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Form 990-F.Z

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

2015

OMB No 1545-1150

Open to Public

		ue Service	► Information about Form 990-EZ and its	instructions is	at www.irs.g	jov/form990.		mapconon
A F	or the	2015 calenda	r year, or tax year beginning	, 2015, ar	nd ending			, 20
B 0	heck if a	pplicable	C Name of organization			D Emplo	yer ideni	tification number
□ A	ddress cl	hange	GOOD NEWS INTERNATIONAL INC			75	-23426	37
	ame cha	nge	Number and street (or P O box, if mail is not delivered to street address	5)	Room/suite	E Teleph	one num	ber
☐ Ir	itial retur	m				İ		
F	nal retun	n/terminated	2420 W IRVING BLVD		125	L		
A	mended	retum	City or town, state or province, country, and ZIP or foreign postal code			F Group	Exemptic	on .
A	pplication	n pending	IRVING, TX 75061			Numbe	er 🕨	
G A	ccount	ting Method				H Check▶	If the	organization is not
ı v	Vebsite	e: >				required to	attach Se	chedule B
JI	ax-exe	empt status (d	theck only one) - 🗶 501(c)(3) 🔲 501(c)() ◀ (insert n	o) 4947(a)(1)	or 527	(Form 990,	990-EZ,	or 990-PF)
		organization	☐ Corporation ☐ Trust ☐ Association	on Other				
LA	dd line	s 5b, 6c, and	7b to line 9 to determine gross receipts If gross receipts	are \$200,000 or n	nore, or if tota	al assets		
			r) are \$500,000 or more, file Form 990 instead of Form 99		,		▶ \$	19,500
	rt I		e, Expenses, and Changes in Net Assets		nces(see	the instruction		
تتا	لنتت		the organization used Schedule O to respond to		•			X
	1		s, gifts, grants, and similar amounts received				1	2,750
	2		vice revenue including government fees and contracts				2	
	3	•	dues and assessments .				3	
	4	Investment		·			4	
			nt from sale of assets other than inventory	5	a	•		
	b		other basis and sales expenses	51			1 1	
) from sale of assets other than inventory (Subtract line 5	<u> </u>	-		5c	
	6	•	fundraising events	oo nom me oa)		•	30	
		=	e from gaming (attach Schedule G if greater than					
ā	a	\$15,000)	e nom gaming (attach Schedule G ii greater than	6	.	16,750	1 1	
Revenue	h		e from fundraising events (not including \$		of contribut		1	
ě			sing events reported on line 1) (attach Schedule G if the		_ 01 0011111001	lions		
_	91.f		gross income and contributions exceeds \$15,000)	6	h		1	
). }		expenses from gaming and fundraising events	6	- 		1	
٠	7						1	
•)		or (loss) from gaming and fundraising events (add lines 6.	a and ob and sub	uacı		e4	16 750
(۲ ,	line 6c)	of muchanic loop returns and allowers	1 -	_ {		6d	16,750
			of inventory, less returns and allowances	7:			1	
)	Less cost of	-	71	<u> </u>		-	
4	r C	•	or (loss) from sales of inventory (Subtract line 7b from lin	ie raj			7c	
CHINAS.	8		ue (describe in Schedule O)			_	8	10.500
5			ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				 	19,500
3	10		similar amounts paid (list in Schedule O)	RECE	7ED	ĺ	10	16,729
•	11	•	I to or for members			3	11	
es	12		er compensation, and employee benefits	2 445 0 0			12	
Expenses	13		fees and other payments to independent contractors	MAR 2 3	ZUIO	ဝ ဖွာ့	13	
×	14		rent, utilities, and maintenance			ਨ · · ·	14	
ш	15		lications, postage, and shipping	OGDE	M. UT	}	15	1,000
	16		ses (describe in Schedule O)		•,	!	16	
	17		ses. Add lines 10 through 16				17	17,729
y,	18	•	eficit) for the year (Subtract line 17 from line 9)				18	1,771
set	19		r fund balances at beginning of year (from line 27, column	in (A)) (must agree	e with] [
As			figure reported on prior year's return) .				19	2,257
Net Assets	20		es in net assets or fund balances (explain in Schedule O				20	
	21		r fund balances at end of year Combine lines 18 through	n 20			21	4,028
For EEA	Papen	work Reducti	on Act Notice, see the separate instructions.					Form 990-EZ (2015)

P	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to respond to	any question in this Pa		 	1	
			(A) Be	ginning of year		(B) End of year
	Cash, savings, and investments			2,257	22	4,028
	Land and buildings Other assets (describe in Schedule O)		-		24	0
	Total assets			2,257	25	4,028
	Total liabilities (describe in Schedule O)			0	26	0
	Net assets or fund balances (line 27 of column (B) must agree v	vith line 21) .		2,257	27	4,028
P	art III Statement of Program Service Accompli	shments (see the in:	structions for Part III))		Expenses
	Check if the organization used Schedule O to respond to	o any question in this P	art III	<u>_</u>	(Reg	uired for section
Wh	at is the organization's primary exempt purpose? RAISE MONE	Y FOR CHARITY			ł	c)(3) and 501(c)(4)
Des	scribe the organization's program service accomplishments for each	h of its three largest pro	gram services,		1	nizations, optional for
as	measured by expenses. In a clear and concise manner, describe th	ne services provided, the			other	· ·
	sons benefited, and other relevant information for each program title	9			-	Υ
28	YOUTH ATHLETICS AND COMMUNITY NEEDS					
	(Crosts \$ 16.730) If the amount is	oludos foreign granta o	hook hore		200	
29	(Grants \$ 16,729) If this amount in	cludes foreign grants, c	neck nere	<u> </u>	28a	
23						
						
	(Grants \$) If this amount in	cludes foreign grants, c	heck here	▶ □	29a	
30						
					Ì	
		cludes foreign grants, c	heck here	<u> </u>	30a	
31	Other program services (describe in Schedule O)			. —		
20		cludes foreign grants, c	neck here	<u> </u>	31a	
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Emplo	voes (list each one eve	n if not compensated	. see the instru	32	for Part IV)
L	Check if the organization used Schedule O to respond to	-		1 - 300 the mand	200113	
	Check in the organization code contracts of the responding		(c) Reportable	(d) Health benefits	<u>.</u> T	
	(a) Name and title	(b) Average hours per week	compensation	contributions to emp	toyee	(e) Estimated amount of
		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensa	- 1	other compensation
LI	NDA K MCMULLEN		STMA01			
PR	ESIDENT	4.00			ď	0
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	-					Form 990-EZ (2015)

Form 9	90-EZ (2015) GOOD NEWS INTERNATIONAL INC	75-23426	537	_ F	Page 3
Pa	Other Information (Note the Schedule A and personal benefit contract stateme	nt requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to ar	ny question in this Part V			
				Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide	de a	$\overline{}$		
	detailed description of each activity in Schedule O		33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a confo	rmed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain	the	ł		
	change on Schedule O (see instructions)		34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from busi	ness			ļ
	activities (such as those reported on lines 2, 6a, and 7a, among others)?		35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation	n n Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e				
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	,	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net asset	S			
	during the year? If "Yes," complete applicable parts of Schedule N	-	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a			
	Did the organization file Form 1120-POL for this year?	0.41	37b	i i	Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee of	r were	3,0		
50 u	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return		38a		Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	386	Joa		
39	Section 501(c)(7) organizations Enter	300			
	Initiation fees and capital contributions included on line 9	39a			
a	Gross receipts, included on line 9, for public use of club facilities	39b	-		
	• /		} ,		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year unde				
L	section 4911 ▶ , section 4912 ▶ , section 4955 ▶				
D	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4				
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior ye		40.		77
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part	il .	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed				
	on organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958				
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 shelte	ſ			37
	transaction? If "Yes," complete Form 8886-T	•	40e	L	X
41	List the states with which a copy of this return is filed				
42 a		Telephone no ▶			
	Located at ▶ 2420 W IRVING BLVD, IRVING, TX	ZIP+4 ▶ <u>75061</u>			
p	At any time during the calendar year, did the organization have an interest in or a signature or other auth	· · · · · · · · · · · · · · · · · · ·	+	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account, or other financial account.	ccount)?	42b		<u>X</u>
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Ban	k and	ļ		
	Financial Accounts (FBAR)		1	1	
С	At any time during the calendar year, did the organization maintain an office outside the U S $^{\circ}$		42c		<u>X</u>
	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		i	•	L
	and enter the amount of tax-exempt interest received or accrued during the tax year	. • 43	<u> </u>		
				Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ		44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ		44b		X
С	Did the organization receive any payments for indoor tanning services during the year?		44c		Х
	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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45a		Х
ь	Did the organization receive any payment from or engage in any transaction with a controlled entity with	in the		· · · · · · · · · · · · · · · · · · ·	
=	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		Х
			<u> </u>		

Form 9	990-EZ (2015) GOOD NEWS INTER	NATIONAL INC			75-234	12637		age 4
46	Did the organization engage, directly or indirectly, in	n political campaign activit	ties on behalf of or in opp	osition			Yes	No
	to candidates for public office? If "Yes," complete S	: =				46		X
Par	rt VI Section 501(c)(3) organizations							 _
	All section 501(c)(3) organizations		ions 47-49b and 52,	and comple	te the tab	les for li	nes	
	50 and 51							
	Check if the organization used Sch	nedule O to respond	to any question in	this Part VI				
							Yes	No
47	Did the organization engage in lobbying activities or	have a section 501(h) el	ection in effect during the	tax		- { - }		
	year? If "Yes," complete Schedule C, Part II					47		X
48	is the organization a school as described in section	170(b)(1)(A)(II)? If "Yes,"	complete Schedule E			48		X
49 a	Did the organization make any transfers to an exem	•	organization?			49a		X
b	If "Yes," was the related organization a section 527		•			49b		L
50	Complete this table for the organization's five highe		•	-	•			
	employees) who each received more than \$100,000	of compensation from the	e organization If there is	s none, enter "N	one "			
		(b) Average	(c) Reportable	(d) Health beni		(e) Estimate	d amou	int of
	(a) Name and title of each employee	hours per week	compensation	benefit plans, and	deferred	other con		
		devoted to position	(Forms W-2/1099-MISC)	compensat	ion			
		ļ.	1		}			
NON	E	ļ		ļ				
				1	Ì			
								
		 	 	ļ				
		 	 	 				
		1			1			
51	Complete this table for the organization's five highe \$100,000 of compensation from the organization. It	there is none, enter "Nor				Compensation		
								
			<u> </u>					
					·			
		 						
d	Total number of other independent contractors each	receiving over \$100.000) •					
52	Did the organization complete Schedule A? Note. A							
	completed Schedule A .				>	X Yes		No
Unde	er penalties of perjury, I declare that I have examined this rel	urn, including accompanying	schedules and statements,	and to the best of	my knowledg	e and belief	, it is	
	correct, and complete Declaration of prepare (of the than							
	I single the hi	ille-						
Sig Her	re Signature of officer L/N 0:A M2	Maller		Date 3	8-16			
	Type or print name and title							
Paid	Pnnl/Type preparer's name JUDY ROBERTS	Proparer's signature	Date 02 - 09 - 2	Chec 016 self-e		PTIN P015178	95	
Prep	parer Firm's name ▶ JUDY ROBERTS TA	x SERVICES INC		Firm's EIN	>			
Use	Only Firm's address ► 3819 TOWNE CROS	SING BLVD STE 1	09					
	Mesquite TX 751	50		Phone no	972-90	7-8201		
May	the IRS discuss this return with the preparer shown	above? See instructions			>	☐ Yes	X	No
EEA						Form 99	0-EZ	(2015)

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number GOOD NEWS INTERNATIONAL INC 75-2342637 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) П 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) \Box A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross X 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11q Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of support (see (described on lines 1-9 listed in your governing other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

GOOD NEWS INTERNATIONAL INC Schedule A (Form 990 or 990-EZ) 2015 75-2342637 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (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) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 11

13	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		▶□
500	ction C. Computation of Public Support Percentage		

Sec	Section C. Computation of Public Support Percentage							
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14		%				
15	Public support percentage from 2014 Schedule A. Part II. line 14	15		%				

6a	33 1/3% support test - 2015 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	•	▶ []
	22 4/20/ This section 2014. If the exception did not check a box on line 13 or 163, and line 15 is 33 1/30/, or more			

- 33 1/3% support test 2014. 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
- 10%-facts-and-circumstances test 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
 - 10%-facts-and-circumstances test 2014. 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 VI 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

Gross receipts from related activities, etc. (see instructions)

12

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

GOOD NEWS INTERNATIONAL INC

(Complète 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						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,468	20,711	14,000	14,950	19,500	74,629
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	2,000					2,000
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	7,468	20,711	14,000	14,950	19,500	76,629
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	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						76,629
Sec	tion B. Total Support					.	70,029
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6 .	7,468	20,711	14,000	14,950	• /	76,629
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						
С	Add lines 10a and 10b					1	
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 VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	7,468	20,711	14,000	14,950	19,500	76,629
14	First five years. If the Form 990 is for the organization, check this box and stop here	ganızatıon's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3		▶ 🗆
Se	ction C. Computation of Public St						
15	Public support percentage for 2015 (line 8, co					15	100.00 %
16	Public support percentage from 2014 Schedu				•	16	100.00 %
Se	ction D. Computation of Investme			453			
17	Investment income percentage for 2015 (line			umn (f)) .		17	0.00 %
18	Investment income percentage from 2014 Sc			•		18	0.00 %
	33 1/3% support tests - 2015. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. The	e organization qual	fies as a publicly s	upported organizat	ion	▶ 🏻
b	33 1/3% support tests - 2014. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	· ·	-				<u> </u>

Part IV

Supporting Organizations

(Complete only if you checked a box in line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting	ng Organizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (III) the authority under the organization's organizing document authorizing such action; and (IV) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (I) its supported organizations, (II) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с	-	
4a		
4b		
4c		
5a		
5b 5c		
30		_
-		
6		
7		
8	ļ !	-
-		
9a	-	
9b	ļ	
9с		
10a		-
10b		1

Sched	die A (Form 990 6) 990-62.) 2015 GOOD NAME INTERNATIONAL 11-0			age o
Pa	rt IV Supporting Organizations (continued)			
	the design of the following part of the foll		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion B. Type I Supporting Organizations			
<u> </u>	tion b. Type I dupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	. 1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	. }		
	controlled the organization's activities. If the organization had more than one supported organization,	.		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	, ,		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			<u> </u>
Sec	tion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	-110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	
_				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	-	ļ	
3			1	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		ļ	
	supported organizations played in this regard.		<u> </u>	L
Sec	ction E. Type III Functionally-Integrated Supporting Organizations		4 !	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	uctioi	15)
a	ED			
	Describe to Descri	(see	ınstrı	ictions
_		(000	Yes	
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	[1:00	1
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities.	2a		1
H	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		}	
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	2b		
3			[
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
t	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	

1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 See	
other Type III non-functionally integrated supporting organizations must com-	plete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	ļ		
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	· · · · · · · · · · · · · · · · · · ·	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		TANKE TRANSPORTER TO THE TANKE THE TANKE TO THE TANKE TH	
emergency temporary reduction (see instructions)	6		1
7 Check here if the current year is the organization's first as a non-functionally	/-inte	grated Type III supporti	ng organization (see
instructions).			- - ·

Dai	t V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	izations (continued)			
	tion D - Distributions	(3) Supporting Organ	izations (continued)	Current Year		
_						
	1 Amounts paid to supported organizations to accomplish exempt purposes					
Z	2 Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpos	as of supported supprise	dia a a			
3		ses of supported organiza	luons			
4	Amounts paid to acquire exempt-use assets					
	Qualified set-aside amounts (prior IRS approval required)					
	Other distributions (describe in Part VI). See instructions					
	Total annual distributions. Add lines 1 through 6.	<u> </u>				
8	Distributions to attentive supported organizations to which t	ne organization is respon	sive			
	(provide details in Part VI) See instructions.					
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount		400			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015:					
а						
b						
C						
d	From 2013					
e	From 2014					
f	Total of lines 3a through e					
	Applied to underdistributions of prior years			***************************************		
h	Applied to 2015 distributable amount					
i	Carryover from 2010 not applied (see instructions)		***************************************			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2015 from Section		***************************************	***************************************		
	D. line 7 \$					
a	Applied to underdistributions of prior years		······································	······································		
	Applied to 2015 distributable amount					
	Remainder Subtract lines 4a and 4b from 4					
	Remaining underdistributions for years prior to 2015, if	,		·—		
•	any Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions).					
6	Remaining underdistributions for 2015. Subtract lines 3h					
·	and 4b from line 1 (if amount greater than zero, see					
	instructions)					
7	Excess distributions carryover to 2016. Add lines 3	<u> </u>				
'	and 4c					
	Breakdown of line 7:	 	<u> </u>			
<u>a</u> b						
	Excess from 2013					
	Excess from 2014					
	Excess from 2014 Excess from 2015	<u> </u>				

Page 8 r 17b; Part /, Section s 1c, 2a, 2b, , Section E,
·

Schedule A (Form 990 or 990-EZ) 2015 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part VI III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 3a and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501	(c)(4), (5), or (6) organizations	Complete Part III			
Nam	ne of organiza	ation			Employer	identification number
_GC	OOD NEWS	INTERNATIONAL INC			75-234	
Pa	rt I-A	Complete if the organ	ization is exempt under secti	on 501(c) or i	s a section 527 org	anization.
1	Provide a d	description of the organization?	s direct and indirect political campaign ac	ctivities in Part IV		
2	Political ex	penditures			· · . • \$	
3	Volunteer I	hours .		•	·	
_						
Pa	rt I-B	Complete if the organ	ization is exempt under secti	on 501(c)(3).		
1	Enter the a	amount of any excise tax incuri	ed by the organization under section 495	55	▶ \$	
2	Enter the a	amount of any excise tax incuri	ed by organization managers under sect	tion 4955	▶ \$	
3	If the organ	nization incurred a section 495	5 tax, did it file Form 4720 for this year?			🗌 Yes 🔲 No
4a	Was a corr	rection made?				🗌 Yes 🔲 No
b	If "Yes," de	escribe in Part IV				
Pa	rt I-C	Complete if the organ	ization is exempt under secti	on 501(c), exc	cept section 501(c)	(3).
1	Enter the a	amount directly expended by th	e filing organization for section 527 exen	npt function		
	activities				▶ \$	_
2	Enter the a	amount of the filing organization	n's funds contributed to other organizatio	ns for section		
	527 exemp	ot function activities .			▶ \$	
3	Total exem	npt function expenditures Add	lines 1 and 2 Enter here and on Form 1	120-POL,		
	line 17b				▶ \$	
4	Did the filin	ng organization file Form 1120	-POL for this year?			Yes No
5	Enter the r	names, addresses and employ	er identification number (EIN) of all section	on 527 political org	anizations to which the filing	ng
	organizatio	on made payments. For each of	organization listed, enter the amount paid	from the filing orga	anization's funds Also enti	er
	the amoun	t of political contributions recei	ved that were promptly and directly deliv	ered to a separate	political organization, suc	h
	as a separ	ate segregated fund or a politic	cal action committee (PAC) If additional	space is needed, p	provide information in Part	IV
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					ļ	
(2)						
(3)						
(4)						
(5)						
(6)						

_	lule C (Form 990 or 990-EZ) 2015 GOOD NEWS IN				75-23426	
Pa	rt II-A Complete if the organizatio	n is exempt u	nder section 50	1(c)(3) and file	d Form 5768 (elec	tion under
	section 501(h)).	an affiliated arrays	(and list in Dort IV) and	h official accordan		
Α (Check (if the filing organization belongs to	·	•		embers	
_	name, address, EIN, expenses, an		-			
<u>R</u>	Check ▶ ☐ if the filing organization checked bo			у	Т	
		ying Expenditure			(a) Filing organization's totals	(b) Affiliated
	(The term "expenditures" m				Organization's totals	group totals
1a	Total lobbying expenditures to influence public op	·=				
b	Total lobbying expenditures to influence a legislat	- ·	bying) .		ļ	
С	Total lobbying expenditures (add lines 1a and 1b)		•		<u> </u>	. <u> </u>
d	Other exempt purpose expenditures .		•			
е	Total exempt purpose expenditures (add lines 1c	·				
f	Lobbying nontaxable amount Enter the amount fi	om the following ta	ible in both			
	columns					· · · · · · · · · · · · · · · · · · ·
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
ļ	Not over \$500,000	20% of the an	rount on line 1e			
1	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess o	ver \$500,000	†	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess o	ver \$1,000,000	1	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	er \$1,500,000	1	
	Over \$17,000,000	\$1,000,000				
9	Grassroots nontaxable amount (enter 25% of line	1f) .				
h	Subtract line 1g from line 1a If zero or less, enter	-0-				
i	Subtract line 1f from line 1c If zero or less, enter	-0-				
j	If there is an amount other than zero on either line	e 1h or line 1i, did ti	ne organization file Fo	orm 4720		
	reporting section 4911 tax for this year?					Yes No
		4 Vaan Assanan	ing Desired Under	section E01/h)		
	(Some organizations that made a se	_	ing Period Under		all of the five colum	ne holow
	•		ection do not hav istructions for lin	-		ns below.
	Lobby	ing Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
			 	 	++	
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount			[
_	(150% of line 2a, column (e))		<u> </u>	ļ <u></u>		
С	(150% of line 2a, column (e)) Total lobbying expenditures					
c d						
	Total lobbying expenditures					
d	Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount					

• (election under section 501(h)). For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity					(b)	
					Amount	
		Yes	No			·
	ring the year, did the filing organization attempt to influence foreign, national, state or local					
_	islation, including any attempt to influence public opinion on a legislative matter or		1			
	erendum, through the use of	ŧ.				
	unteers?	ļ	X			
	d staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u></u>	X			
	dia advertisements?	<u> </u>	X			
	ilings to members, legislators, or the public?	ļ	X			
	olications, or published or broadcast statements?		X			
	ants to other organizations for lobbying purposes?	<u> </u>	X			
	ect contact with legislators, their staffs, government officials, or a legislative body?	ļ	X			
	llies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .		X			
	ner activities?	<u> </u>	X			
•	al Add lines 1c through 1i		.,		·	
	the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
	Yes," enter the amount of any tax incurred under section 4912					
	Yes," enter the amount of any tax incurred by organization managers under section 4912	-				•
	ne filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\(-\-				
Part II		;)(5),	or se	ection		
	501(c)(6).				1	
					Yes	No
	re substantially all (90% or more) dues received nondeductible by members?			1		
	the organization make only in-house lobbying expenditures of \$2,000 or less?			2	ļ	
	the organization agree to carry over lobbying and political expenditures from the prior year?	1751		3		L
Part II	• • • • • • • • • • • • • • • • • • • •					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C	о) ж) Par	[111-A	line	3,
4 5	answered "Yes."					-
	es, assessments and similar amounts from members		1			
	ction 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
-	litical expenses for which the section 527(f) tax was paid).					
	rrent year		2a			
	rryover from last year		2b			
c To			2c			
	gregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
	otices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	cess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	d political expenditure next year?		4			
	kable amount of lobbying and political expenditures (see instructions)		5_			
Part I						
	the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 1, Part II-	nes 1 a	and			
: (see ins	structions), and Part II-B, line 1 Also, complete this part for any additional information					

SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization

GOOD NEWS INTERNATIONAL INC

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

75-2342637

01. List of grants and	l similar amounts paid (Part I, line 10)
Grantee	JLCCS
Amount	2,000
Grantee	PSO SCHOLARSHIPS
Amount	1,200
Activity	EASTER
Grantee	CITY OF RICE
Amount	250
Grantee	FELLOWSHIP OF CHRISTIAN ATHLETES
Amount	400
Activity	YOUTH ATHLETICS
Grantee	RICE LITTLE LEAGUE
Amount	300
Grantee	NAVARRO COUNTY YOUTH FAIR
Amount	5,000
Grantee	NAVARRO COUNTY YOUTH EXPO
Amount	899
Grantee	TUITION SCOLARSHIP

Name of the organization		Employer identification number
GOOD NEWS INTERNATIONAL INC		75-2342637
Amount	200	
Grantee	CITY OF RICE	
Amount	2,500	
Grantee	ENNIS VOLLEYBALL CLUB	
Amount	260	
······································		