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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2012

Open to Public Inspection

Form **990-EZ** (2012)

Α	For the	For the 2012 calendar year, or tax year beginning , and ending											
В	Check if a	applicable	C Name of organiz	ation						D Empl	D Employer identification number		
Ц	Address	change								00.000000			
	Name ch	ange		BEGINNINGS			INC			20-2687809			
	Initial retu			or P O box, if mail is not deli	vered to street	address)		Roo	m/suite	E Telephone number			
	Terminate			enter St						574-551-9830			
	Amended		•	country, and ZIP + 4	-	. 4 <i>C</i> EOO				F Group Exemption			
<u> </u>		on pending	Warsaw			N 46580			T		ber ▶		
G	Accounting Method ☐ Cash X Accrual Other (specify) ►												
1		Vebsite: ► N/A required to attach Schedule B											
<u>J</u>		xx-exempt status (check only one) — X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)											
K		Check ▶ ¦ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if											
ī						_	990-N (E	e-postcaro) may be	requirea (se	e instruction	ons) But if	
				rn, be sure to file a co				4-14- (Dard II				
L				mine gross receipts. If g r more, file Form 990 ins	-		re, or it to	itai assets (раң ІІ,	▶ •		88,381	
	art I	***		s, and Changes			Ralan	COS (COS	the incl	ructions fo	r Part I\	00,001	
•	uxtı		_	on used Schedule				-		ructions to	n raiti)	X	
	1				- 10 / 10 / 10				•	1		88,370	
	2	Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts							2				
	3		dues and assess							3			
	4	Investment								4		11	
	5a	Gross amou	int from sale of as	sets other than inven	torv		5a						
	Ь		r other basis and		•		5b	<u> </u>					
	c									5c			
	6	Gaming and fundraising events											
ē	a	•	Gross income from gaming (attach Schedule G if greater than										
Revenue		\$15,000) b Gross income from fundraising events (not including \$											
Š	Ь												
		from fundraising events reported on line 1) (attach Schedule G if the											
		sum of such	sum of such gross income and contributions exceeds \$15,000) 6b										
	С	Less direct expenses from gaming and fundraising events 6c											
	d	Net income	or (loss) from gan	ning and fundraising e	events (add	lines 6a and 6b a	nd subtra	act					
	<u>~</u>	line 6c)								6d			
	17 70	Gross sales	of inventory, less	returns and allowand	88		7a						
	← p	Less cost o	f goods sold				7b						
	r⊢, c			es of inventory (Subtr	act line 7b f	from line 7a)				7c			
	8 5 9		ue (describe in Sc	· ·						8_			
	+			, 3, 4, 5c, 6d, 7c, and				···		9		88,381	
{	10		•	aid (list in Schedule ())					10			
2]11	•	d to or for membe					 1		11		···	
Ses	12	Salaries, oth	ner compensation	, and employee bene	its	PECEIV	FD	li H		12			
Expenses	13	Professiona	I fees and other p	ayments to independ	ent contract	OFS		ပ္က		13			
) X	14	Occupancy,	rent, utilities, and	maintenance				S		14			
ш	'3	.	olications, postage	· · · •	A039	MALATO	. 610	<i>(</i> 2)		15		02/272	
	16	•	ises (describe in S	•	1			"P\$\		16		93,272	
	17		ses. Add lines 10			- ooden,				17		93,272	
Ş	18			r (Subtract line 17 from	•	The second section of the second				18		-4,891	
SSe	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with						1.0	1	QE 270			
Net Assets	20	-	end-of-year figure reported on prior year's return)						19	<u> </u>	85,379		
ž	20	· · · · · · · · · · · · · · · · · · ·							20	<u> </u>	80.488		
			a concruiation (** 5	o end on vest tombi	I III DEC TX (COCOUNT ZII				- 1 /7		UU. #177	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012) BLESSED BEGINNINGS BI	ROADCASTI	NG INC 2	20-26	87809			Page 2
Part II Balance Sheets (see the instructions for P	art II)						
Check if the organization used Schedule O to	o respond to any	question in th	ns Part I	<u> </u>			X
•			(A) Beg	ginning of ye	ar	Ĺ	(B) End of year
22 Cash, savings, and investments				28,5	<u> 547</u>	22	26,232
23 Land and buildings					_0	23	
24 Other assets (describe in Schedule O)				148,2		24	137,633
25 Total assets		L		176,8			163,865
26 Total liabilities (describe in Schedule O)		_		91,4	_	26	83,377
27 Net assets or fund balances (line 27 of column (B) must agree				85,3	<u> 379</u>	27	80,488
Part III Statement of Program Service Accom	•			,		1	Expenses
Check if the organization used Schedule O to	o respond to any	<u>question in the question of t</u>	us Part I	<u> </u>	نا	1 '	equired for section
What is the organization's primary exempt purpose?							1(c)(3) and 501(c)(4)
ALLOW STUDENTS TO PARTICIPATE IN PUBLIC BROADCAS						1 '	ganizations and section
Describe the organization's program service accomplishments for as measured by expenses. In a clear and concise manner, describ						l	47(a)(1) trusts, optional
persons benefited, and other relevant information for each program		vided, the numb	iei oi			TO	others)
			_				
28 AREA HIGH SCHOOL STUDENTS PARTICIPATE IN PUBL	LIC BROADCASTI	NG PROJECTS					
(Grants \$) If this amount includes	foreign grants, che	ck here		•	\Box	28a	72,144
29	roreign grants, one	JON HOTE		<u></u> _	- '	200	, , , , , , , ,
(Grants \$:) If this amount includes	foreign grants, che	eck here		•	$\lceil \rceil$	29a	
30	<u> </u>						
(Grants \$) If this amount includes	foreign grants, che	ck here				30a	
31 Other program services (describe in Schedule O)							
(Grants \$) If this amount includes	foreign grants, che	ck here		<u> </u>		31a	21,128
32 Total program service expenses (add lines 28a through 31a)					>	32	93,272
Part IV List of Officers, Directors, Trustees, and Key Eccheck if the organization used Schedule O to resp	mployees List eac	th one even if no	ot compe	nsated (see	e the	ınstruc	tions for Part IV)
Sheek if the organization used deficable of to resp	(b) Average	(c) Report	able	(d) Hea	th ber	nefits,	
(a) Name and title	hours per week devoted to position	compensa (Forms W-2/10	99-MISC)	contribution benefit			e (e) Estimated amount of other compensation
	devoted to position	(If not paid, e	nter -0-)	deferred o	ompe	nsation	
BRIAN WALSH			•				
PRESIDENT DAVE BAUMGARTNER	0.00		0				0 0
DAVE BAUMGARTNER EXECUTIVE COMMITTEE	0.00		^				o
EXECUTIVE COMMITTEE	0.00		0				0 0
	1						
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		<u> </u>		L_			
	<u> </u>	L					
	L	L		L			
DAA							Form 990-EZ (2012)

*******	990-EZ (2012) BLESSED BEGINNINGS BROADCASTING INC 20-2687809			Page
Pi	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	N
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			l
	change on Schedule O (see instructions)	34	↓	K
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			1
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<u> </u>	K
þ	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<u> </u>	<u> </u>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			1
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u> X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	╛		
þ	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved [38b]	_		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			1
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	7		
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	L	X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	ļ		П
	organization managers or disqualified persons during the year under sections 4912,	ļ		
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed IN			
42a	The organization's books are in care of ▶ BRIAN WALSH Telephone no ▶ 574	4-55	1-9	83
	722 EAST CENTER STREET			
	Located at ▶ WARSAW IN ZIP + 4 ▶ 46	580		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			Γ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	1		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	i	X
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year			T N.
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
774	completed instead of Form 990-EZ	444		x
b		44a	 	 ^
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1	1	.,
_	completed instead of Form 990-EZ	44b	-	X
C C	Did the organization receive any payments for indoor tanning services during the year?	44c	 	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1
AE-				7,
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	X
40D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1	į	1

meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

Form 990-EZ (see instructions)

45b

Form	990-EZ	(2012) BLE S	SED BEGINN	IINGS BI	ROADCASTI	NG INC 20-26	87809			P	age 4	
46			ge, directly or indirect			s on behalf of or in oppo	osition		46	Yes	No X	
Pa	rt VI	Section 501 All section 50 50 and 51	(c)(3) organization	ions only ns must ansv	wer questions 47	–49b and 52, and co	•	tables for l		<u> </u>		
		Check if the o	rganization used S	chedule O to	o respond to any	question in this Part	VI					
47		e organization enga If "Yes," complete S		es or have a s	section 501(h) elec	tion in effect during the	tax		47	Yes	No X	
48	-	•	ol as described in se	ction 170(b)(1)(A)(II)? If "Yes." co	omplete Schedule E			48		X	
49a			any transfers to an e						49a		X	
b	If "Yes	s," was the related o	rganization a section	527 organizat	tion?				49t			
50	Comp	lete this table for the	e organization's five h	nghest compe	nsated employees	(other than officers, dire	ectors, trust	ees and key		-		
	emplo	yees) who each rec	eived more than \$100	0,000 of comp	ensation from the	organization If there is	none, enter	"None "				
			le of each employee than \$100,000		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit	Ith benefits, as to employee plans, and compensation		Estimated amount of her compensation		
No	one			<u> </u>								
								<u> </u>				
												
												
f			ployees paid over \$1		L				<u> </u>			
51			e organization's five h n from the organization			nt contractors who each	received m	ore than				
			ach independent contra				oe of service		(c) Comp	ensation		
—— No	ne				<u> </u>							
			<u> </u>									
												
			·									
										_		
							_					
d	Total	number of other inde	ependent contractors	each receivin	g over \$100,000							
52	Did th	ne organization comp	olete Schedule A? No	ote All section	1 501(c)(3) organiz	ations and 4947(a)(1)			(==	r		
			its must attach a com					<u>'</u>	► X Ye		No_	
Unde true. :	r penalti correct.	ies of perjury, I declare and complete. Declare	that I have examined to	his return, includ	ding accompanying s based on all informati	chedules and statements, on of which preparer has a	and to the be inv knowledg	est of my knowl e	edge and be	lief, it is		
	7	10		126 K	/	1	5/10	1/12				
Sigr	۱	Signature of office	www ro	THE S			ate			-		
Here	•	Type or print name	e and title	15H,	PIREC	TOR		' -		<u></u>		
		Print/Type preparer's na	me	Pre	parer's signature		Date	Chec	PT	IN		
Paid	ı	Rebecca A. Van	Osdol	Pol	becca A. VanOs	dol	05/	l -		00947	16	
Prep	arer	Firm's name	Heyde & As			<u></u>		Firm's EIN	35-2			
Use	Only	Firm's address		ter St								
		<u> </u>	Warsaw, IN		0-3604			Phone no	574-26	9-43	351	
May	the IR	S discuss this return	with the preparer sh	own above? S	See instructions					Yes	No	
								· · · 	Form 9	90-EZ	(2012)	

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization BLESSED BEGINNINGS BROADCASTING INC Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

20-2687809

Employer identification number

	orga			use it is (For lines 1 through 11,		-								
1	Щ			ssociation of churches described	ın sectio	n 170(b)(1)(A)(i).							
2	\mathbb{H}			I)(A)(ii). (Attach Schedule E)										
3	H			rvice organization described in se										
4				ted in conjunction with a hospital	described	ın sectio	on 170(b)(1)(A)(i	iii). Ent	er the ho	ospital's	name	; ,	
_	_	city, and stat												
5				it of a college or university owned	or opera	ted by a g	overnme	ental un	t descr	ibed in				
			(b)(1)(A)(iv). (Complete Pa	•										
6				r governmental unit described in s										
7		An organizat	ion that normally receives	a substantial part of its support fr	rom a gov	ernmenta	l unit or	from the	genera	al public				
	_		section 170(b)(1)(A)(vi).											
8				n 170(b)(1)(A)(vi). (Complete Par										
9	X	An organizat	on that normally receives	(1) more than 33 1/3% of its sup	port from	contributi	ons, me	mbersh	p fees,	and gro	ss			
	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 in	ncome (le	ss section	1 511 ta:	x) from b	ousines	ses				
				30, 1975 See section 509(a)(2)										
10	Ц	An organizat	ion organized and operate	d exclusively to test for public saf	fety See :	section 5	09(a)(4)	-						
11			•	d exclusively for the benefit of, to	•		-		•					
	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													
	_	а 💹 Туре		c Type III-Function			d			on-functi		ntegra	ted	
е				organization is not controlled direc										
		other than fo	undation managers and of	her than one or more publicly sup	oported or	ganızatıoı	ns descr	ibed in s	section	509(a)(1	1)			
		or section 50	9(a)(2)											
f		If the organiz	ation received a written de	etermination from the IRS that it is	s a Type I	, Type II,	or Type	III supp	orting					
		organization,	check this box											
g		Since Augus	t 17, 2006, has the organi	zation accepted any gift or contrib	oution from	n any of th	ne							
		following pe	rsons?											
		(i) A person	n who directly or indirectly	controls, either alone or together	with pers	ons descr	ibed in (ıı) and					Yes	No
		(iii) belo	w, the governing body of ti	ne supported organization?								11g(i)	<u> </u>	
		(ii) A family	member of a person desc	ribed in (i) above?								11g(iı)		
		(iii) A 35% c	controlled entity of a person	n described in (i) or (ii) above?								11g(iii)		
<u>h</u>	·	Provide the	following information abou	t the supported organization(s)										
(i)	Name	of supported	(II) EIN	(iii) Type of organization	(iv) Is the	organization		ou notify		ls the	(vil) A	mount o	of monet	ary
	org	anızatıon		(described on lines 1–9	1 ''	isted in your		nization in of your	organizat	tion in col ized in the		supp	ort	
				above or IRC section (see instructions))	governing	document?		port?		S ?				
					Yes	No	Yes	No	Yes	No				
(A)														
						<u> </u>								
(B)														•
					<u> </u>									
(C)					1									
								<u></u>		<u> </u>				
(D)														
						<u> </u>			L	<u> </u>				
(E)														
					<u></u>									
												-		
Total			<u>L,</u>											
For F	ape	work Reduc	tion Act Notice, see the	Instructions for	-				Sched	ule A (F	orm 99	0 or 9	90-EZ	2) 2012

DAA

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 33 1/3% support test—2012. 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 33 1/3% support test—2011. If the organization did not check a 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—2012. 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 10%-facts-and-circumstances test-2011. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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)

Sec	tion A. Public Support	quality diluci ti	ic tests hated i	sciow, picase c	ompiete i arti		
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	66,265	65,387	71,397	82,584	88,370	374,003
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					11	11
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	66,265	65,387	71,397	82,584	88,381	374,014
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						
С 8	Add lines 7a and 7b Public support (Subtract line 7c from						
0	line 6)		1		1		274 014
Sec	tion B. Total Support	<u> </u>	<u>t</u>	d.			374,014
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	66,265	65,387	71,397	82,584	88,381	374,014
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	111	75	44	35	11	276
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	111	75	44	35	11	276
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)	66,376	65,462	71,441	82,619	88,392	374,290
14	First five years. If the Form 990 is for the		second, third, fou	rth, or fifth tax year	as a section 501	(c)(3)	
500	organization, check this box and stop her tion C. Computation of Public St						<u> </u>
<u>360</u> 15							
16	Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche		•	l (f))		15	99.93%
	tion D. Computation of Investme					16	99.89%
555 17	Investment income percentage for 2012 (li			column (fl)		17	%
18	Investment income percentage from 2011			Column (1))		18	
19a	33 1/3% support tests—2012. If the organ			14 and line 15 is n	nore than 33 1/3%		
b	17 is not more than 33 1/3%, check this bo	ox and stop here . T	he organization qi	ualifies as a public!	y supported orgar	nization	► X
J	33 1/3% support tests—2011. If the organine 18 is not more than 33 1/3%, check the						_
20	Private foundation. If the organization did						
	Tourisday in the organization die	THOU CHECK A DOX OF	i iii ie ie, 19a, 01 1	BU, CHECK THIS DOX	and see mstruction	/113	

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 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

BLESSED BEGINNINGS BROADCASTING INC

Employer identification number 20-2687809

Form	990-EZ,	Part	I,	Line	16	-	Other	Expenses
Descr	iption							Amount

Description	Amount								
Expenses									
INTEREST EXP	\$	5,792							
INSURANCE	\$	3,807							
OFFICE SUPPLIES	\$	611							
TAXES	\$	1,614							
MUSIC LICENSE	\$	2,003							
PROMOTIONS	\$	46,929							
FUEL	\$	5,223							
PROFESSIONAL FEES	\$	885							
UTILITIES	\$	5,280							
TOWER LEASE	\$	1,680							
WAGES	\$	5,179							
PAYROLL TAXES	\$	396							
OUTSIDE SERVICES	\$	1,140							
BAD DEBT	\$	150							
Non-investment Depreciation	\$	12,583							
Total	\$	93,272							

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances Description Amount

Helicopter -Net transaction

\$ 0

Form 990-EZ, Part II, Line 24 - Other Assets

Payroll Liabilities

165 \$

114

\$

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

▶ See separate instructions.

Attach to your tax return.

179

Name	e(s) shown on return BLESSE	D BEGINNING	GS BROADCAST	ING INC			yıng nun -268	nber 87809
	less or activity to which this form relates			· · · · · · · · · · · · · · · · · · ·	,	 		
			perty Under Section	n 170			,	
•			ty, complete Part V		complete Par	+ 1		
1	Maximum amount (see instruction		ty, complete i art v	belore you	complete r ai	<u></u>	1	500,000
2	Total cost of section 179 property	•	ee instructions)				2	300,000
3	Threshold cost of section 179 pro		3	2,000,000				
4	Reduction in limitation Subtract li		4	2/333/333				
5	Dollar limitation for tax year Subtract li		•	ling separately.	see instructions		5	
6	(a) Descriptio			st (business use o		lected cost	<u> </u>	
					-			1
7	Listed property Enter the amount	from line 29			7			
8	Total elected cost of section 179	property Add amoun	ts in column (c), lines 6 a	and 7			8	
9	Tentative deduction Enter the sm						9	
10	Carryover of disallowed deduction	•					10	
11	Business income limitation Enter				5 (see instruction	s)	11	
12	Section 179 expense deduction A	Ndd lines 9 and 10, b	ut do not enter more thar	line 11			12	
13	Carryover of disallowed deduction				13	·	_	
_	e: Do not use Part II or Part III belov							
			and Other Deprecia			ed prop	perty)	(See instructions)
14	Special depreciation allowance fo		other than listed property	placed in ser	vice			
	during the tax year (see instruction	′					14	1,011
15	Property subject to section 168(f)(• •					15	
16	Other depreciation (including ACF						16	
	art III MACRS Deprecia	tion (Do not incl	ude listed property	(See instr	uctions)			
47	MACRO de desta de la companya del companya de la companya del companya de la comp		Section A					11 270
17	MACRS deductions for assets pla					. \Box	17	11,370
<u>18</u>	If you are electing to group any assets placed		ear into one or more general assi rvice During 2012 Tax \			pietien S		· · · · · · · · · · · · · · · · · · ·
	Gection B—A	(b) Month and year	(c) Basis for depreciation	T	e General Depre	ciation s	ystem	1
	(a) Classification of property	placed in service	(business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Meth	nod	(g) Depreciation deduction
<u>19a</u>	3-year property							
<u>b</u>	5-year property	-	1,01	1 5.0	HY	200	DB	202
<u>c</u>	7-year property	1						
	10-year property	-						
	15-year property	-	,	<u> </u>				
<u>f</u>	20-year property		<u> </u>					<u>.</u>
	25-year property			25 yrs		S/L		
h	Residential rental property			27 5 yrs	MM	S/L		
				27 5 yrs	MM	S/L		
i	Nonresidential real property			39 yrs	MM	S/L		
	<u> </u>	nata Plancet in C			MM	S/L		
	Section C—As	sets riaced in Serv	ice During 2012 Tax Ye	ar using the	Aiternative Depi	eciation	System	rri

12 yrs

40 yrs

23

Summary (See instructions)

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

Listed property Enter amount from line 28

12,583

S/L

S/L

S/L

21

22

21

22

23

20a Class life

b 12-year

c 40-year

Part IV