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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

**2010****Open to Public  
Inspection**

**A** For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

**B** Check if applicable:

☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**North Star Evangelistic Corporation**

Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite  
**PO Box 4**

City or town, state or country, and ZIP + 4  
**Willow AK 99688**

**D** Employer identification number  
**92-6004573**

**E** Telephone number  
**(907) 315-3228**

**F** Group Exemption Number. . . . . ►

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

**H** Check ☐ if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ► **N/A**

**J** Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting 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 the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . ► \$ **147,228**

**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I. . . . . ☒

REVENUE	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9
1	Contributions, gifts, grants, and similar amounts received . . . . .	27,121														
2	Program service revenue including government fees and contracts . . . . .	120,107														
3	Membership dues and assessments . . . . .															
4	Investment income . . . . .															
5a	Gross amount from sale of assets other than inventory . . . . .															
b	Less: cost or other basis and sales expenses . . . . .															
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .															
6	Gaming and fundraising events . . . . .															
a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .															
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) . . . . .															
c	Less: direct expenses from gaming and fundraising events . . . . .															
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .															
7a	Gross sales of inventory, less returns and allowances . . . . .															
b	Less: cost of goods sold . . . . .															
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .															
8	Other revenue (describe in Schedule O) . . . . .															
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	147,228														
10	Grants and similar amounts paid (list in Schedule O) . . . . .															
11	Benefits paid to or for members . . . . .															
12	Salaries, other compensation, and employee benefits . . . . .	40,321														
13	Professional fees and other payments to independent contractors . . . . .	1,288														
14	Occupancy, rent, utilities, and maintenance . . . . .	40,558														
15	Printing, publications, postage, and shipping . . . . .	2,985														
16	Other expenses (describe in Schedule O) . . . . .	78,291														
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	163,443														
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	-16,215														
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	419,690														
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .															
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20. . . . .	403,475														

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)



**Part V Other Information** (Note the 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	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		X
<b>34</b> 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 change on Schedule O (see instructions) . . . . .		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)? . . . . .		X
<b>36</b> 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 . . . . .		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38a</b> 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? . . . . .		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . . <b>38b</b> _____		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</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 . . . . .		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b> 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 . . . . .		X
<b>41</b> List the states with which a copy of this return is filed ▶ <b>AK</b>		
<b>42a</b> The organization's books are in care of ▶ <b>See attachment #5</b> Telephone no. ▶ _____		
Located at ▶ _____ ZIP + 4 ▶ _____		
<b>b</b> 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, securities account, or other financial account)? . . . . .		X
If "Yes," enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
If "Yes," enter the name of the foreign country ▶ _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>b</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 . . . . .		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a 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," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? 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
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

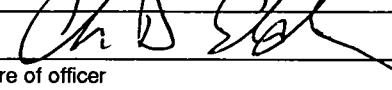
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		


d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ☐ Yes ☒ No

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  Date 15-15-11  
Chris Elder Chairman of Board  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature 	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	H & R BLOCK		Firm's EIN	
Firm's address	1301 S SEWARD MERIDIAN STE E WASILLA AK 99654		Phone no. 907-376-3278	

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No

Department of the Treasury  
Internal Revenue Service

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

2010

**Open to Public Inspection**

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

North Star Evangelistic Corporation

Employer Identification number  
92-6004573

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

- 1 ☒ 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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

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

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

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

**(I) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?** .....

(II) A family member of a person described in (i) above?

**(iii) A 35% controlled entity of a person described in (i) or (ii) above?**

#### **h** Provide the following information about the supported organization(s).

	Yes	No
11g(I)		X
11g(II)		X
11g(III)		X

[illegible]

Schedule A (Form 990 or 990-EZ) 2010

**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.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

North Star Evangelistic Corporation

Employer identification number

92-6004573

Office Expense

Auto Expense

Food

Misc Expense

Insurance

Loan Repay

NSBC Program Expense

Repairs

Telephone

# **Depreciation and Amortization** **(Including Information on Listed Property)**

OMB No. 1545-0172

**2010**Attachment  
Sequence No. **67**Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

North Star Evangelistic Corporation FOR FORM 990-EZ LINE 14

92-6004573

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions) . . . . .	1	
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	500,000
6	(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7	Listed property Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562 . . . . .	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	500,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 . . . ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	811

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010 . . . . .	17	13,839
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B -- Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 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	
				MM	S/L	

**Section C -- Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property. Enter amount from line 28 . . . . .	21	
22	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 . . . . .	22	14,650
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)



# **Depreciation and Amortization** **(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

**2010**Attachment  
Sequence No. **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

North Star Evangelistic Corporation FOR FORM 990-EZ LINE 16

92-6004573

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions) . . . . .	1	
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	500,000
6	(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	500,000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 . . . ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	4,783

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

**Section B -- Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 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	
				MM	S/L	

**Section C -- Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28 . . . . .	21	
22	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 . . . . .	22	4,783
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

## 990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 0 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization North Star Evangelistic Corporation	Employer Identification Number 92-6004573

### Primary Purpose

To provide the community with educational and religious outreach.

## 990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization North Star Evangelistic Corporation	Employer Identification Number 92-6004573

**Part III - Statement of Program Service Accomplishments**

Grants and allocations	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements		

Organization provided religious education and training to people of all ages within the community.

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
---------------------------	---

Name of Organization North Star Evangelistic Corporation	Employer Identification Number 92-6004573
---	--

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
Mark Miller PO Box 4 Willow, AK 99688	Director 40.00	26,800	0	0
Esther Kilmer PO Box 4 Willow, AK 99688	Cook 30.00	12,000	0	0
Karen Miller PO Box 4 Willow, AK 99688	Cleaning/Conc 20.00	2,776	0	0

## 990 STATEMENT EXPLAINING PART V, LINE 35

Attachment 4: page 1 - 990-EZ Page 2, Part V, line 35

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization North Star Evangelistic Corporation	Employer Identification Number 92-6004573

### Explanation

Income was generated from camps held for children and teens that correspond to the organizations exempt status.

990 BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization North Star Evangelistic Corporation	Employer Identification Number 92-6004573
Part V - Line 42a	

Individual Name ..... Faith Bible Church  
or  
Business Name:

Street Address ..... PO Box 521498

U.S. Address

Zip code 99652 City Big Lake State AK  
or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number .....

Fax Number .....

# 2010 Federal Depreciation Schedule

North Star Evangelistic Corporation  
92-6004573

04-26-2011

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
<b>Form 990-EZ Line 14</b>										
Beds & Mattresses	08-01-07	200DBHY	7	2,288	0	0	0	2,288	1,287	286
Blinds	01-23-04	200DBHY	10	2,245	0	0	0	2,245	1,269	147
Building	01-01-90	S/LMM	30	84,096	0	0	0	84,096	56,852	2,804
Chapel	09-30-01	S/L	30	71,859	0	0	0	71,859	16,767	2,395
Coffee Bar Addition	04-01-06	150DBHY	15	1,762	0	0	0	1,762	459	122
Crestwood Apartment	12-31-04	A S/L	30	21,570	0	0	0	21,570	3,595	719
Crestwood Kitchen	07-01-04	A S/L	30	2,769	0	0	0	2,769	508	92
Dining Room	11-01-94	S/LMM	30	168,277	0	0	0	168,277	56,092	5,610
Electric Upgrade	09-26-00	150DBHY	15	992	0	0	0	992	654	59
Espresso Machine	10-01-06	200DBHY	10	658	0	0	0	658	224	61
Espresso Machine	08-10-05	200DBHY	5	1,500	0	0	0	1,500	1,198	86
Grill	07-24-04	200DBHY	5	869	0	0	0	869	818	0
Kitchen Mixer	10-21-04	200DBHY	7	3,000	0	0	0	3,000	2,054	268
Maintenance Shop	10-13-94	S/LMM	30	21,289	0	0	0	21,289	8,516	710
Parking Lot	09-02-05	200DBHY	10	11,740	0	0	0	11,740	4,995	865
PennJersey Drill	06-15-04	200DBHY	10	1,489	0	0	0	1,489	793	98
Satellite Dish	06-22-05	200DBHY	5	1,747	0	0	0	1,747	1,424	101
Smart Alarm System	08-29-07	200DBHY	7	270	0	0	0	270	152	34
Water System	10-02-96	150DBHY	15	1,332	0	0	0	1,332	1,145	79
Water Trampoline Acc	06-22-05	200DBHY	5	1,975	0	0	0	1,975	1,610	114
20 Assets			Totals:	401,727	0	0	0	401,727	160,412	14,650
<b>Form 990-EZ Line 16</b>										
Fourplex	07-11-98	A S/LMM	30	71,403	0	0	0	71,403	26,170	2,380
Fourplex 2	06-07-99	A S/LMM	30	72,072	0	0	0	72,072	21,621	2,403
2 Assets			Totals:	143,475	0	0	0	143,475	47,791	4,783
22 Assets			Grand Totals:	545,202	0	0	0	545,202	208,203	19,433

\* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

**990 - 2010 ADDITIONAL DETAIL STATEMENTS**

North Star Evangelistic Corporation  
92-6004573

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FORM 990-EZ PG 1 LINE 14 DETAIL STATEMENT

FORM 4562

14,650



**NORTH STAR BIBLE CAMP & CONFERENCE CENTER GENERAL DONATION RECEIPTS**

NAME	DATE	CHECK #	RECEIPT #	AMOUNT
CHET & VICKI GODIN	01/19/10	6055	2009	\$100.00
ANCHORAGE BIBLE FELLOWSHIP	01/19/10	4719	2010	\$50.00
DENISE LANDRUM	01/19/10	87	2011	\$300.00
ELWYN & FAITH FISCHER		C/C	2012	\$700.00
RODNEY & BRENDA KALMBACH	02/02/10	6865	2013	\$50.00
LIFE LINE BAPTIST CHURCH	02/02/10	4922	2014	\$35.00
BOULDER BIBLE CHAPEL	02/02/10	4224	2015	\$650.00
ANCHORAGE BIBLE FELLOWSHIP	02/18/10	4756	2016	\$50.00
CHET & VICKI GODIN	02/18/10	6073	2017	\$150.00
LIFE LINE BAPTIST CHURCH	02/25/10	4941	2018	\$35.00
DENISE LANDRUM	02/25/10	10956	2019	\$100.00
DONATO AIUPPA	02/25/10	1726	2020	\$50.00
ANCHORAGE BIBLE FELLOWSHIP	03/08/10	4802	2021	\$50.00
CHET & VICKI GODIN	03/08/10	6093	2022	\$150.00
RODNEY & BRENDA KALMBACH	03/08/10	6883	2023	\$50.00
PAUL & PHEBE BROWN	03/15/10	2928	2024	\$250.00
DENISE LANDRUM	03/15/10	10965	2025	\$100.00
JAMES MCCORMICK	03/26/10	1083594442	2026	\$100.00
LIFE LINE BAPTIST CHURCH	03/26/10	4956	2027	\$35.00
CHET & VICKI GODIN	04/06/10	6115	2028	\$150.00
ROD & BRENDA KALMBACH	04/06/10	6895	2029	\$50.00
DONATO AIUPPA	04/06/10	1736	2030	\$50.00
GREG & JEANNIE SOLVIG	04/09/10	6650	2031	\$100.00
ANCHORAGE BIBLE FELLOWSHIP	04/12/10	4837	2032	\$50.00
JAMES MCCORMICK	05/07/10	1085955922	2033	\$100.00
HOWARD GOBER	05/07/10	1085977392	2034	\$25.00
LIFELINE BAPTIST CHURCH (MICHAEL MEHR)		4979	2035	\$15.00
ANCHORAGE BIBLE FELLOWSHIP	05/07/10	4873	2036	\$50.00
CHET & VICKI GODIN	05/07/10	6143	2037	\$150.00
ROD & BRENDA KALMBACH	05/04/10	6910	2038	\$50.00
TED AND CYNTHIA CARLSON	04/23/10	1022	2039	\$11,000.00
DENISE LANDRUM	04/19/10	10979	2040	\$100.00
GreG & JEANNIE SOLVIG	05/20/10	6667	2041	\$300.00
HOWARD GOBER	05/26/10	1086796436	2042	\$25.00
G A. BJORN-ROLI	05/26/10	2837	2043	\$100.00
LIFELINE BAPTIST CHURCH	05/20/10	4994	2044	\$35.00
BLAINE & DIANE KOSHAREK	06/00/10	C/C	2045	\$100.00
ROD & BRENDA KALMBACH	06/11/10	6924	2046	\$50.00
CHET & VICKI GODIN	06/11/10	6169	2047	\$150.00

# NORTH STAR BIBLE CAMP & CONFERENCE CENTER GENERAL DONATION RECEIPTS

NAME	DATE	CHECK #	RECEIPT #	AMOUNT
PEGGY O'DELL	06/11/10	2046	2048	\$120.00
ANCHORAGE BIBLE FELLOWSHIP	06/17/10	4928	2049	\$50.00
DONATO & SANDRA AIUPPA	06/23/10	1756	2050	\$50.00
LIFELINE BAPTIST CHURCH	06/23/10	5006	2051	\$35.00
THE OSCAR C. RIXSON FOUNDATION INC.	06/23/10	4029	2052	\$500.00
HOWARD GOBER	06/23/10	1088581593	2053	\$25.00
CHESTER & VICKI GODIN	07/07/10	6192	2054	\$150.00
FAITH BIBLE FELLOWSHIP	07/07/10	12934	2055	\$200.00
FAITH BIBLE FELLOWSHIP	07/07/10	12957	2056	\$200.00
DAVE & STACI JUST	07/07/10	6818	2057	\$50.00
ROD & BRENDA KALMBACH	07/07/10	6944	2058	\$50.00
CARROL DIXON-CRIST	07/17/10	1875	2059	\$100.00
STACEY JUST	07/17/10	6819	2060	\$50.00
ANCHORAGE BIBLE FELLOWSHIP	07/07/10	4974	2061	\$50.00
LIFELINE BAP CHURCH	07/23/10	5030	2062	\$35.00
HOWARD GOBER	07/31/10	1090243672	2063	\$50.00
Rod Kalmbach	08/05/10	6957	2064	\$50.00
ANCHORAGE BIBLE FELLOWSHIP	08/05/10	4998	2065	\$50.00
CHET AND VICKI GODIN	08/13/10	6211	2066	\$150.00
HOWARD GOBER	08/30/10	1091875386	2067	\$50.00
LIFE LINE BAPTIST CHURCH	08/30/10	5047	2068	\$35.00
FAITH BIBLE FELLOWSHIP	09/02/10	13154	2069	\$200.00
GREG SOLSVIG	09/02/10	6736	2070	\$300.00
ROD KALMBACH	09/02/10	9677	2071	\$50.00
CHET GODIN	09/08/10	6275	2072	\$150.00
ANCHORAGE BIBLE FELLOWSHIP	09/08/10	5033	2073	\$50.00
MARK MILLER	09/08/10	659	2074	\$1,000.00
JAMES MCCORMICK	09/21/10	1093361316	2075	\$100.00
LIFE LINE BAPTIST CHURCH	09/21/10	5068	2076	\$35.00
Howard Gober	09/22/10	1093622785	2077	\$50.00
RACHEL ATKINSON	09/29/10	10149	2078	\$20.00
M.L. TEMPLIN	09/29/10	4454	2079	\$100.00
RODNEY AND VALERIE ALDINGER	09/29/10	2868	2080	\$500.00
CHET GODIN	10/04/10	6237	2081	\$150.00
ROD KALMBACH	10/06/10	6994	2082	\$50.00
ANCHORAGE BIBLE FELLOWSHIP	10/08/10	5074	2083	\$50.00
FAITH BIBLE CHURCH	10/08/10	13224	2084	\$200.00
HOWARD GOBER	10/25/10	1095333704	2085	\$50.00
LIFE LINE BAPTIST CHURCH	10/25/10	5086	2086	\$35.00

NORTH STAR BIBLE CAMP & CONFERENCE CENTER GENERAL DONATION RECEIPTS

NAME	DATE	CHECK #	RECEIPT #	AMOUNT
ROD KALMBACH	11/05/10	7011	2087	\$50.00
FAITH BIBLE FELLOWSHIP	11/05/10	13355	2088	\$200.00