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DLN: 93493341008102

Department of the Treasury

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)

2011

OMB No 1545-0047

Open to Public

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

					·	Inspection
		C Name of organization	ing 06-30-2012	- 1	D Employer ider	ntification number
_	ck if ap ress cha	The Good News Broadcasting Association		1	47-0405317	
Nam		Doing Business As		-	E Telephone nu	
Initia				_	(402)464-7	200
Terr		DO DOY 93909	Idress) Room/suite	-	G Gross receipts \$	
_	ended r lication	eturn City or town, state or country, and ZIP + 4 Lincoln, NE 68501 pending				
		F Name and address of principal officer		H(a) In this		£
		Arnold R Cole		affiliate	a group return es?	TYes ▼No
		PO BOX 82808 Lincoln, NE 68501				
		Ellicolli, NE 00301			affiliates include	
тах	-exem	pt status	r 527		exemption nur	(see instructions) nber >
J We	ebsite	: ► www backtothebible org		11(0)		
K Form	of org	anization	<u>'</u>	L Year of form	nation 1943 M	State of legal domicile N
	τI	Summary			<u> </u>	<u>-</u>
	1 E	Briefly describe the organization's mission or most significant act	ivities			
		ead believers into spiritual maturity & active service for Christ ii		d the world		
≱	-					
<u> </u>	-					
<u>.</u>	2 (Check this box 🔭 if the organization discontinued its operations	or disposed of	more than 25	% of its net as	cate
Activities & Governance		,		more than 25	1 1	
ø		lumber of voting members of the governing body (Part VI, line 1a			3	1
<u>ଞ୍ଚ</u>		Number of independent voting members of the governing body (Pa			4	
Ĭ		otal number of individuals employed in calendar year 2011 (Part	: v, line Za) .		5	80
돌		otal number of volunteers (estimate if necessary)	1.0		6	1.
_		otal unrelated business revenue from Part VIII, column (C), line let unrelated business taxable income from Form 990-T, line 34			7a	
	ВΝ	tet unrelated business taxable income from Form 990-1, line 34	<u> </u>	D.i.	7b	0
	_			Prior		Current Year
<u>.</u>	8	Contributions and grants (Part VIII, line 1h)			7,070,135	8,141,449
eur	9	Program service revenue (Part VIII, line 2g)		395,976		195,427
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,708		46,983
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, Total revenue—add lines 8 through 11 (must equal Part VIII, c	•		272,413	138,454
	12	12)	` ''		7,761,232	8,522,31
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-			360,678	241,50
	14	Benefits paid to or for members (Part IX, column (A), line 4) .			0	(
ا پر	15	Salaries, other compensation, employee benefits (Part IX, colu	mn (A), lines		4.533.334	200260
Expenses		5-10)			4,523,001	3,903,600
₹	16a	Professional fundraising fees (Part IX, column (A), line 11e) .			(
품	b	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright \frac{1,049,916}{}$				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e	-		6,554,926	5,747,313
	18	Total expenses Add lines 13-17 (must equal Part IX, column			11,438,605	9,892,414
	19	Revenue less expenses Subtract line 18 from line 12			-3,677,373	-1,370,10
) මූල් මූල්				Beginning Ye		End of Year
5 E	20	Total assets (Part X, line 16)				12,000,366
28 88						11,048,764
## ###						951,602
Par						•
	penali edge a	Total assets (Part X, line 16)		Ye	13,179,458 10,891,151 2,288,307 externents, and to I information of	12,000, 11,048, 951,
C:~-		Signature of officer			<u>2-12-06</u> e	
Sign Here		r ·		Date	_	
Here	;	Bryon Swanson Treasurer Type or print name and title				
		<u> </u>				
_		Preparer's David C Moja	Ch sel	eck if lf-	Preparer's taxpay (see instructions)	er identification number
Paid		signature David C Moja		nployed 🕨 🦵	P00747006	
Prepa		Firm's name (or yours Capin Crouse LLP		·	ETN & 26 200000	
Use C	nly	ıf self-employed), address, and ZIP + 4 972 Emerson Parkway Ste A			EIN ▶ 36-399089	<i>1</i> ∠
		,			Phone no 🕨 (31	7) 885-2620
M = 1	h = 751	Greewood, IN 46143			<u> </u>	Evan En
1ay ti	he IRS	5 discuss this return with the preparer shown above? (see instruc	ctions)			y Yes No

orm	1990 (2011)				Page :
Par	Statement of Program Check if Schedule O contain				দ
1	Briefly describe the organization's	mission			
Biblemethand and Asso Thro	Good News Broadcasting Association engagement tools that help people to nodologies include traditional terrestriperson-to-person sharing through the ociation span the United States, with ugh all of the variety of the ministry's ring and passionate relationship with the second control of the ministry's ring and passionate relationship with the second control of the ministry's ring and passionate relationship with the second control of the ministry's ring and passionate relationship with the second control of the second cont	ake a daily, positive step for tal broadcasting through race latest social media techno media outlets in every state delivery channels, the sing	rward in their lifelong lio, podcasts, cellula logy The non-profit p and an international	spiritual journey Bible tead technology, SMS text mes urposes of The Good News reach through 11 locations	ching and engagement saging, print, Internet Broadcasting across the world
2	Did the organization undertake any the prior Form 990 or 990-EZ? .		during the year which	th were not listed on	Yes ▼ No
	If "Yes," describe these new service	s on Schedule O			
3	Did the organization cease conduct services?		nges in how it conduc		Yes ✓ No
_	•				
4	Describe the organization's program expenses Section 501(c)(3) and 5 grants and allocations to others, the	01(c)(4) organizations and s	section 4947(a)(1) ti	rusts are required to report	
4a	(Code) (Expenses	s \$ 4,435,220 includ	ling grants of \$	241,501) (Revenue \$	195,427)
	Radio ProgramBack to the Bible is a 25-m leader Each weekday, Dr Kroll helps liste on an average of 800 terrestrial radio outl television outlets The Bible Minute provide opportunity to engage God's Word in a me and Media ProductsCDs, DVDs, and printer the world Over 700,000 items helped per various audio and video ministries of The	eners and viewers get a solid graspets across the U S during the fiscal is biblical insight for everyday life eaningful, practical way Primary do studies and devotionals provide tople win the day spiritually just in the day spiritually spiritually just in the day spiritually spirit	o of biblical principles and al year A 28-minute telev Each Bible Minute topic hi istribution is radio with e- Bible teaching and engage the U S InternetThe Web s	to find ways to apply them to rea ision version is provided through t as an accompanying Bible Study, mail and RSS formats available at tement items for sale or at no direc sites provided additional materials	Il life The program was aired the Web and on select giving participants an BibleMinute org Literature ct cost to individuals around for those involved in the
4b	(Code) (Expenses	s \$ 791,487 includ	ling grants of \$) (Revenue \$)
	International MinistriesBack to the Bible In 10 global locations, listeners and viewers meaningful to them				
4c	(Code) (Expenses	s \$ 2,200,349 includ	ling grants of \$) (Revenue \$)
	Next Generation OutreachPowered by 4 ct take in God's Word Research with over 8 more times per week provides a distinct p methodologies. A genuine breakthrough cointegrated into their daily lives cell phones. Word A 5-year longitudinal study shows 5 more days per week. In addition, 75% of days per week. Finally, research conclude to disciple others and 407% more likely to	5,000 participants across the U S is ower for living Back to the Bible, talled goTandem helps seekers and it, texting, email and the like The is 33% of those coming into goTande those using components of goTans that Christians who engage the Is	and other international loc hrough its Center for Bible believers connect with ai goTandem methodologies im with no intention to sta dem report they've grown Bible most days of the we	ations proves that engaging with Engagement, has tested and ref id apply God's Word to real life us allow disconnected individuals to int engaging Scripture regularly be a spiritually and are now engaged ek are 228% more likely to share	God through His Word four of ined daily spiritual growth sing technology already connect with God through His come engaged at least 4 or with the Bible 4 or more their faith, 231% more likel
4d	Other program services (Describe	 e in Schedule O)			
	(Expenses \$	including grants of \$)	(Revenue \$)
4e	Total program service expenses►\$	7,427,056			

Part IV	Checklist	of Rea	uired	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
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</i> "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V^{\bullet}	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Part I	14b	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? If "Yes," complete Schedule F, Part II and IV.	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t 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? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	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	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V $$			
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year ⁹	За		N o
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country •IT			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	Donath a second base base and the second	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
h	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	76		
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
ì.	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	711		
,	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities Cartier F01(a)(12) experientions Enter			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
_				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
42	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a 14b		140

Sean Gewecke

(402) 464-7200

6400 Cornhusker Highway Lincoln, NE 68507

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.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►AK , AZ , CO , GA , IL , MN , MS , ND , T WI	N , VA	, WA ,	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 V 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 inhysical address, and telephone number of the narron who necessar the books and records of the	0000	n	

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed 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 organize		lated o	ganı	zatio	ns c	ompe	ensa	ted any current or fo	ormer officer, direct	tor, or trustee
(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e thai	n one son er ar	e box is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) Woodrow Kroll Th D President (served Jul-Nov 11)	40 00	х		Х				150,290	0	106,406
(2) Dale E Michels MD Chair	3 00	х		Х				0	0	0
(3) Barry Lockard Vice Chair	3 00	х		Х				0	0	0
(4) John Watson Secretary	3 00	х		Х				0	0	0
(5) Sylvania Airan Board Member	3 00	х						0	0	0
(6) Steven Benton Board Member	3 00	х						0	0	0
(7) Harold Berry Board Member	3 00	х						0	0	0
(8) Rich Bott Board Member	3 00	х						0	0	0
(9) Claire D Fredstrom Board Member	3 00	х						0	0	0
(10) Neil Sellers Board Member	3 00	х						0	0	0
(11) Greg Winner Board Member	3 00	х						0	0	0
(12) Robert G Smith Board Member (served Jul-Nov 11)	3 00	х						0	0	0
(13) Neil Fichthorn Board Member (served Jul-Nov 11)	3 00	х						0	0	0
(14) Norris J Nelson Board Member (served Jul-Nov 11)	3 00	х						0	0	0
(15) Donald Bailey Board Member (served Jul-Nov 11)	3 00	х						0	0	0
(16) Arnie Cole Ed D Corporate Vice President	40 00			Х				182,710	0	17,313
(17) Bryon Swanson Corporate Treasurer	40 00			Х				153,342	0	17,767

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

	(A) Name and Title	(B) Average hours per week (describe	mor unles ar	more than one box, unless person is both an officer and a director/trustee) compensation from the organization (W- 2/1099-MISC) (W- 2/109						Position (do not check more than one box, unless person is both an officer and a					Reportable compensation from related organizations (W- 2/1099-	Esti amoun comp fro organiz	(F) mated t of other ensation m the ration and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		lated uzations					
	Tamı Weissert	40 00			х				141,693	0		2,741					
Corpo	orate Secretary																
				_													
				-													
				-													
1b	Sub-Total							•									
c	Total from continuation sheets	to Part VII, Sec	tion A					•									
d	Total (add lines 1b and 1c) .			•	•	•	•	•	628,035	0		144,227					
2	Total number of individuals (inc \$100,000 of reportable comper					ted	above) wh	o received more tha	n							
											Ye	s No					
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc				ee, k	ey e • •	mploy •		= -		3	No					
	For any individual listed on line	4 +	£	abla													

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person	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
Management Development Associates 1100 Irvine Blvd 44 Tustin, CA 92780	Mailing/Printing/Consulting Services	974,206
Bott Radio Network 10550 Barkley Ste 108 Overland Park, KS 66212	Radio Airtime	376,519
Agathon PO Box 68256 Grand Rapids, MI 49516	Software Development	223,281
Calvary Satelite Network PO Box 391 Twin Falls, ID 83301	Radio Airtime	104,400
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Form 99								Page 9
Part V	<u>/1111</u>	Statement o	f 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
its its	1a	Federated cam	paigns 1a					
ar ja	b	Membership du	es 1b					
S, Ç	c	Fundraising eve	ents 1c					
<u>ਬ</u> ੁ≅	d	Related organiz	zations 1d	1,317,646				
ž.	e	Government grant						
Contributions, gifts, grants and other similar amounts	f g		ons, gifts, grants, and 1f ot included above butions included in 2,083	6,823,803				
ှင် မ	h	Total. Add lines	s 1a-1f	►	8,141,449			
				Business Code				
Program Service Revenue	2a	Program Licensing	Fees	900099	90,943	90,943		
₽e	ь	Tours & Seminars		900099	64,212	64,212		
<u>5</u> 6	С	Other program inco	ome	900099	40,272	40,272		
100 100 100 100 100 100 100 100 100 10	d							
Ē	e							
S 150	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a – 2f		195,427			
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest				
			aramounts)	F	10,929			10,929
	4		stment of tax-exempt bond	proceeds				
	5	Royalties						
		Cross rents	(i) Real 23,076	(II) Personal				
	6a b	Gross rents Less rental	0					
		expenses Rental income	23,076					
	C	or (loss)			22.275			
	d	Net rental inco	me or (loss)		23,076			23,076
	7a	Gross amount	(ı) Securities 3,995,959	(II) O ther 10,350				
	′ ′ ′ ′	from sales of assets other						
		than inventory	2.054.420	45.025				
	Ь	Less cost or other basis and	3,954,430	15,825				
	c	sales expenses Gaın or (loss)	41,529	-5,475				
	d	Net gain or (los	s)		36,054			36,054
<u>ə</u>	8a	Gross income f events (not inc						
Other Revenue			s reported on line 1c)					
an di			а					
Ě	Ь .		penses b (loss) from fundraising					
~	9a		rom gaming activities					
		See Part IV, lin						
	b		penses b					
	10a	Net income or (Gross sales of returns and allo		vities [
		2004 900	a	177,078				
	b		oods sold b	61,700				
	С		(loss) from sales of inv		115,378			115,378
	11a	Miscellaneous	s kevenue	Business Code				
	b IIIa							
	d	All other reven						
	a e	Total. Add lines						
		rotan Aud mies	, 114 114	· · · · •				
	12	Total revenue.	See Instructions .	▶	8,522,313	195,427	0	185,437

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 no	ot include amounts reported on lines 6b, o, 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				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	241,501	241,501		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	967,581	709,954	111,671	145,956
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,355,407	1,842,606	389,029	123,772
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,775	3,630	712	433
9	Other employee benefits	372,970	268,881	78,858	25,231
10	Payroll taxes	202,867	146,409	39,965	16,493
11	Fees for services (non-employees)				
а	Management				
b	Legal	28,140		28,140	
C	Accounting	61,571	28,938	30,786	1,847
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,024,628	503,523	60,900	460,205
12	Advertising and promotion	93,979	88,775		5,204
13	Office expenses	621,143	366,442	106,007	148,694
14	Information technology	315,868	296,138	19,727	3
15	Royalties	328	328		
16	Occupancy	138,502	62,890	71,392	4,220
17	Travel	325,333	230,511	17,715	77,107
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	45,410	37,100	8,310	
20	Interest	353,222	166,014	176,611	10,597
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	432,862	203,445	216,431	12,986
23	Insurance	185,985	134,225	36,639	15,121
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	Radio/TV airtime	1,905,725	1,905,725		
b	Radio/TV production	62,643	62,643		
c	Literature	44,479	42,621	743	1,115
d	Missions expense	36,793	36,793		
e					
f	All other expenses	70,702	47,964	21,806	932
25	Total functional expenses. Add lines 1 through 24f	9,892,414	7,427,056	1,415,442	1,049,916
26	Joint costs. Check here ► ☐ 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	-	-		rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 110,337 49,915 1 1 377.314 327.744 2 2 3 1,013,912 812.654 61.087 65.868 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 193, 107 8 165.095 9 32,722 9 27,469 Prepaid expenses and deferred charges 7,410,946 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 3,332,942 b Less accumulated depreciation 4,072,849 **10c** 4,078,004 156, 193 11 389,375 11 5,638,454 4,816,782 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 1,523,483 15 1,267,460 15 13, 179, 458 16 16 12,000,366 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1,694,394 17 1,750,242 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 333,579 24 184,028 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 8,863,178 25 9,114,494 D 26 10,891,151 26 11,048,764 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 -2,469,434 Unrestricted net assets -3,662,861 3,113,620 28 3,202,664 28 Temporarily restricted net assets Fund 29 1,644,121 29 1,411,799 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 2.288.307 33 951.602 34 Total liabilities and net assets/fund balances 13.179.458 12,000,366

	Check if Schedule O contains a response to any question in this Part XI	•		. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,5	522,31
2	Total expenses (must equal Part IX, column (A), line 25)	2			392,41
3	Revenue less expenses Subtract line 2 from line 1	3		-1,3	370,10
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,2	288,30
5	Other changes in net assets or fund balances (explain in Schedule O)	5			33,39
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		g	951,60
Par	TXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of to 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 its Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ 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?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number Name of the organization The Good News Broadcasting Association Incorporated Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 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). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 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 **b** Type II c Type III - Functionally integrated Type III - Other ┌ Type I 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in organization in Name of (ii) (described on col (ı) lısted ın Amount of col (i) of your col (i) organized EIN lines 1-9 above supported your governing support? support? in the US? or IRC section organization document? (see Yes Yes No Yes instructions)) 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

1		under Part III. If the	<u>e organization f</u>	ails to qualify u	nder the tests li	sted below, ple	ase complete	e Part III.)
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 10,621,980 8,579,782 7,070,135 8,141,449 47,045,311 7,070,135 7,070,135 8,141,449 47,045,311 7,070,135								
Gifts, grants, contributions, and membership fees received (Do not include any "unusual parts") 1	Cal		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
grants ") 2 Tax revenues levied for the organization's benefit and ether 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) 7 A mounts 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) 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. 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 to the check this box on line 13 or 16e, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 13 33 1/3% support test—2011. If the organization dot ocheck the box on line 13 or 16e, and line 15 is 33 1/3% or more, check this box and stop here. The organization dot ocheck the box on line 13 or 16e, and line 15 is 33 1/3% or more, check this box and stop here. The organization dot check the box on line 13 or 16e, and line 14 is 53 1/3% or more, check this box and stop here. The organization dot check the box on line 13 or 16e, and line 15 is 33 1/3% or more, check this box and stop here. The organizat	1	Gifts, grants, contributions, and membership fees received (Do not						
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) 7 A mounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carmed on (10 Other income from line 2 to 10 Other income from line 3 to 10,813,341,341,341,341,341,341,341,341,341,3	2	grants ") Tax revenues levied for the						
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 to rubilicity 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) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and 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) 5 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 5 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 5 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization or 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 or line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization (id 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 line 15 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 or 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 or line 13 or 16a, and line 15 is 33 1/3% or more, check this box		paid to or expended on its behalf						
10 Total Add lines 1 through 3 12,631,970 10,621,980 8,579,782 7,070,135 8,141,449 47,045,315 17 he 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) 8 Public Support. Subtract line 5 From line 4 8 Section B. Total Support Calendar year (or fiscal year beginning in) 7 A mounts from line 4 12,631,970 10,621,980 115,075 1	3	furnished by a governmental unit to the organization without						
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		Total. Add lines 1 through 3	12,631,970	10,621,980	8,579,782	7,070,135	8,141,44	9 47,045,316
6 Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from surrielated 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 1 Total support (Add lines 7 through 10) 12 Gross receipts from related activities, etc (See instructions) 13 First Five Years If the Form 990 is for the organization of heck this box and stop here. The organization of Public Support Percentage for 2010 Schedule A, Part II, line 14 16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization 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 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 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 dud 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 dud 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 dud 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 dud 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 dud 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 dud not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this	J	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						8,600,182
Calendar year	6	Public Support. Subtract line 5						38,445,134
beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets Total support (Add lines 7 through 10) Gross receipts from related activities, etc (See instructions) 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. The organization qualifies as a publicly supported organization Beginning in 12,200 (B) 2019 (C) 2019	S	ection B. Total Support						
7 A mounts from line 4 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) 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public Support Percentage for 2010 Schedule A, Part II, line 14 15 80 190 % 13 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 b 33 1/3% support test—2010. If the organization did not check the box on line 1 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. 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 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 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 did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	Cal	• • • • • • • • • • • • • • • • • • • •	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets Total support (Add lines 7 through 10) Gross receipts from related activities, etc (See instructions) 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 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 12	_							
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) 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)) 15 80 190 % 16 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 10 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		F	12,631,970	10,621,980	8,579,782	7,070,135	8,141,449	47,045,316
9 Net income from unrelated business activities, whether or not the business is regularly carried on 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) 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)) 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 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 17 By Section C. Computation of Public Support Percentage 18 Organization of Public Support Percentage for 2010 Schedule A, Part II, line 14 19 Section C. Computation of Public Support Percentage 10 Other income (Explain in Part II) of 178,775 10 Section C. Computation of Public Support Percentage 11 Total support (Add lines 7 through 10) 12 3,041,811 13 First Five Years If the Form 990 is for the organization of 12 3,041,811 14 79 880 % 15 80 190 % 16 80 190 % 17 9 880 % 18 9 190 % 18 9 190 % 19 9 190 % 10 190 % 11 10 190 % 12 10 190 % 13 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	8	dividends, payments received on securities loans, rents, royalties and income from similar	107,583	126,648	124,048	115,075	65,600	3 538,957
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) 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)) 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 16 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 17 Byon 17 Byon 18 Byon 19	9	Net income from unrelated business activities, whether or not the business is regularly	8,466					8,466
Total support (Add lines 7 through 10) 12 Gross receipts from related activities, etc (See instructions) 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)) 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 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 18 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 or more, check this box or more.	10	Other income (Explain in Part IV) Do not include gain or loss	210,813	149,014	178,775			538,602
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)) 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 16 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 18 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	11	Total support (Add lines 7 through 10)						48,131,341
Section C. Computation of Public Support Percentage 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 16 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 16 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	12	·		•				
Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 14 79 880 % 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 16 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 18 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_	13		for the organization	on's first, second,	third, fourth, or fi	fth tax year as a !	501(c)(3) orga	- - '
Public Support Percentage for 2010 Schedule A, Part II, line 14 15 80 190 % 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 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_	S							
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 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_	14	Public Support Percentage for 201	1 (line 6 column (f) dıvıded by lıne	11 column (f))		14	79 880 %
and stop here. The organization qualifies as a publicly supported organization 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	15	Public Support Percentage for 201	0 Schedule A, Par	t II, line 14			15	80 190 %
		and stop here. The organization qu	alıfıes as a publıcl	y supported orga	nızatıon		,	► ✓
		box and stop here. The organizatio	n qualifies as a pu	blicly supported	organızatıon			e, check this
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	17a	ıs 10% or more, and ıf the organıza	ation meets the "fa	icts and circumst	ances" test, chec	k this box and st	op here. Explai	
organization 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	b	10%-facts-and-circumstances test 15 is 10% or more, and if the orga	nızatıon meets the	facts and circu	mstances" test, c	heck 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 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	18	supported organization Private Foundation If the organization				-	·	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493341008102

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

Name of the organization

Employer identification number

	Good News Broadcasting Association orporated		47-0405317
Pa	rt I Organizations Maintaining Donor Ac		
	organization answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Dollor advised fullds	(b) runds and other accounts
<u>.</u> 2	Aggregate contributions to (during year)		
2 3	Aggregate grants from (during year)		
3 4	Aggregate value at end of year		
	,		<u> </u>
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	organization's exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	5 5	•
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" i	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	on or pleasure) Preservation of a	n historically importantly land area certified historic structure
2	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	fied conservation contribution in the forn	n of a conservation
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified his	, ,	2c
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe the taxable year ▶	rred, released, extinguished, or terminat	ed by the organization during
4	Number of states where property subject to conserva	ation easement is located ►	<u></u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easer	nents during the year 🛌
7	A mount of expenses incurred in monitoring, inspecting		
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction Yes No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financia	·
Par	Organizations Maintaining Collection Complete if the organization answered "	ns of Art, Historical Treasures,	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research	
	(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, histofollowing amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$

Assets included in Form 990, Part X

Par	311 Organizations Maintaining Co	ollections of Art	t, His	torica	al Tre	asures, or O	the	<u>r Similar Asse</u>	ts (co	ntinued)
3	Using the organization's accession and other items (check all that apply)	er records, check an	y of th		_	_			1	
а	Public exhibition		d	Гι	Loan or	exchange progr	ams			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	ain hov	wthevi	further 1	the organization	's ex	rempt purpose in		
	Part XIV					-				
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	□ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	jements. Compl	ete ıf	the o	rganıza	ation answere		·		<u>·</u>
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?						ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ving tab	le	_				
						_		Amou	ınt	
С	Beginning balance					_	1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21?					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V								
Pai	rt V Endowment Funds. Complete									
		(a)Current Year	(b)	Prior Ye		(c)Two Years Back	_		Four Y	ears Back
1a	Beginning of year balance	1,542,232		1,35	56,986	1,235,11	5	1,421,116		
b	Contributions						_			
C	Investment earnings or losses	-130,433		18	35,246	121,87	1	-186,001		
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	1,411,799		1,54	12,232	1,356,98	6	1,235,115		
2	Provide the estimated percentage of the year	ar end balance held	as							
а	Board designated or quasi-endowment									
ь	Permanent endowment 100 000 %									
c	Term endowment ►									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that ar	e held a	ınd admınıstere	d for	the		
	organization by			and an					Yes	No
	(i) unrelated organizations							3a(i)	Yes	
	(ii) related organizations							3a(ii)		No
b	If "Yes" to 3a(II), are the related organization							3b		
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa	art X, I	line 10					
	Description of property				Cost or ot (investm			(c) Accumulated depreciation	(d) Bo	ok value
1a	Land					405	,000			405,000
b I	Buildings					5,910	,108	2,777,684		3,132,424
c l	Leasehold improvements									
d I	Equipment					886	,319	407,647		478,672
e (Other					209	,519	147,611		61,908
	I. Add lines 1a-1e <i>(Column (d) should equal F</i>		mn (B)), line 1	0(c).) .					4,078,004
	. , , ,	· · ·	. ,					Schedule D (F		

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-or	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
(A) Real estate & mineral rights	266,216		F
· · · · · · · · · · · · · · · · · · ·			
(B) Assets related to fiduciary agreements	4,550,566		F
Total. (Column (h) should equal Form 990. Part X. col (B) line 12.)	4.016.703		
Column (2) and and equal term 330, ture it, eet (2) into 12	4,816,782		
Part VIII Investments—Program Related. See	: Form 990, Part X, line .		d of valuation
(a) Description of investment type	(b) Book value		f-year market value
			,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	tion		(b) Book value
(1) Net receivables from Back To The Bible Foundation			1,267,460
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		1,267,460
Part X Other Liabilities. See Form 990, Part X	, lıne 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Liabilities related to fiduciary agreements	1,569,662		
Note payable to Back to the Bible Foundation	7,159,725		
Payable due to Back to the Bible Foundation	227,370		
Capital Lease Obligations	157,737		
Capital Lease Obligations	157,737		
	Į.		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,522,313
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,892,414
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,370,101
4	Net unrealized gains (losses) on investments	4	-9,931
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	43,327
9	Total adjustments (net) Add lines 4 - 8	9	33,396
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,336,705
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	8,617,409
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	95,096
3	Subtract line 2e from line 1	3	8,522,313
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b .		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4 c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,522,313
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	9,954,114
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 61,700		
e	Add lines 2a through 2d	2e	61,700
3	Subtract line 2e from line 1	3	9,892,414
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,892,414
10.0	t XIV Supplemental Information		

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

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 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
Description of Intended Use of Endowment Funds	Part V, Line 4	Generate income for operational purposes
Description of Uncertain Tax Positions Under FIN 48	Part X	The financial statement effects of a tax position taken or expected to be taken are recognized in the consolidated financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the consolidated statement of activities. As of June 30, 2012, GNBA had no uncertain tax positions that qualify for recognition or disclosure in the consolidated financial statements.
Part XI, Line 8 - Other Adjustments		Change in value of fiduciary agreements & gift annuities 43,327
Part XII, Line 2d - Other Adjustments		Change in value of fiduciary agreements & gift annuities 43,327 Cost of goods sold 61,700
Part XIII, Line 2d - Other Adjustments		Cost of goods sold 61,700

DLN: 93493341008102

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

	e of the organization				Employer ident	ification number
	Good News Broadcasting Associa rporated	tion			47-0405317	
	rt I General Informatio "Yes" to Form 990, Pa			ne United States. C		ation answered
L	For grantmakers. Does the			s to substantiate the	amount of the grants (or
	assistance, the grantees' elig	gibility for the	grants or assis	stance, and the selecti	on criteria used to awa	ard
	the grants or assistance?					✓ Yes
2	For grantmakers. Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace 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	0	0	Grant making		1,000
	East Asia and the Pacific	0	0	Grant making		90,452
	South America	0	0	Grant making		23,807
	South Asia	0	1	Grant making		126,242
	-					
	-					
32	Sub-total	0	1			241,501
	Total from continuation sheets to Part I	0				0
c	Totals (add lines 3a and 3b)	0	 			241,501

OSC TUIL		space is needed.	1		T		ī	
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
_		East Asia and the Pacific	Indonesia Radio and literature ministry, on air and personal counseling and Pastors seminars	33,152	Check or wire transfer			
		East Asia and the Pacific	Japan Christian radio broadcasting, Pastors support program, Disaster Relief		Check or wire transfer			
		South America	Ecuador Radio ministry, literature ministry, Bible conferences, Pastors seminars and children's ministry		Check or wire transfer			
		South Asia	India Radio and TV ministry, literature ministry, Gospel rallies	8,232	Check or wire transfer			
		South Asia	Nepal Radio and literature ministry	14,433	Check or wire transfer			
		South Asia	Sri Lanka Radio and TV ministry, literature ministry, Bible conferences, children's ministry and mission outreach, cell phone ministry	103,577	Check or wire transfer			

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earre 000) 2011

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)	Γ	Yes	<u> </u>	Νo
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)	Γ	Yes	굣	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)	Г	Yes	্	Νo
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)	Г	Yes	┍	Νo
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)	Г	Yes	┍	Νo
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).	Г	Yes	~	No

Schedule F (Form 990) 2011

Part V Supplemental Information

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

<u>information.</u>		
I dentifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 We receive monthly financial statements from the organizations we fund The financial statements describe specific projects and their income and expenditure for each month as well as that of the year to date in the financial year We also require that accounts are audited annually
Method Used to Acccount for Expenditures		Schedule F, Part I, Line 3 We record the expenses for distributions to foreign organizations as an International Grant expense at the time the payment is made out of our general account
		Schedule F (Form 990) 2011

DLN: 93493341008102

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

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

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	Good News Broadcasting Association prorated 47-0405317			
Pa	rt I Questions Regarding Compensation			
	Questions Regulating compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel First-class or charter travel		163	140
	,(- g,,,,			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Independent compensation consultant Form 990 of other organizations Varieties employment contract Compensation survey or study Approval by the board or compensation committee			
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			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III	i		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
۵	If "Vac" to line 9, did the organization also follow the robuttable procumption procedure described in Pegulations			

section 53 4958-6(c)?

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)(1)-(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		(i) Base	W-2 and/or 1099-MI (ii) Bonus & incentive	SC compensation (iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or			
		compensation	compensation	compensation	compensation			Form 990-EZ			
(1) Woodrow Kroll Th D	(I) (II)	130,625 0	1,699 0	-	17,525 0	88,881 0	256,696 0	0 0			
(2) Arnie Cole Ed D	(I) (II)	182,710 0	0	l	2,005 0	15,308 0	200,023	0 0			
(3) Bryon Swanson	(I) (II)	153,342 0	0 0	0 0	2,459 0	15,308 0	171,109 0	0 0			

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
	,	First-class travel At times, business class travel is used for long-haul international trips for key employees. This allows key employees to "hit the ground running" to accomplish more in less time-maximizing the key employee's effectiveness while minimizing the time needed to be spent in the foreign country Multiple destinations can also be visited by the individual on the same trip in less time when compared to the multiple trips and extra days on location required by economy class travel. (Specifically, this included travel for Dr. Woodrow Kroll and Dr. Arnie Cole. This is not treated as taxable income. Travel for Spouse Volunteers. Key employees have spouse volunteers travel with them on occasion in order to assist with business related tasks of the organization. These tasks include, but are not limited to public relations activities for BTTB, customer service at book or information displays, advocacy for BTTB's program activities in fundraising meetings, other communication and/or prayer support with donors and listeners, and administrative support. If the spouse volunteer travel is deemed business related by leadership, it is not treated as taxable income. Housing Allowance. Dr. Woodrow Kroll receives a housing allowance based upon his status as a minister of the Gospel.
		We have a written policy for spouse volunteer travel and for housing allowances We don't currently have a written policy regarding first class travel, but we are working on one. Our practice is that it must be approved by the CEO or President
	Part I, Line 4b	The organization designated \$13,500 to a non-qualifed deferred compenstion plan for Woodrow Kroll, President

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493341008102

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

Open to Public **Inspection**

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

Name of the organization The Good News Broadcasting Association Incorporated										Employer identification number						
									7-04053							
art I	Excess Benefit Trar Complete of the organization										ıne 40b					
1	(a) Name of disqu	(b) Description of transaction							(c) Corrected?							
											Yes	No				
sec 3 Ent Part II	er the amount of tax impose tion 4958	on line rom : ation a (b) L or fro	 e 2, abo Intere	ve, reimburs	ed by the sons. orm 990	e organization .		n 990-E	· · •	, line 38	a (g) Writt					
		То	From				Yes	No	Yes	No	Yes	No				
					. .											
otal . a rt III																
	Complete if the orga					rm 990, Part IV en interested per										
(a) Name of interested person						ganization	3011	(c) A m	nount of g	rant or ty	pe of assis	stance				
							-+									

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of Interested person	(b) Relationship between interested person and the (c) A mount of transaction		(d) Description of transaction	organı	naring of zation's nues?
	organization			Yes	No
(1) Bott Radio	Board member, Richard Bott, has more than 35% ownership interest		Radio time purchased from Bott Radio Network at or below fair market value		No
(2) Barry Percival	Family of officer	26,467	W2 employee		Νo
(3) Matt Work	Family of officer	12,375	W2 employee		Νo
(4) Tiffany Percival	Family of officer	38,605	W2 employee		No
					+

Part V **Supplemental Information**

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

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493341008102

Employer identification number

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization The Good News Broadcasting Association

Department of the Treasury Internal Revenue Service

Incorporated

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 Open to Public Inspection

ncorporated		47-0405317
ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	Form 990 is prepared by independent accountant and reviewed by the Organization's top management. The 990 is also provided to the Board of Directors for their review prior to being filed with the IRS
	Form 990, Part VI, Section B, line 12c	The officers, trustees and key employees are expected to review the conflict of interest policy and complete the annual review sheet at least annually. In addition, as events arise during the year, officers, trustees and key employees are expected to further disclose conflicts and excuse themselves from decision making related to the conflict.
	Form 990, Part VI, Section B, line 15	The top management official's (CEO) salary and pay increases are set by the Board of Trustees after their annual evaluation of his performance. Comparison data is accumulated through survey data from independent sources, review of Form 990 information for similar organizations involved in Bible teaching radio broadcasting, and regional differences in cost of living. A similar process is used to set the salaries of other officers and key employees. The process and decisions are documented in the minutes.
	Form 990, Part VI, Section C, line 19	These documents are available upon request
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -9,931 Change in value of fiduciary agreements & gift annuities 43,327 Total to Form 990, Part XI, Line 5 33,396
Explanation of responsiblity	Form 990, Page 12, Part XI, Line 2C	The organization has a committee that assumes responsibility for oversight of audit of its financial statements and selection of an independent accountant. This process has not changed since the prior year.

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DLN: 93493341008102

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

Open to Public

Internal Revenue Service					In	spectio	n
Name of the organization The Good News Broadcasting Association Incorporated				Employer id 47-040531	entification number		
Part I Identification of Disregarded Entities (C	omplete if the organizat	ion answered "Yes	s" on Form 990, Pa	art IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (sta or foreign country		(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations dur		e if the organizatio	n answered "Yes"	on Form 990, Pa	art IV, line 34 becau	se ıt had	one
(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	Section 5	g) 512(b)(13 trolled nization
(1) Back To The Bible Foundation						Yes	No
PO Box 8208 Lincoln, NE 68501 47-6022615	Support Good News Broadcasting Association	NE	501(c)(3)	Line 11 - Type I	The Good News Broadcasting Association		No

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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)	,	(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 Disprop allocat	rtionate	(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	
												i

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) Рптагу 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			

(6)

Note. Complete line 1.1 any entity is listed in Parts II, III or IV a Recept of (1) interest (1) annutres (III) replace (k) rent from a controlled entity a Recept of (1) interest (1) annutres (III) replace (k) 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 Leans or loan guarantees to or for related organization(s) E Leans or loan guarantees to or for related organization(s) f Sale of assets to related organization(s) g Purchase of assets to related organization(s) l Lease of facilities, equipment, or other assets to related organization(s) l Lease of facilities, equipment, or other assets to related organization(s) l Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations to related organization(s) l Performance of services or membership or fundraising solicitations to related organization(s) l Performance of services or membership or fundraising solicitations to related organization(s) l Performance of services or membership or fundraising solicitations to related organization(s) l Performance of services or membership or fundraising solicitations to related organization(s) lin No sharing of paid employees with related organization(s) n Sharing of paid employees with related organization(s) lin No organization (s) lin No organization (s) lin No lin No lin No lin No lin No organization (s) lin No lin	Pa	rt V	Transactions With Related Organizations (Complete if the organization answered "Yes	" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)						
A Receipt of (1) interest (19) ennuties (19) royalities (10) rent from a controlled entity 10		Note.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No				
Description Content	1 D	uring th	e tax year, did the orgranization engage in any of the following transactions with one or more related organ	ızatıons lısted ın Parts	s II-IV?							
C Gift, grant, or capital contribution from related organization(s) Ic Ves	а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity										
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) f Purchase of assets from related organization(s) f Exchange of assets the related organization(s) f Lease of facilities, equipment, or other assets from related organization(s) f Lease of facilities, equipment, or other assets from related organization(s) f Lease of facilities, equipment, or other assets from related organization(s) f Performance of services or membership or fundrasing solicitations for related organization(s) f Performance of services or membership or fundrasing solicitations for related organization(s) f Performance of services or membership or fundrasing solicitations by related organization(s) f Performance of services or membership or fundrasing solicitations by related organization(s) f Performance of services or membership or fundrasing solicitations by related organization(s) f Performance of services or membership or fundrasing solicitations by related organization(s) f Performance of services or membership or fundrasing solicitations by related organization(s) f Performance of services or membership or fundrasing solicitations by related organization(s) f Performance of services or membership or fundrasing solicitations by related organization(s) f Performance of services or membership or fundrasing solicitations by related organization(s) f Performance of services or membership or fundrasing solicitations by related organization(s) f Performance of services or membership or fundrasing solicitations by related organization(s) f Performance of services or membership or fundrasing solicitations by related organization(s) f Performance of services or membership organization(s) f Performance of services or membership or fundrasing solicitations by related organization(s) f Performance of services or membership organization(s) f Performance of services or membership or fundrasing solicitations by related organization(s) f Performanc	b	b Gift, grant, or capital contribution to related organization(s)										
Ele Ves	c											
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 from 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) n Sharing of paid employees with related organization(s) n Sharing of paid employees with related organization(s) n Relimbursement paid to related organization(s) for expenses q Other transfer of cash or property for related organization(s) q Other transfer of cash or property from related organization(s) Tansaction Name of other organization or property from related organization(s) 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 Company Com	d	Loans or loan guarantees to or for related organization(s)										
### Purchase of assets from related organization(s) ### Exchange of assets with related organization(s) #### Exchange of assets with related organization(s) ##### It is ease of facilities, equipment, or other assets from related organization(s) ##### It is ease of facilities, equipment, or other assets from related organization(s) ##### It is ease of facilities, equipment, or other assets from related organization(s) ####################################	e	e Loans or loan guarantees by related organization(s)										
### Purchase of assets from related organization(s) ### Exchange of assets with related organization(s) #### Exchange of assets with related organization(s) ##### It is ease of facilities, equipment, or other assets from related organization(s) ##### It is ease of facilities, equipment, or other assets from related organization(s) ##### It is ease of facilities, equipment, or other assets from related organization(s) ####################################												
h Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets from 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) j 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) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) m Sharing of paid employees with related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization	f	Sale	assets to related organization(s)			1f		No				
Lease of facilities, equipment, or other assets from related organization(s) II No No I Performance of services or membership or fundraising solicitations by related organization(s) II No No I Performance of services or membership or fundraising solicitations by related organization(s) II No No I Performance of services or membership or fundraising solicitations by related organization(s) II No No I Performance of services or membership or fundraising solicitations by related organization(s) II No No II No No II No No	g	Purch	se of assets from related organization(s)			1 g		No				
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) ii Performance of services or membership or fundraising solicitations by related organization(s) iii No ii No iii No ii N	h	Excha	nge of assets with related organization(s)			1h		No				
Reinformance of services or membership or fundraising solicitations by related organization(s) 1	i	Lease	of facilities, equipment, or other assets to related organization(s)			1i		No				
Reinformance of services or membership or fundraising solicitations by related organization(s) 1												
Performance of services or membership or fundraising solicitations by related organization(s) Main Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) No In Sharing of paid employees with related organization(s) No In In In In In In In I	j	Lease	of facilities, equipment, or other assets from related organization(s)					No				
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) n Reimbursement paid to related organization(s) for expenses n Reimbursement paid by related organization(s) for expenses n Reimbursement paid by related organization(s) for expenses n Other transfer of cash or property to related organization(s) n Other transfer of cash or property from related organization(s) 1 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 1 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 1 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 1 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 1 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 1 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 1 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 1 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 1 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	k	k Performance of services or membership or fundraising solicitations for related organization(s)										
Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s	I	I Performance of services or membership or fundraising solicitations by 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) To Other transfer of cash or property from related organization(s) 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	m	Sharır	g of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	<u> </u>	No				
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) 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 Columbia (a) (b) (c) (c) (d) (d	n	n Sharing of paid employees with related organization(s)										
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) 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 Columbia (a) (b) (c) (c) (d) (d												
q Other transfer of cash or property to related organization(s) r Other transfer of cash or property from related organization(s) 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 Columbia	0	Reimb	ursement paid to related organization(s) for expenses			10		No				
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 Columbia Colu	р	Reimb	ursement paid by related organization(s) for expenses			1p		No				
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 Columbia Colu												
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) (b) Transaction type(a-r) (c) Amount involved Method of determining amount involved involved (3) (4)	q	Other	transfer of cash or property to related organization(s)				Yes					
(a) Name of other organization (1) (2) (3) (4)	r	Other	ransfer of cash or property from related organization(s)			1r		No				
(a) Name of other organization (1) (2) (3) (4)												
Transaction type(a-r) Amount involved Method of determining amount involved (1) (2) (3) (4)	2	If the	nswer to any of the above is "Yes," see the instructions for information on who must complete this line, in	cluding covered relati	onships and transact							
(1) (2) (3) (4)			(a)			(d) Method of determi	ning amo	ount				
(2) (3) (4)			Name of other organization		Amount involved							
(4)												
(4)	(-)											
	(3)											
(5)	(4)											
	<u>/5\</u>											
	(3)											

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) (j Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

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

Additional Data

Software ID:

Software Version:

EIN: 47-0405317

Name: The Good News Broadcasting Association

Incorporated

Form 990, Special Condition Description:

Special Condition Description