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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)

Sponsonng 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 999 (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

2011

Open to Public Inspection

A	For the	e 2011 calend	lar year, or tax year beginning , and ending		
В		applicable	C Name of organization	D Emp	loyer identification number
	Address	change			
Ц	Name ch	ange	HEART 'N SOUL	2	6-3714498
	Initial retu	υm	Number and street (or P O box, if mail is not delivered to street address)		phone number
	Terminate	ed	4701 LOCKEWOOD LANE		<u>03-787-7017 </u>
	Amended	i return	City or town, state or country, and ZIP + 4		oup Exemption
LL	Application	on pending	COLUMBIA SC 29206		mber
G		ng Method	Cash X Accrual Other (specify)		he organization is not
1.	Websi		w.heartnsoulband.org required to		
<u>J</u>		npt status (check		990-EZ, or	990-PF)
K	Check		ganization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally		
			Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if		
_			file a return, be sure to file a complete return		
-			line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, ire \$500,000 or more, file Form 990 instead of Form 990-EZ	•	\$ 37,092
ΛP	art i		ue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct		
ິ	***		f the organization used Schedule O to respond to any question in this Part I		X
2	1		gifts, grants, and similar amounts received	1	
ת מיני בייני	2		vice revenue including government fees and contracts	2	37,075
Π J	3	Membership	dues and assessments	3	
•	4	Investment i	ncome	4	2
MAR	5a	Gross amou	nt from sale of assets other than inventory 5a	_	
	b	Less cost or	other basis and sales expenses 5b	_	
-	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	ļ
ဘ	6	-	fundraising events		
	a		e from gaming (attach Schedule G if greater than		
Revenue	١.	\$15,000)	<u>[6a]</u>		
ď	b		re from fundraising events (not including \$ of contributions		
			sing events reported on line 1) (attach Schedule G if the cross income and contributions exceeds \$15,000)		
	_		gross income and contributions exceeds \$15,000) expenses from gaming and fundraising events 6c	-	
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	\dashv	
	"	line 6c)	or (1035) from gaming and fundraising events (add lines od and ob and subtract	60	.1
	7a	•	of inventory, less returns and allowances		
	b	Less cost of	· · · · · · · · · · · · · · · · · · ·		
	С		or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other reveni	ue (describe in Schedule O)	8	15
_	9_	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	37,092
	10	Grants and s	similar amounts paid (list in Schedule O)	10	
	11	•	to or for members	11	
es	12		er compensation, and employee benefits fees and other payments to independent contractors FEB 2 7 2012	12	
ens	13			13	
Expenses	14	• •	Territ, dilinicos, and maintenance	14	
-	15	0.,	olications, postage, and shipping GDEN, UT GDEN, UT	15 16	
	16	•	ses (describe in Schedule O)	▶ 17	
_	1 <u>7</u> 18		ses. Add lines 10 through 16 eficit) for the year (Subtract line 17 from line 9)	18	
ats	19	•	r fund balances at beginning of year (from line 27, column (A)) (must agree with		
Assets	"		figure reported on prior year's return)	19	866
Net A	20	-	es in net assets or fund balances (explain in Schedule O)	20	
z	21	•	r fund balances at end of year. Combine lines 18 through 20	▶ 21	3,641
For			Notice, see the separate instructions.		Fm 990-EZ (2011)
DAA					QT

DAA

Pa	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	<i>,</i>		П
	, instructions for Fart V. J Oricok in the organization used concedure of to respond to any queetien in this Fart		Yes	No
33	Did the organization significantly engage in any activity not previously reported to the IRS? If "Yes," provide a			x
	detailed description of each activity in Schedule O	_33_	 	<u> </u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		x
352	change on Schedule O (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from business	"		<u> </u>
JJa	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	1	
b	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		X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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	<u> </u>	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			Ī
b	Did the organization file Form 1120-POL for this year?	37b	 	X
38a			1	•
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	┼	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	201	 		I
40a				1
404	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	_		I
-	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		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			Ī
	organization managers or disqualified persons during the year under sections 4912,			I
	4955, and 4958	<u> </u>		1
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			1
	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	<u></u>	<u> X</u>
41	List the states with which a copy of this return is filed None	803-78	7-7	017
42a	·	005 70	, , ,	01,
	4701 LOCKEWOOD LANE Located at ▶ COLUMBIA SC ZIP + 4 ▶	29206		
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		Yes	No
	account)?	42b	<u> </u>	X
	If "Yes," enter the name of the foreign country			I
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	-		
С	At any time during the calendar year, did the organization maintain an office outside of the U S.?	42c	<u> </u>	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			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	1 10
 a	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		1	
~	completed instead of Form 990-EZ	44ь		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	+	Х
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	₩	₩
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	_45a	$oxed{oxed}$	X
45b	and the state of t			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	\perp	<u> </u>

orm	990-F2	Z (2011)	HEAR	T '1	N SOUL				2	6-3714498	}			Р	age 4
0	000 00	_ (2011)												Yes	No
16	Did the	e organizat	tion engage	e, direc	ctly or indirectly	, in politic	al campaign acti	ivities on	behalf of or in	opposition					
		didates for	public offic	ce? If "	Yes," complete	Schedul	e C, Part I						46		<u> </u>
Pa	rt VI	Secti	on 501(c)(3)	organizatio	ns and	section 494	7(a)(1)	nonexemp	t charitable tr ust answer ques	usts on	ı ly. Ali sec	tion		
					e the tables for			pt Chan	lable trusts in	ust allswell ques	500115 47	-4 30			r1
		Check	k if the org	ganiza	tion used Sch	hedule C	to respond to	any que	estion in t <u>his l</u>	Part VI					<u> </u>
													_	Yes	<u>No</u>
17						or have	a section 501(h)	election	ın effect during	the tax			47		x
10	•		mplete Sci			oo 170(b)	(1)(A)(ıı)? If "Ye:	e " como	loto Schadula F	=			48		<u> </u>
l8 l9a		-					-charitable relate			-			49a		X
b		•		-	ion a section 52	•		sa organi	200011				49b		
50		-	_			_		vees (oth	er than officers	s, directors, trustee	es and key	,			
,,	-			-	_					re is none, enter "l		•			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					-) Title and average	(c) Reportable		alth benefits,	(-) [-1		
					dress of each emplo e than \$100,000	oyee		'	hours per week devoted to position	compensation (Forms W-2/1099-MIS		ons to employee ns, and deferred	1	ımated a r compe	
									devoted to position	(FOITIS 44-2) 1099-141134		pensation			
None	•														
													 		
	_	•••											-		
				<u> </u>									 		
										 	+		-		
					4					<u></u>	l		L		
f 			•	•	paid over \$100										
51	\$100.0	lete this tai 100 of com	ble for the dipensation	organiz from th	zation's tive nig ne organization	nest com If there i	pensated indepe s none, enter "N	enaent co lone "	ontractors who	each received mo	re man				
		,	•		ndent contractor par				(b) 1	Type of service		(c) Co	mpensa	tion	
Ma	ne	Namo ano a	1001633 01 620	ппасре	ildent confidence par	a more than	4100 ,000		(=/	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(-/			
NO	ne														
	-					-									
	_						· -					-			
												<u> </u>			
d	Total i	number of	other indep	ender	t contractors e	ach recer	ving over \$100,0	000							
52	Did the	e organiza	tion comple	ete Sch	nedule A? Note	: All secti	on 501(c)(3) org	janizatior	ns and 4947(a)	(1)			_	_	
	nonex	empt chan	table trusts	s must	attach a compl	eted Scho	edule A					▶ X	Yes	<u> </u>	No
										of my knowledge and be	lief, it is				
rue, c	orrect, and	complete De	eclaration of or	reparer (d	other than officer) is	based on all	information of which	preparer ha	is any knowledge						
				4)	nea	11) ·				<u>c/20</u>	12			
Sigr		:	ture of officer	CT N	e Meat	<u></u>	-		סשממ	Date /	-				
Here	•	$\frac{R}{T_{\text{trace}}}$			S NEAL	JR.			PRES	IDENT		-			—
		<u> </u>	or print name			<u> </u>	Brongrade accept			Date	<u> </u>		DTIL		
_	_	Printiype pi	reparer's name	в			Preparer's signature	,		l la	'	Checkif	PTIN		
Paid		R. DOUG	LAS NEAL				1. lla	ny Ca	. Hens	Klar 02		self-employed		23762	
	oarer	Firm's name			DOUGLAS				PA //		Firm's EIN	<u>▶ 57</u>	-10	605	78
Use	Only	Firm's addre					ve, Ste		_			000			4
		L			umbia,	_	9204-403	•			Phone no	803-			
May	the IRS	discuss the	his return v	vith the	preparer show	vn above?	See instruction	S					·—-	es	No
												F	om 9	90-E2	(2011)

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.

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

OMB No 1545-0047

2011

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

HEART 'N SOUL

Employer identification number

_			HEART	'N SOU	با					26-	-3/I	4498		
P	art l	Reas	on for Publi	c Charity	Status (All organizations	must co	mplete t	his par	t.) See	instru	uctions	s		
he	orgar	nization is not a	a private founda	ation because	e it is (For lines 1 through 11, ch	eck only o	ne box)							
1	Ň		-		ociation of churches described in			A)(i).						
2	П	A school desc	cribed in sectio	n 170(b)(1)(/	A)(ii). (Attach Schedule E)									
3	Ħ				e organization described in sec	ion 170(b)(1)(A)(iii).						
4	H	•	•	•	I in conjunction with a hospital de	-		•	D(A)(iii).	Enter t	he hosi	oital's name,		
•	Ш	city, and state		поп ороганос	. In conjunction was a neepital ex							,		
5		•		the benefit o	f a college or university owned o	r onerated	hv a gov	ernment	al unit d	escribe	d in			
3	LJ	•	•			operated	by a gov	Citilities	ai unit u	Cacinoc	2 111			
_			b)(1)(A)(iv). (Co			-4: 4 7 0	/L\/d\/A\/							
6	H	•		•	overnmental unit described in se			-	41					
7	Ш	•	•		substantial part of its support from	n a goverr	nmentai u	nit or tro	m the ge	enerai p	ublic			
_			, , ,		omplete Part II)									
8		•			70(b)(1)(A)(vi). (Complete Part									
9	X	-	-) more than 33 1/3% of its support									
					pt functions—subject to certain e									
					d unrelated business taxable inc			11 tax) f	rom bus	inesses	,			
		acquired by the	he organization	after June 30), 1975 See section 509(a)(2).	(Complete	Part III.)							
10		- 0	•	•	exclusively to test for public safe	•								
11		-	_		exclusively for the benefit of, to p								•	
					ed organizations described in se						ction			
		509(a)(3). Ch	eck the box tha	t describes th	ne type of supporting organization	n and con	nplete line	s 11e th	rough 1	lh.				
		a Type	i b _	Type II	c Type III–Function:	ally integra	ated	d	Type	e III–Oti	ner			
е					anization is not controlled directly									
		other than fou	undation manag	ers and othe	r than one or more publicly supp	orted orga	anızatıons	describe	ed in sec	tion 50	9(a)(1)			
		or section 509	9(a)(2)											
f		If the organiza	ation received a	written dete	rmination from the IRS that it is a	Type I, T	ype II, or	Type III :	supportir	ng				
		organization,	check this box											
g		Since August	17, 2006, has t	the organizat	ion accepted any gift or contribu	tion from a	any of the							
•		following per	sons?											
				indirectly co	ntrols, either alone or together w	nth person	s describ	ed ın (ıi)	and				Yes	No
					supported organization?							11g() 📗	
					ed in (i) above?							11g(1)	
			-		lescribed in (i) or (ii) above?							11g(
h		• •	-	•	ne supported organization(s)									•
	i) Nam	e of supported	(II) E		(iii) Type of organization	(iv) Is the	organization	(v) Did v	ou notify	(vi)	s the	(vii) A	mount of	
,	-	ganization	""	•	(described on lines 1–9	1 ' '	sted in your	the organ	nzation in	organizat	ion in col		pport	
					above or IRC section	governing	document?	٠,,	of your cort?	(ı) organı U	zea in ine S ?			
					(see instructions))	Yes	No	Yes	No	Yes	No			
Α.						-	1							
(A)														
'D\					 	1								
B)														
				 -			 	<u> </u>						
C)														
<u></u>			 			+	 	<u> </u>				ļ <u>.</u>		
(D)			1											
						+				 				
(E)					1									
		<u> </u>				1	 							
			F		1	1	1	l	l	l				

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					_		
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total
7	Amounts from line 4			<u> </u>				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							·
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10		<u> </u>	<u> </u>	<u> </u>			
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the o	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3)		. \Box
	organization, check this box and stop here							
Sec	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •						
14	Public support percentage for 2011 (line 6,	* *	•	(f))			14	<u>%</u>
15	Public support percentage from 2010 Sche						15	%
16a	33 1/3% support test—2011. If the organiz				3 1/3% or more, che	eck this		
	box and stop here. The organization qualif				00.4/00/	_		
Ь	33 1/3% support test—2010. If the organization of the support test—2010 is the organization of the support test—2010 is the organization of the support test—2010 is the organization of t				s is 33 1/3% or mor	е,		▶ □
47-	check this box and stop here. The organiz	•		•	a ar 16h and lina 1	4 10		
17a		•						
	10% or more, and if the organization meets Part IV how the organization meets the "fac		· ·		• •			
	· ·	us-ano-circumstan	ces test The orga	ınızauon quannes a	as a publicly suppor	leu		▶ □
L	organization	O If the ergonization	an did not abook a	hay an lina 12 16:	n 16h or 17a and	lino		
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization is	_				iiiie		
	-					ıclv		
	Explain in Part IV how the organization med	cro mic 14012-4110-(oncumstances tes	i ilie olyanizadol	i quaiiiicə aə a publ	ыу		▶ □
19	supported organization Private foundation. If the organization did	not check a boy o	n line 13 165 16h	17a or 17h chor	rk this how and see			-
18	=	HOLCHECK & DOX O	11 IIII 13, 10a, 100	, 17a, 01 17D, CHEC	on and box and see			▶ □
	instructions							

Schedule A (Form 990 or 990-EZ) 2011 HEART 'N SOUL 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						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		625	13,225	42,092	37,092	93,034
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		625	13,225	42,092	37,092	93,034
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 line 6.)						93,034
	tion B. Total Support		T				
	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		625	13,225	42,092	37,092	93,034
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						
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)		625	13,225	42,092	37,092	93,034
14	First five years. If the Form 990 is for the organization, check this box and stop here		, second, third, fourt	h, or fifth tax year a	s a section 501(c)	(3)	. [
Sac	tion C. Computation of Public Su						
15	Public support percentage for 2011 (line 8,			(f))		15	100.00%
16	Public support percentage from 2010 Sche			(-)/		16	100.00%
	tion D. Computation of Investme						
17	Investment income percentage for 2011 (li			olumn (f))		17	%
18	Investment income percentage from 2010					18	%
19a	33 1/3% support tests—2011. If the orga						_
	17 is not more than 33 1/3%, check this bo						▶ [X
b	33 1/3% support tests—2010. If the orga						<u> </u>
	line 18 is not more than 33 1/3%, check th						
20	Private foundation. If the organization did	I not check a box o	on line 14, 19a, or 19	b, check this box a	nd see instruction	s	<u></u>

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.

2011 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Expenses

HEART 'N SOUL

Form 990-EZ, Part I, Line 8 - Other Revenue

Employer identification number 26-3714498

Description	Amount			
REIMBURSEMENTS	\$	15		
	Total \$	15		
Form 990-EZ, Part I, Line 16	- Other Expens	es		
Description	Amo	ount		

PROMOTIONAL EXPENSES	\$ 225
SUPPLIES FOR ADMISSION	\$ 150
STAGE SUPPLIES	\$ 1,049
TRAVEL EXPENSE AWAY GIGS	\$ 126
Non-investment Depreciation	\$ 967

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

Description

Amount

GIFT TO NATHAN

\$ -50

2,517

Total \$

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

Description	Beg.	of Year	End of	Year
	\$	1,040	\$	1,916
Less Accumulated Depreciation	\$	722	\$	1,689
	Total \$	318	\$	227

Page 2

Name of the organization

HEART 'N SOUL

Employer identification number 26-3714498

Form 990-EZ, Part III - Primary Exempt Purpose

Through the use of our members' time and talents, we provide musical performances for the public and charitable organizations in order to raise funds which are donated to various public charities and to help charitable organizations raise funds to carry out their respective purposes.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

Depreciation expense on equipment used to achieve program goals and objectives.

02/19/2012 6:24 PM

HEARTSOUL HEART 'N SOUL

26-3714498

FYE: 12/31/2011

Federal Asset Report Form 990, Page 1

Asset Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr PerConv Meth	Prior Current
Section 179 Expense: 2 DRUM SOUND SHIELD	12/31/11 _	876 876	x x	N/A 7 HY 200DB	0 876 0 876
7-year GDS Property: 2 DRUM SOUND SHIELD	12/31/11 _	N/A* 0	x x	0 7 HY 200DB	0
Prior MACRS: 1 Sound equipment	9/07/09 _ =	1,040 1,040	х	520 7 HY 200DB	722 91 722 91
Grand Totals Less: Dispositions and Transf Less: Start-up/Org Expense Net Grand Totals	ers 	1,916 0 0 1,916		520 0 0 520	722 967 0 0 0 0 722 967

^{*}Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

HEARTSOUL HEART 'N SOUL

26-3714498

Depreciation Adjustment Report
All Business Activities

02/19/2012 6:24 PM

FYE: ·12/31/2011

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	Description	Tax	AMT	AMT Adjustments/ Preferences
MACR	S Adju	stments:				
Page 1 Page 1	1	1	Sound equipment DRUM SOUND SHIELD	91 876	91 876	0
lage	1	2	DROM SOOND SHILLD	967	967	

			
2/19/2012 6:24 PM .	\$ 37,075 \$ 15 \$ 37,092	Amount	
Federal Statements	Schedule A, Part III, Line 2(e) Description and Temporary Cash Investments	Schedule A, Part III, Line 11 Description	
HEARTSOUL HEART 'N SOUL 26-3714498 FYE: 12/31/2011	De PERFORMANCES Taxable Interest on Savings and Tem REIMBURSEMENTS Total	De Less: Deductions Total	

Name(s) shown on return

Department of the Treasury Internal Revenue Service

(99)

HEART 'N SOUL

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

OMB No 1545-0172

Attachment Sequence No 179 ► Attach to your tax return. Identifying number

26-3714498

	ss or activity to which this form relates ndirect Depreciati	on								
*****	rt I Election To Expens		erty Under Se	ction 179)					
	•	•	•			mole	te Part I			
1	Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions)								1	500,000
2	Total cost of section 179 property placed in service (see instructions)								2	876
3	Threshold cost of section 179 property before reduction in limitation (see instructions)								3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-								4	0
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If marned filing separately, see instructions								5	500,000
6	(a) Description of property (b) Cost (business use only) (c) Elected cost									
<u> </u>	DRUM SOUND SHIELD			876					876	
	DROM DOUND CHILL				`	-				
7	Listed property Enter the amount fr	rom line 20			-	7			\dashv	
		un column (c) lino						8	876	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.								9	876
9	Tentative deduction. Enter the smaller of line 5 or line 8.								10	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562									0
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)								11	0
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11								12	<u></u>
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 E: Do not use Part II or Part III below for listed property. Instead, use Part V									
					/D =4			4	- / /C	'a a inatauationa'
	rt II Special Depreciation						ide liste	a proper	ıy.) (S	ee instructions)
14	Special depreciation allowance for		her than listed prop	perty) place	d in servic	е				
	during the tax year (see instructions	•							14	
15	Property subject to section 168(f)(1	•							15	
16	Other depreciation (including ACRS								16	
Pa	rt III MACRS Depreciati	on (Do not inclu			e instruc	tions.)			
	·		Secti	ion A					-	01
17	MACRS deductions for assets placed in service in tax years beginning before 2011								17	91
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 Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System									
	Section B—A		T		Using the	Gene	ral Depre	ciation Sy	stem	<u> </u>
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprei (business/investment only–see instructi	use '	i) Recovery period	(e) C	convention	(f) Metho	xd	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
С	7-year property									
d	10-year property									
е	15-year property									
f	20-year property							_	_	
g	25-year property				25 yrs			S/L		
h					27.5 yrs		мм	S/L		
	property			2	27 5 yrs		MM	S/L		_
i	Nonresidential real				39 yrs.		MM	S/L		•
·	property						MM	S/L	Ì	
	Section C—As	sets Placed in Serv	ice During 2011 T	Tax Year U	sing the A	Alterna	tive Depr	reciation S	System	1
20a			1					S/L		
	12-year	İ			12 yrs			S/L		
	40-year		 		40 yrs		MM	S/L		
	urt IV Summary (See inst	ructions)	<u> </u>		10 J13			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
							.		21	
21	Listed property Enter amount from Total. Add amounts from line 12, li		nee 10 and 20 in a	olumn (a) is	and line 21	Ento	r here		 ^ 	
22		_				LINE	111616		22	91
22	and on the appropriate lines of you				., 40(10115					
23	For assets shown above and place	_	ie current year, ent	ei tile		23				
	portion of the basis attributable to section 263A costs									