See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493093003083

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

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

C Name of organization
CHRISTIAN HERALD ASSOCIATION INC

Doing Business As
THE BOWERY MISSION (SEE SCHED O)

Number and street (or P O box if mail is not delivered to street address) | Room/suite
132 MADISON AVENUE

City or town, state or country, and ZIP + 4
NEW YORK, NY 100167004

D Employer identification number
13-1617086

E Telephone number
(212)684-2800

G Gross receipts $ 23,843,467

F Name and address of principal officer
EDWARD H MORGAN
132 MADISON AVENUE
NEW YORK,NY 100167004

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BOWERY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1878 | **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CHRISTIAN HERALD ASSOCIATION, DOING BUSINESS AS THE BOWERY MISSION, HAS SERVED NEW YORKERS IN NEED SINCE 1879 OUR GOAL IS SIMPLE TO BE THE MOST EFFECTIVE PROVIDER OF COMPASSIONATE CARE AND LIFE TRANSFORMATION FOR HURTING PEOPLE IN NEW YORK CITY OUR VISION IS CLEAR WE ARE CALLED TO MINISTER IN NEW YORK CITY TO MEN, WOMEN AND CHILDREN CAUGHT IN CYCLES OF POVERTY, HOPELESSNESS AND DEPENDENCIES OF MANY KINDS, AND TO SEE THEIR LIVES TRANSFORMED TO HOPE, JOY, LASTING PRODUCTIVITY AND ETERNAL LIFE THROUGH THE POWER OF JESUS CHRIST OUR CHRISTIAN FAITH-BASED APPROACH TO THE WORST SOCIAL PROBLEMS OF THE CITY HAS BEEN THE FOUNDATION OF OUR SUCCESS FOR 133 YEARS WE HAVE NEVER AFFILIATED WITH A PARTICULAR CHURCH OR DENOMINATION, AND OUR SERVICES ARE PROVIDED TO ALL REGARDLESS OF THEIR BELIEFS OUR FIRST STEP IS TO OFFER COMPASSIONATE CARE TO MEET THE IMMEDIATE, PHYSICAL AND EMOTIONAL NEEDS OF EACH GUEST THE FOLLOWING SERVICES ARE OFFERED TO BOTH MEN AND WOMEN, FREE OF CHARGE CHAPEL SERVICES

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	189
6	Total number of volunteers (estimate if necessary)	**6**	1,200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	10,556,163	11,546,283
	9 Program service revenue (Part VIII, line 2g)	376,252	404,268
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,050,630	1,827,227
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,934	71,180
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,044,979	13,848,958
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,363,713	1,620,194
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,843,803	4,191,520
	16a Professional fundraising fees (Part IX, column (A), line 11e)	964,549	887,101
	b Total fundraising expenses (Part IX, column (D), line 25) ▶2,275,200		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,217,203	5,828,175
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,389,268	12,526,990
	19 Revenue less expenses Subtract line 18 from line 12	655,711	1,321,968

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	23,292,850	25,145,084
	21 Total liabilities (Part X, line 26)	1,007,615	1,447,964
	22 Net assets or fund balances Subtract line 21 from line 20	22,285,235	23,697,120

Part II Signature Block

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

Sign Here

****** 2013-04-03
Signature of officer Date

ROBERT P DEPUE CFO / TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: LESLIE NIESKENS | Date: 2013-04-03 | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: LAMBRIDES LAMOSTAYLOR LLP, 81 LARKFIELD RD, EAST NORTHPORT, NY 11731 | EIN ▶ | Phone no ▶ (631) 754-4242

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

CHRISTIAN HERALD ASSOCIATION, DOING BUSINESS AS THE BOWERY MISSION, HAS SERVED NEW YORKERS IN NEED SINCE 1879 OUR GOAL IS SIMPLE TO BE THE MOST EFFECTIVE PROVIDER OF COMPASSIONATE CARE AND LIFE TRANSFORMATION FOR HURTING PEOPLE IN NEW YORK CITY OUR VISION IS CLEAR WE ARE CALLED TO MINISTER IN NEW YORK CITY TO MEN, WOMEN AND CHILDREN CAUGHT IN CYCLES OF POVERTY, HOPELESSNESS AND DEPENDENCIES OF MANY KINDS, AND TO SEE THEIR LIVES TRANSFORMED TO HOPE, JOY, LASTING PRODUCTIVITY AND ETERNAL LIFE THROUGH THE POWER OF JESUS CHRIST OUR CHRISTIAN FAITH-BASED APPROACH TO THE WORST SOCIAL PROBLEMS OF THE CITY HAS BEEN THE FOUNDATION OF OUR SUCCESS FOR 133 YEARS WE HAVE NEVER AFFILIATED WITH A PARTICULAR CHURCH OR DENOMINATION, AND OUR SERVICES ARE PROVIDED TO ALL REGARDLESS OF THEIR BELIEFS OUR FIRST STEP IS TO OFFER COMPASSIONATE CARE TO MEET THE IMMEDIATE, PHYSICAL AND EMOTIONAL NEEDS OF EACH GUEST THE FOLLOWING SERVICES ARE OFFERED TO BOTH MEN AND WOMEN, FREE OF CHARGE CHAPEL SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 7,097,293 including grants of $ 1,561,683) (Revenue $)

THE BOWERY MISSION - SEE PART III, LINE 1

4b (Code) (Expenses $ 1,695,472 including grants of $ 58,511) (Revenue $ 404,268)

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

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 8,792,765

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *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)			
a	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**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	14		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	189		
b	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)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	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
g	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**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AK , AZ , FL , CO , GA , KY , LA , MD , MN , MS , NH , NM , NC , ND , PA , TN , VA , WA , WV , WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

ROBERT DEPUE
132 MADISON AVENUE
NEW YORK,NY 100167004
(212)684-2800

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDWARD H MORGAN PRESIDENT/CE	36 00	X		X				153,646	0	77,226
(2) NICHOLAS J DEMARCO DIRECTOR	1 00	X						0	0	0
(3) DUDLEY DIEBOLD DIRECTOR	1 00	X						0	0	0
(4) AR BERNARD FROM 6302012 DIRECTOR	1 00	X						0	0	0
(5) VICTOR J HUEBNER DIRECTOR	1 00	X						0	0	0
(6) DONALD KOLOWSKY DIRECTOR	1 00	X						0	0	0
(7) BRUCE MAASBACH DIRECTOR	1 00	X						0	0	0
(8) JAN NAGEL CHAIRMAN	1 00	X		X				0	0	0
(9) MIGUEL SANCHEZ THROUGH 12312011 DIRECTOR	1 00	X						0	0	0
(10) PAMELA LEGGETT DIRECTOR	1 00	X						0	0	0
(11) DANIEL NESS THROUGH 12312011 DIRECTOR	1 00	X						0	0	0
(12) THOMAS R VOGELEY DIRECTOR	1 00	X						0	0	0
(13) VAUGHN WEIMER DIRECTOR	1 00	X						0	0	0
(14) HENRY HIGDON DIRECTOR	1 00	X						0	0	0
(15) STACY HOCK DIRECTOR	1 00	X						0	0	0
(16) CHARLES W VETH DIRECTOR	1 00	X						0	0	0
(17) SUMMER ELLIS FROM 6302012 DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRUCE TERRELL FROM 9302012 DIRECTOR	1 00	X						0	0	0
(19) ROBERT DEPUE CFO / TREASU	36 00			X				126,374	0	12,756
(20) BRIAN JOHANSSON VP OF OPERAT	30 00			X				112,501	0	43,625
(21) JAMEY NORDBY FROM 1042011 VP FINANCE &	36 00			X				32,308	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								424,829		133,607

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	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
MERKLE INC PO BOX 64046 BALTIMORE, MD 212644046	FUNDR MAILINGS	636,891
COMMUNICATION CORP OF AMERICA 13195 FREEDOM WAY BOSTON, VA 22713	FUNDR MAILINGS	211,222

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 1,536,354				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 43,447				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 9,966,482				
	g	Noncash contributions included in lines 1a-1f $ 4,460,851				
	h	**Total.** Add lines 1a-1f . . . . . ▶	11,546,283			
Program Service Revenue		Business Code				
	2a	RETREAT CENTER & CAMP FEES	404,268	404,268		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	404,268			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	404,866			404,866
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 11,223,058				
	b	Less cost or other basis and sales expenses: 9,800,697				
	c	Gain or (loss): 1,422,361				
	d	Net gain or (loss) . . . . . ▶	1,422,361	1,422,361		
Other Revenue	8a	Gross income from fundraising events (not including $ 1,536,354 of contributions reported on line 1c) See Part IV, line 18 . . . a 208,878				
	b	Less direct expenses . . . b 193,812				
	c	Net income or (loss) from fundraising events . . ▶	15,066			15,066
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	OTHER INCOME	56,114			56,114
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	56,114			
	12	**Total revenue.** See Instructions . . . ▶	13,848,958	1,826,629		476,046

Part IX Statement of Functional Expenses

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

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,620,194	1,620,194		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	639,913	249,808	390,105	
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	2,765,804	1,941,526	300,866	523,412
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	72,295	38,667	15,889	17,739
9	Other employee benefits	457,868	336,083	46,824	74,961
10	Payroll taxes	255,640	165,838	49,489	40,313
11	Fees for services (non-employees)				
a	Management				
b	Legal	16,765		16,765	
c	Accounting	51,156		51,156	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .	887,101			887,101
f	Investment management fees				
g	Other	610,728	323,035	214,121	73,572
12	Advertising and promotion	9,613			9,613
13	Office expenses	541,115	76,159	83,779	381,177
14	Information technology				
15	Royalties . .				
16	Occupancy	516,813	430,940	80,228	5,645
17	Travel	253,440	200,466	30,718	22,256
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,839	15,333	6,326	10,180
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	340,913	280,598	47,617	12,698
23	Insurance	146,738	127,381	18,002	1,355
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FOOD	2,263,447	2,263,447		
b	PROGRAM SUPPLIES	641,781	641,781		
c	EQUIPMENT RENTAL & MAINT	144,969	46,210	51,007	47,752
d	MISCELLANEOUS	140,596	12,226	16,490	111,880
e					
f	All other expenses	118,262	23,073	39,643	55,546
25	**Total functional expenses.** Add lines 1 through 24f	12,526,990	8,792,765	1,459,025	2,275,200
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		511,481	1	603,081
	2	Savings and temporary cash investments		500,011	2	480,936
	3	Pledges and grants receivable, net		56,000	3	30,354
	4	Accounts receivable, net		112,231	4	65,172
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		235,254	9	178,216
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 15,137,896			
	b	Less accumulated depreciation	10b 6,120,696	7,249,288	10c	9,017,200
	11	Investments—publicly traded securities		13,081,257	11	13,068,416
	12	Investments—other securities See Part IV, line 11		1,499,026	12	1,614,550
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		48,302	15	87,159
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		23,292,850	16	25,145,084
Liabilities	17	Accounts payable and accrued expenses		455,382	17	757,963
	18	Grants payable			18	
	19	Deferred revenue		72,032	19	109,596
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		480,201	25	580,405
	26	**Total liabilities.** Add lines 17 through 25		1,007,615	26	1,447,964
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		14,766,134	27	15,499,417
	28	Temporarily restricted net assets		643,096	28	1,206,174
	29	Permanently restricted net assets		6,876,005	29	6,991,529
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		22,285,235	33	23,697,120
	34	Total liabilities and net assets/fund balances		23,292,850	34	25,145,084

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	13,848,958
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,526,990
3	Revenue less expenses Subtract line 2 from line 1	3	1,321,968
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	22,285,235
5	Other changes in net assets or fund balances (explain in Schedule O)	5	89,917
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	23,697,120

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	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 the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated 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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493093003083

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHRISTIAN HERALD ASSOCIATION INC

Employer identification number
13-1617086

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

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

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

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

_____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **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)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,896,472	15,293,253	9,362,715	10,556,163	11,546,283	55,654,886
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	8,896,472	15,293,253	9,362,715	10,556,163	11,546,283	55,654,886
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,526,270
6 **Public Support.** Subtract line 5 from line 4						50,128,616

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	8,896,472	15,293,253	9,362,715	10,556,163	11,546,283	55,654,886
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	437,587	328,501	550,819	536,435	404,866	2,258,208
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	76,614	22,400	17,874	47,504	56,114	220,506
11 **Total support** (Add lines 7 through 10)						58,133,600

12	Gross receipts from related activities, etc (See instructions)	12	2,615,070

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	86 230 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	84 980 %

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 box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493093003083

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHRISTIAN HERALD ASSOCIATION INC

Employer identification number
13-1617086

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	9,065,836	9,734,613	8,827,609	8,798,526	
b Contributions					
c Investment earnings or losses	964,648	-218,777	907,004	29,083	
d Grants or scholarships					
e Other expenditures for facilities and programs	316,637		852,719	165,744	
f Administrative expenses					
g End of year balance	9,530,484	9,065,836	9,734,613	8,827,609	

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		943,750		943,750
b Buildings		7,798,337	4,024,709	3,773,628
c Leasehold improvements				
d Equipment		2,489,289	2,095,987	393,302
e Other		3,906,520		3,906,520
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				9,017,200

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN PERP TRUSTS	1,614,550	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	1,614,550	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-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, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
POST-RETIREMENT BENEFITS PAYABLE	497,552
DEFERRED COMPENSATION LIABILITY	49,802
GIFT BONDS PAYABLE	27,500
RESERVE FOR GIFT ANNUITIES PAYABLE	5,551
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	580,405

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,848,958
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,526,990
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,321,968
4	Net unrealized gains (losses) on investments	4	38,561
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	51,356
9	Total adjustments (net) Add lines 4 - 8	9	89,917
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,411,885

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	14,118,631
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	38,561		
b	Donated services and use of facilities	2b	115,588		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	115,524		
e	Add lines **2a** through **2d**			2e	269,673
3	Subtract line **2e** from line **1**			3	13,848,958
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	13,848,958

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

1	Total expenses and losses per audited financial statements			1	12,706,746
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	115,588		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	64,168		
e	Add lines **2a** through **2d**			2e	179,756
3	Subtract line **2e** from line **1**			3	12,526,990
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	12,526,990

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	OUR ENDOWMENT FUNDS ARE USED ACCORDING TO THE DONORS REQUIREMENTS THE INTENDED USES ARE BASED ON A CASE BY CASE BASIS OUR OUTLOOK FOR THE INTENDED USES IS SPECIFICALLY IN THE AREAS OF LIFE TRANSFORMATION PROGRAMS AT THE BOWERY MISSION, WOMEN'S CENTER AT HEARTSEASE HOME, MONT LAWN CAMP AND KIDS WITH A PROMISE WE SEEK TO ADD TO OUR ALREADY DIVERSE PROGRAM BY USING THESE FUNDS TO EXPAND IN THE AREAS OF COMPASSIONATE CARE, POSITIVE LIFE EXPERIENCES FOR CHILDREN AND SURROUNDING ALL IN A LOVING ENVIRONMENT THAT PROMOTES LOVE, KINDNESS, OPPORTUNITY AND EDUCATION
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	CHRISTIAN HERALD'S CURRENT ACCOUNTING POLICY IS TO DISCLOSE LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR IS IT AWARE OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 115,524 CHANGE IN LIABILITY FOR POST RETIREMENT BENEFITS -64,168
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 115,524
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	CHANGE IN LIABILITY FOR POST RETIREMENT BENEFITS 64,168

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493093003083

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHRISTIAN HERALD ASSOCIATION INC

Employer identification number
13-1617086

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EAST ASIA AND THE PACIFIC			INVESTMENTS		
EUROPE			INVESTMENTS		
NORTH AMERICA			INVESTMENTS		
SOUTH ASIA			INVESTMENTS		
3a Sub-total					1,283,078
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					1,283,078

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

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) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
		EAST ASIA AND THE PACIFIC 0 576,604 EUROPE 0 278,168 NORTH AMERICA 0 353,146 SOUTH ASIA 0 75,160

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493093003083

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHRISTIAN HERALD ASSOCIATION INC

Employer identification number
13-1617086

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

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
MERKLE INC PO BOX 64046 BALTIMORE, MD 212644046	MAILINGS		No		644,268	-644,268
GRIZZARD COMMUNICATIONS GROUP INC 229 PEACHTREE ST NE SUITE 1400 ATLANTA, GA 30303	EMAIL APLS		No		184,364	-184,364
HARRIS CONNECT LLC 1511 ROUTE 22 SUITE C-25 BREWSTER, NY 10509	FR CONSULT		No		34,949	-34,949
THE FOCUS GROUP LLC 521 A1A BEACH BLVD ST AUGUSTINE, FL 32080	CAP CAMPGN		No		23,519	-23,519
Total . . . . . ▶					887,100	

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

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

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

		(a) Event #1 VALENTINE GALA (event type)	(b) Event #2 KWAP BOATHOUSE (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,206,925	238,945	299,362	1,745,232
	2 Less Charitable contributions	1,107,705	218,605	210,044	1,536,354
	3 Gross income (line 1 minus line 2)	99,220	20,340	89,318	208,878
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	109,200	20,250	35,737	165,187
	7 Food and beverages			5,100	5,100
	8 Entertainment	5,200	7,000	11,325	23,525
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(193,812)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				15,066

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493093003083

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHRISTIAN HERALD ASSOCIATION INC

Employer identification number
13-1617086

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 23

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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

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

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 13-1617086
Name: CHRISTIAN HERALD ASSOCIATION INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALL NATIONS BAPTIST CHURCH 86-76 80TH STREET WOODHAVEN,NY 11412	11-1761498	3		129,617	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
ANTIOCH BAPTIST CHURCH41 W 124TH ST NEW YORK,NY 10027	62-7002419	3		42,381	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BETHESDA MISSION2101 NORTH FRONT STREET HARRISBURG,PA 17110	23-1389397	3		8,985	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
BLESSINGS OF HOPEPO BOX 567 EPHRATA,PA 17522	20-8597936	3		784,891	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRISTIAN HERALD HOUSING132 MADISON AVENUE NEW YORK, NY 10016	13-3482114	3	152,004				PROGRAM SUPPORT
EASTCHESTER CHURCH OF GOD INC3020 EASTCHESTER ROAD BRONX, NY 10469	13-3998608	3		55,333	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EVANGELICAL CHRISTIAN CHURCH3921 CRESCENT STREET LONG ISLAND CITY, NY 11101	80-0199724	3	16,200				PROGRAM SUPPORT
FELLOWSHIP WITH CHRIST109-07 FARMERS BLVD QUEENS,NY 11412	11-3570773	3		22,885	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRIENDSHIP BAPTIST CHURCH 144 W 131 ST NEW YORK, NY 10027	34-2061137	3		33,291	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
HOPE CHRISTIAN CENTER2185 UNIVERSITY AVE BRONX, NY 10453	23-7207619	3		32,049	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTERNATIONAL RELIEF SERVICES114 S PENNSYLVANIA STREET MARION,IN 46952	72-1272954	3		16,875	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
KING DAVID CONSISTORY454 W 155TH STREET NEW YORK,NY 10032	23-7567282	3		36,537	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KING OF KINGS LORD OF LORDS 350 WEST 145TH STREET NEW YORK, NY 10039	45-2541562	3		20,053	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
LIGHT HOUSE MISSION1543 MONTAUK HWY BELLPORT, NY 11713	20-5850026	3		18,813	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIVING HOPE CHRISTIAN MINISTRIES107-55 166TH ST JAMAICA, NY 11433	90-0358576	3		55,254	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
MANHATTAN CHRISTIAN ACADEMY401 WEST 205TH STREET NEW YORK, NY 10034	68-0588257	3	42,311				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
METROPOLITAN BAPTIST CHURCH 151 W 128TH ST NEW YORK, NY 10027	13-6001410	3		9,120	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
MINISTRIES OF COMPASSION DBA A CAN CAN MAKE A DIFFERENCE 1607 CROMWELL BRIDGE ROAD BALTIMORE, MD 21234	52-1758039	3		25,320	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW TESTAMENT CHURCH OF GOD 3356 SEYMOUR AVE BRONX,NY 10469	13-3762440	3		29,835	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
OPERATION BLESSING977 CENTERVILLE TPKE VIRGINIA BEACH, VA 23463	54-1382657	3		13,155	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
POWER IN ACTION 1841 FLATBUSH AVE BROOKLYN, NY 11210	11-3528159	3		13,434	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT
SALVATION ARMY 225 BOWERY STREET NEW YORK, NY 10002	13-1740429	3		18,267	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TIMES SQUARE CHURCH237 WEST 51ST STREET NEW YORK, NY 10019	13-1839688	3		8,171	EST VALUE	SURPLUS FOOD	PROGRAM SUPPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493093003083

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHRISTIAN HERALD ASSOCIATION INC

Employer identification number
13-1617086

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ 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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or 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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EDWARD H MORGAN	(i) (ii)	153,646			13,828	63,398	230,872	
(2) BRIAN JOHANSSON	(i) (ii)	112,501			4,500	39,125	156,126	

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
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	THE PRESIDENT / CHIEF EXECUTIVE OFFICER AND VICE PRESIDENT OF OPERATIONS RECEIVED HOUSING BENEFITS FOR THE CALENDAR YEAR ENDING 12/31/2011 VALUED AT 48,000 AND 24,000 RESPECTIVELY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493093003083

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHRISTIAN HERALD ASSOCIATION INC

Employer identification number
13-1617086

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		302,197	VALUE BASED ON WEIGHT
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	8	584,992	STOCK EXCHANGE QUOTES
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	6,447	3,484,150	VALUE BASED ON WEIGHT
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SUPPLIES/OTHER)	X	597	89,512	ESTIMATED VALUE
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493093003083

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHRISTIAN HERALD ASSOCIATION INC

Employer identification number
13-1617086

Identifier	Return Reference	Explanation
DOING BUSINESS AS	FORM 990, PAGE 1, ITEM C	THE BOWERY MISSION KIDS WITH A PROMISE MONT LAWN CAMP AND RETREAT CENTER
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	CHRISTIAN HERALD ASSOCIATION, DOING BUSINESS AS THE BOWERY MISSION, HAS SERVED NEW YORKERS IN NEED SINCE 1879 OUR GOAL IS SIMPLE TO BE THE MOST EFFECTIVE PROVIDER OF COMPASSIONATE CARE AND LIFE TRANSFORMATION FOR HURTING PEOPLE IN NEW YORK CITY OUR VISION IS CLEAR WE ARE CALLED TO MINISTER IN NEW YORK CITY TO MEN, WOMEN AND CHILDREN CAUGHT IN CYCLES OF POVERTY, HOPELESSNESS AND DEPENDENCIES OF MANY KINDS, AND TO SEE THEIR LIVES TRANSFORMED TO HOPE, JOY, LASTING PRODUCTIVITY AND ETERNAL LIFE THROUGH THE POWER OF JESUS CHRIST OUR CHRISTIAN FAITH-BASED APPROACH TO THE WORST SOCIAL PROBLEMS OF THE CITY HAS BEEN THE FOUNDATION OF OUR SUCCESS FOR 133 YEARS WE HAVE NEVER AFFILIATED WITH A PARTICULAR CHURCH OR DENOMINATION, AND OUR SERVICES ARE PROVIDED TO ALL REGARDLESS OF THEIR BELIEFS OUR FIRST STEP IS TO OFFER COMPASSIONATE CARE TO MEET THE IMMEDIATE, PHYSICAL AND EMOTIONAL NEEDS OF EACH GUEST THE FOLLOWING SERVICES ARE OFFERED TO BOTH MEN AND WOMEN, FREE OF CHARGE CHAPEL SERVICES THREE TIMES A DAY, COOKED MEALS THREE TIMES A DAY, DAILY OVERNIGHT SHELTER IN THE WINTER, SHOWERS, HAIRCUTS AND CLOTHING, CRISIS INTERVENTION COUNSELING, A WEEKLY MEDICAL CLINIC AND MONTHLY OPTOMETRIC CLINIC, AND DAILY OUTREACHES TO STREET CORNERS AND PARKS IN MANHATTAN AND BROOKLYN EACH SERVICE WE PROVIDE IS AN INVITATION TO A DEEPER LIFE CHANGE WE FACILITATE LIFE TRANSFORMATION IN OUR RESIDENTIAL RECOVERY PROGRAMS FOR BOTH MEN AND WOMEN, WHICH INCORPORATE ONE-ON-ONE AND GROUP COUNSELING, ADDICTION RECOVERY AND FAMILY RESTORATION PROGRAMS, CAREER CENTERS OFFERING TUTORING, COMPUTER AND VOCATIONAL SKILLS TRAINING, AND JOB PREPARATION, AND PARTICIPATION IN DAILY WORK, WORSHIP, AND BIBLE STUDIES IN 2012, 85 MEN AND WOMEN GRADUATED FROM OUR TWO RESIDENTIAL RECOVERY PROGRAMS THE BOWERY MISSION DISCIPLESHIP INSTITUTE AND THE BOWERY MISSION WOMENS CENTER AT HEARTSEASE HOME EACH GRADUATE EXHIBITED SPECIFIC EVIDENCES OF FUTURE SUCCESS BY WHICH WE MEASURE PROGRESS OUR CHILDRENS PROGRAMS REACH OUT TO HIGHLY AT-RISK CHILDREN THROUGH A COORDINATED PROGRAM WHICH EFFECTIVELY AND MEASURABLY CHANGES THEIR LIFE DIRECTION CHILDREN AND THEIR FAMILIES ARE PROVIDED YEAR-ROUND WITH CHARACTER-BUILDING MENTORING, ACADEMIC TUTORING, AND HORIZON-BROADENING EXPERIENCES PROGRAMS INCLUDE MONT LAWN CAMP, THE LEADERSHIP ACADEMY FOR TEENAGERS, AND YOUNG SCHOLARS FOR ELEMENTARY SCHOOLERS IN 2012, IN ADDITION TO OUR 85 GRADUATES, THE BOWERY MISSION PROVIDED APPROXIMATELY 376,700 MEALS, 35,400 BAGS OF GROCERIES, 79,900 NIGHTS OF SHELTER, AND 57,400 ARTICLES OF CLOTHING, AS WELL AS SHOWERS, HAIRCUTS, AND 700 PROFESSIONAL DOCTORS APPOINTMENTS AND EYE EXAMINATIONS AT OUR IN-HOUSE CLINIC WE ALSO SERVED MORE THAN 1,100 CHILDREN WITH SUMMER CAMP AND YEAR-ROUND MENTORING AND EDUCATIONAL OPPORTUNITIES OUR WORK WAS SUPPORTED BY MORE THAN 34,000 DONORS, 50,400 VOLUNTEER HOURS, AND 3 8 MILLION OF IN-KIND DONATIONS VOLUNTEERS PREPARE MEALS AND PROVIDE OTHER BASIC SERVICES, SERVE AS TEACHERS, MENTORS AND TUTORS, OFFER PROFESSIONAL SERVICES RANGING FROM MEDICAL CARE TO LEGAL COUNSELING, AND RAISE FINANCIAL AND IN-KIND SUPPORT FOR THE BOWERY MISSION
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS REVIEWED AND APPROVED BY THE FINANCE AND AUDIT COMMITTEE PRIOR TO FILING COPIES OF THE 990 ARE ALSO PROVIDED TO THE FULL BOARD
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ON A YEARLY BASIS, THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY, AND APPROVES ANY NECESSARY REVISIONS DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE THEN REQUIRED TO REVIEW THE UPDATED CONFLICT OF INTEREST POLICY, AND DISCLOSE ANY KNOWN CONFLICTS OF INTEREST IF ANY CONFLICTS ARISE, THE BOARD ACTS ACCORDINGLY
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION OF THE CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE BASED ON, AMONG OTHER THINGS, INDUSTRY COMPARABLES AND SENIORITY THE EXECUTIVE COMMITTEE MAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS, WHICH THEN APPROVES THE FINAL COMPENSATION PACKAGE
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE CEO PERFORMS A COMPENSATION ANALYSIS BASED ON, AMONG OTHER THINGS, INDUSTRY COMPARABLES AND SENIORITY THIS ANALYSIS IS THEN PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND INPUT THE FINAL DETERMINATION ON COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS MADE BY THE CEO
STATES WHERE COPY OF RETURN IS FILED	FORM 990, PAGE 6, PART VI, LINE 17	NORTH DAKOTA, PENNSYLVANIA, TENNESSEE, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	CHRISTIAN HERALD ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
RELATED ORGANIZATIONS	FORM 990, PAGE 7, PART VII	AVERAGE HOURS PER WEEK SPENT BY OFFICERS AND DIRECTORS WORKING AT A RELATED ORGANIZATION, CHRISTIAN HERALD HOUSING DEVELOPMENT FUND CORPORATION (CHHDFC), IS AS FOLLOWS EDWARD H MORGAN - PRESIDENT/CEO - 5 HOURS ROBERT DEPUE - CFO - 5 HOURS BRIAN JOHANSSON - VP OF OPERATIONS - 10 HOURS JAMEY NORDBY - VP OF FINANCE AND DEVELOPMENT - 5 HOURS BOARD OF DIRECTORS - (ALL) - 10 HOURS EACH
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS INCLUDE CHANGE IN LIABILITY FOR POST-RETIREMENT BENEFITS (64,168) CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 115,524 UNREALIZED GAINS ON INVESTMENTS 38,561 -------- TOTAL OTHER CHANGES IN NET ASSETS 89,917 ========

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493093003083

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CHRISTIAN HERALD ASSOCIATION INC

Employer identification number
13-1617086

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CHRISTIAN HERALD HOUSING DEVELOPMENT FUND CORP 132 MADISON AVENUE NEW YORK, NY 100167004 13-3482114	CHARITY	NY	501C3	7	NA		No
(2) HEARTSEASE HOME INC 216 EAST 70TH STREET NEW YORK, NY 10021 13-1857760	CHARITY	NY	501C3	7	NA		No

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

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

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

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

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

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

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e	Yes	
f	Sale of assets to related organization(s)	1f		No
g	Purchase of assets from related organization(s)	1g		No
h	Exchange of assets with related organization(s)	1h		No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n	Sharing of paid employees with related organization(s)	1n		No
o	Reimbursement paid to related organization(s) for expenses	1o		No
p	Reimbursement paid by related organization(s) for expenses	1p		No
q	Other transfer of cash or property to related organization(s)	1q		No
r	Other transfer of cash or property from related organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CHRISTIAN HERALD HOUSING DEVELOPMENT FUND CORP	B	152,004	ACTUAL AMOUNTS
(2) CHRISTIAN HERALD HOUSING DEVELOPMENT FUND CORP	K	85,000	ACTUAL AMOUNTS
(3) CHRISTIAN HERALD HOUSING DEVELOPMENT FUND CORP	E	13,467	ACTUAL AMOUNTS
(4) HEARTSEASE HOME INC	J	12,000	ACTUAL AMOUNTS
(5)			
(6)			

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)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		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	