | 9,071,026 | loan amount |
| (4) David C Cook Distribution Canada Limited | D | 1,889,524 | loan amount |
| (5) David C Cook Distribution Canada Limited | E | 313,686 | loan amount |
| (6) Kingsway Communications Limited | F | 309,929 | sales price |
| (7) David C Cook Distribution Canada Limited | F | 717,755 | sales price |
| (8) Kingsway Communications Limited | K | 519,412 | value of svcs |
| (9) David C Cook Distribution Canada Limited | K | 298,344 | value of svcs |

Part VII Supplemental Information

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

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

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) Disproportionate 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 | |
| | | | | | | | | | | | | |
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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 |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| (1) Kingsway Communications LTD Lottbridge Drove Eastbourne, East Sussex BN23 6NT UK | Whlsle Chrstn Lit | UK | NA | foreign corp | 12,096,991 | 16,170,227 | 100 000 % |
| (2) David C Cook Distnbtion Canada Ltd 55 Woodslee Ave Paris, Ontario N3L 3E5 CA | Whlsle Chrstn Lit | CA | NA | foreign corp | 15,232,505 | 6,021,051 | 100 000 % |
| (3) Music Three Limited Lottbridge Drove Eastbourne, East Sussex BN23 6NT UK | pub/dist musi | UK | KCL | Foreign Corp | 0 | 0 | 100 000 % |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

| | Yes | No |
|-----------|-----|----|
| 1a | Yes | |
| 1b | | No |
| 1c | | No |
| 1d | Yes | |
| 1e | Yes | |
| 1f | Yes | |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| 1k | Yes | |
| 1l | | No |
| 1m | | No |
| 1n | | No |
| 1o | | No |
| 1p | | No |
| 1q | | No |
| 1r | | 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) See Additional Data Table | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization David C Cook

Employer identification number 36-6008100

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

Table with 6 columns: (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.)

Table with 7 columns: (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).

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

2011

Open to Public Inspection

Name of the organization
David C Cook

Employer identification number

36-6008100

| Identifier | Return Reference | Explanation |
|--|---|--|
| Form 990, Part III, Line 1 | Supplement to organization's mission | Biblical Statement of Purpose Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you MT 28 19 & 20 NIV Core Values 1 Truth - Ephesians 4 15 2 Love - John 13 35 3 Integrity - II Corinthians 8 21 4 Cooperation - Proverbs 15 22 5 Accountability - Hebrews 4 13 6 Excellence - Colossians 3 23 7 Innovation - Titus 2 10b |
| Form 990, Part VI, Question 11b | Form 990 Review Process | The form 990 is prepared by a third party preparer An internal review of the 990 is completed by the COO and Management of Internal Accounting The 990 is then sent to the Finance & Audit Committee for review which also includes a meeting with the auditing firm to present the 990 and address any questions Upon approval from the Finance & Audit Committee and before filing with the IRS, the 990 and associated schedules are provided to the full Board of Trustees on an intranet site which notifies them via an email that forms are available for their review |
| Form 990, Part VI, Question 12C | Monitoring of Conflict of Interest Policy | Each January, the Assistant Secretary to the Board distributes conflict of interest forms to each Board Member and executive Completed forms are then submitted to the Assistant Secretary to the Board who monitors and discloses to the Board if any changes occur Board members are restricted from voting on issues where conflicts have been identified |
| Form 990, Part VI, Questions 15a & 15b | Process for determining executive, officer, and key employee compensation | Every three years, the organization and the Board of Trustees retains an independent global professional firm to review and provide feedback on compensation Their report includes comparable market compensation data of similarly qualified persons in functionally comparable positions at similarly situated organizations The most recent report was presented and reviewed by the Board in November 2009 As of March 2013, a new report is being prepared and will be presented and reviewed by July 2013 Human Resources keeps written records of all compensations arrangements as well as all documentation related to the outside compensation studies |
| Form 990, Part VI, Question 19 | Describe how documents are made available to the public | The organization's governing documents, conflict of interest policy, and financial statements are made available Upon Request |
| form 990, Part XI, Line 5 | Other changes to net assets | Unrealized Loss on Investments (1,536,874) |
| Form 990, part III, line 2 | New program services during the year | On June 1, 2011 the organization purchased substantially all of the domestic assets and some liabilities of Integrity Music, Inc a delaware corporation engaged in producing, publishing, and distributing Christian music and related products |

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 |
|--------------------------|--|--|
| Part I, Line 32b | Use of third parties for noncash contributions | STOCK CONTRIBUTIONS ARE RECEIVED, PROCESSED AND SOLD BY AN OUTSIDE INVESTMENT FIRM |
| PART I, LINE 9, COLUMN B | CONTRIBUTIONS | THE NUMBER INDICATED ON COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS |

Schedule M (Form 990) 2011

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization David C Cook

Employer identification number

36-6008100

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Row 9 shows 3 contributions valued at 99,497 FMV.

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 0

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, and 33 regarding contribution reporting and policies.

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.

| Identifier | Return Reference | Explanation |
|--|---------------------|---|
| NAMES, AMOUNTS, AND DETAILS OF ARRANGEMENTS | PART I, QUESTION 1A | Travel for Companions - Per the organization's written policy, spousal travel is reimbursed for officers and key employees if the spouse's presence, abilities and activities will result in the effective ministering of the mission. The mission purpose is included on all travel forms in order to document the business purpose for the reimbursement. Health or social club dues - Select executives receive a yearly membership to a health and social club. An amount is also taxed for FICA on each paycheck for the impacted employees. |
| SEVERANCE PAYMENTS | PART I, QUESTION 4A | RALPH GATES - \$100,263 PAYMENTS RECEIVED BRAD NILSEN - \$17,970 PAYMENTS RECEIVED |
| DEFERRED COMPENSATION PLAN | PART I, QUESTION 4B | RALPH GATES AND MARLENE LEFEVER-RISLEY PARTICIPATE IN A STATIC DEFERRED COMPENSATION PLAN. MR. GATES RECEIVED A \$70,000 DISTRIBUTION DURING THE YEAR. |
| NON-FIXED PAYMENTS FOR OFFICERS OR DIRECTORS | PART I, QUESTION 7 | THE OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES LISTED ON THIS 990 ARE ELIGIBLE FOR BONUS PAYMENTS UP TO A DEFINED % OF THEIR ANNUAL BASE PAY AS DESIGNATED IN THE ORGANIZATION'S COMPENSATION PHILOSOPHY. ONE CATEGORY OF THEIR BONUS PAYMENT IS DEPENDENT ON THE ACHIEVEMENT OF THREE OR MORE SPECIFIC AND MEASURABLE TARGETS DIRECTLY TIED TO THEIR AREA OF RESPONSIBILITY WHICH MAY REQUIRE SUBJECTIVE DECISIONS TO DETERMINE IF GOAL WAS ACHIEVED. |

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

| (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) MR CRIS DOORBOS | (i) (ii) | 296,459 | 166,385 | 20,880 | 8,250 | 11,832 | 503,806 | 0 |
| (2) MR SCOTT MILLER | (i) (ii) | 164,538 | 71,766 | 21,780 | 0 | 9,232 | 267,316 | 0 |
| (3) MR DANIEL RICH | (i) (ii) | 167,891 | 65,570 | 20,880 | 8,250 | 6,152 | 268,743 | 0 |
| (4) MR RYAN DUNHAM | (i) (ii) | 165,651 | 74,823 | 21,780 | 8,250 | 9,832 | 280,336 | 0 |
| (5) MR ERIC THURMAN | (i) (ii) | 142,848 | 35,077 | 16,500 | 8,250 | 7,152 | 209,827 | 0 |
| (6) MR BRAD NILSEN | (i) (ii) | 61,956 | 26,505 | 35,230 | 30,382 | 6,109 | 160,182 | 0 |
| (7) MR RALPH GATES | (i) (ii) | 0 | 0 | 170,263 | 0 | 0 | 170,263 | 38,094 |
| | | | | | | | | |
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
David C Cook

Employer identification number
36-6008100

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|--|---|--|---|--|---|---|---|--|--|--|
| <p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) | | | | | | | | | |
| <p>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</p> | Yes | | | | | | | | | |
| <p>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?</p> | Yes | | | | | | | | | |
| <p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>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</p> | | | | | | | | | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | Yes | | | | | | | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | Yes | | | | | | | | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p> | | No | | | | | | | | |
| <p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p> | | | | | | | | | | |
| <p>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</p> | | | | | | | | | | |
| <p>a The organization?</p> | | No | | | | | | | | |
| <p>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p> | | No | | | | | | | | |
| <p>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</p> | | | | | | | | | | |
| <p>a The organization?</p> | | No | | | | | | | | |
| <p>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p> | | No | | | | | | | | |
| <p>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</p> | Yes | | | | | | | | | |
| <p>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</p> | | No | | | | | | | | |
| <p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p> | | | | | | | | | | |

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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) support missionaries | 17 | 16,500 | | | |
| | | | | | |
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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 IN THE U S | PART I, LINE 2 | THE ORGANIZATION MAINTAINS A DONOR ADVISED FUND AND ISSUES PAYMENTS BASED ON SUGGESTIONS GIVEN BY THE DONOR THE DONOR FACILITATES COMMUNICATION WITH THE GRANTEE REGARDING FUNDS THE ORGANIZATION ALSO PROVIDES GRANTS TO ORGANIZATIONS WITH SIMILAR MINISTRY MISSIONS THE ORGANIZATION MAINTAINS COMMUNICATION WITH THESE GRANTEES REGARDING CURRENT PROGRAMS |

Schedule I (Form 990)

OMB No 1545-0047

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

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization David C Cook

Employer identification number 36-6008100

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

Part II 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (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. Includes entries for Wesley Theological Seminary and National Christian Charitable Foundation.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Additional Data

Software ID:

Software Version:

EIN: 36-6008100

Name: David C Cook

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2011

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
David C Cook

Employer identification number

36-6008100

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

3 Activities per Region (Use Part V if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region or independent contractors | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region/investments in region |
|---|-------------------------------------|--|---|--|---|
| Central America and the Caribbean | | | Program Services | Provision of materials | 47,852 |
| East Asia and the Pacific | | 1 | Program Services | Printing/prov materials | 474,588 |
| Middle East and North Africa | | | Program Services | Printing of materials | 95,370 |
| Russia and the Newly Independent States | | | Program Services | Printing of materials | 72,053 |
| South America | | | Program Services | Printing of materials | 536,502 |
| South Asia | 1 | 1 | Program Services | Printing/prov materials | 245,451 |
| Sub-Saharan Africa | | 1 | Program Services | Provision of materials | 200,120 |
| Europe (Including Iceland and Greenland) | | | Program Services | Provision of materials | 7,850 |
| North America | | | Investments | | 720,857 |
| Europe (Including Iceland and Greenland) | | | Investments | | 11,621,866 |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | 1 | 3 | | | 14,022,509 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | 1 | 3 | | | 14,022,509 |

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 | 28,528,368 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 36,413,339 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -7,884,971 |
| 4 | Net unrealized gains (losses) on investments | 4 | -1,536,874 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -1,536,874 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -9,421,845 |

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 | 51,269,284 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | -1,536,874 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 24,301,160 |
| e | Add lines 2a through 2d | 2e | 22,764,286 |
| 3 | Subtract line 2e from line 1 | 3 | 28,504,998 |
| 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 | 23,370 |
| c | Add lines 4a and 4b | 4c | 23,370 |
| 5 | Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) | 5 | 28,528,368 |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|--|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 60,691,129 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | 24,301,160 |
| e | Add lines 2a through 2d | 2e | 24,301,160 |
| 3 | Subtract line 2e from line 1 | 3 | 36,389,969 |
| 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 | 23,370 |
| c | Add lines 4a and 4b | 4c | 23,370 |
| 5 | Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) | 5 | 36,413,339 |

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 |
|--------------------|--|--|
| PART V, LINE 4 | DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS | ESTABLISHED TO SUPPORT AND ENSURE THE ONGOING FUNDING OF VARIOUS SHORT AND LONG TERM MINISTRY PROGRAMS WHICH CAN INCLUDE DEVELOPMENT AND WORLDWIDE DISTRIBUTION OF CHRISTIAN LITERATURE AND LEADERSHIP TRAINING |
| PART X, LINE 2 | UNCERTAIN TAX POSITIONS | MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS |
| PART XII, LINE 2D | OTHER REVENUE ON BOOKS, NOT ON RETURN | COGS RECLASSED FROM EXPENSE AND NETTED AGAINST GROSS SALES 24,187,860 ADDITIONAL COGS INCLUDED AS REVENUE ON FINANCIALS & RECLASSED BACK AS EXPENSE TO NET AGAINST GROSS SALES 113,300 TOTAL 24,301,160 |
| PART XII, LINE 4B | OTHER REVENUE ON RETURN, NOT ON BOOKS | RENTAL INCOME RECLASSED FROM EXPENSE 23,370 |
| PART XIII, LINE 2D | OTHER EXPENSE ON BOOKS, NOT ON RETURN | COGS RECLASSED FROM EXPENSE AND NETTED AGAINST GROSS SALES 24,187,860 ADDITIONAL COGS INCLUDED AS REVENUE ON FINANCIALS & RECLASSED BACK AS EXPENSE TO NET AGAINST GROSS SALES 113,300 TOTAL 24,301,160 |
| PART XIII, LINE 4B | OTHER EXPENSE ON RETURN, NOT ON BOOKS | RENTAL INCOME RECLASSED FROM EXPENSE 23,370 |

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

| | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

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 | 28,227,214 | 24,910,897 | 23,268,979 | 28,721,837 | |
| b Contributions | 764,319 | 395,945 | 420,494 | 277,348 | |
| c Investment earnings or losses | -897,195 | 4,535,839 | 3,406,467 | -5,181,099 | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,422,129 | 1,608,147 | 2,177,412 | 543,017 | |
| f Administrative expenses | 8,011 | 7,320 | 7,631 | 6,090 | |
| g End of year balance | 26,664,198 | 28,227,214 | 24,910,897 | 23,268,979 | |

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 84.840 %
- b** Permanent endowment ▶ 10.790 %
- c** Term endowment ▶ 4.370 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 1,463,068 | | 1,463,068 |
| b Buildings | | 17,070,844 | 8,241,706 | 8,829,138 |
| c Leasehold improvements | | | | |
| d Equipment | | 13,475,553 | 12,176,199 | 1,299,354 |
| e Other | | 8,498,704 | 7,351,792 | 1,146,912 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 12,738,472 |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization David C Cook

Employer identification number 36-6008100

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 show total number at end of year, aggregate contributions, aggregate grants, and aggregate value.

- 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?
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?

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): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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 with 2 columns: Description (a-d) and Held at the End of the Year. Rows 2a-2d show total number of easements, total acreage, and number of easements on certified historic structures.

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?

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)?

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