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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2011 Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning , and ending	9			
В	Check if appl	Icable C Name of organization			D Employ	er identification number
	Address cha	nge GOSPEL REVIVAL MINISTRIES			İ	
Ē	Name chang	Doing Business As		-	38-	2681829
H	-	Number and street (or P O box if mail is not delivered to street address)		Room/suite	- '	one number
L.J	Initial return	PO BOX 705			972	2-230-4660
	Terminated	City or town, state or country, and ZIP + 4				
X	Amended rei	turn DESOTO TX 75115			G Gross rece	ipts \$ 280,970
٢٦		F Name and address of onncipal officer				
	Application p	JOHN MUSSER		H(a) Is this a g	roup return for a	affiliates? Yes X No
		314 W BELTLINE		H(b) Are all aft	filiates included	yes No
		DESOTO TX 75115		If "No	o," attach a list	(see instructions)
_	Tax-exempt	(42)	527	=		
÷	Website	****** COCCODITION COM	327	H(c) Group ex	emotion numbe	ar >
"			L		0.0-	M State of legal domicile MI
	Form of orga	Summary		Tear or formation		thi State of legal domicile
<u></u>		riefly describe the organization's mission or most significant activities				
	1	,				
çe		SEE SCHEDULE O				
Jan						
err		t+ - 1				
30	2 CH	heck this box $lackbox[$] if the organization discontinued its operations or disposed	of more than 25	% of its net assets	S I I	_
ಷ	3 Nu	umber of voting members of the governing body (Part VI, line 1a)			3	5
es	4 Nu	umber of independent voting members of the governing body (Part VI, line 1b)			4	5
vit.	5 To	otal number of individuals employed in calendar year 2011 (Part V, line 2a)			5	4
Activities & Governance	6 To	otal number of volunteers (estimate if necessary)			6	3
•	7a To	otal unrelated business revenue from Part VIII, column (C), line 12			7a	0
	b Ne	et unrelated business taxable income from Form 990-T, line 34			7b	0
		•		Prior Ye		Current Year
a	8 Cc	ontributions and grants (Part VIII, line 1h)			4,029	268,510
Ž	9 Pr	ogram service revenue (Part VIII, line 2g)		1	4,160	12,459
Revenue	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)			118	1
αž	11 01	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		29	8,307	280,970
	-	rants and similar amounts paid (Part IX, column (A), lines 4=3)		3	5,906	0
	1	enefits paid to or for members (Part IX, column+(A), line(4)			0	0
"	l	alaries, other compensation, employee benefits (Parl X, column A), lines 5-10	1	8	4,779	65,012
penses					0	0
Je u	b To	rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ther expenses (Part IX, column (A), lines 11d, 11f-24e)	0		<u>-</u>	······································
X	17 0	ther expenses (Part IX, column (A), lines 110, 11d, 11f-24e	•	17	9,321	209,654
	17 OI	otal expenses Add lines 13–17 (must equal Part IX, column (A) line 25)			0,006	274,666
		evenue less expenses Subtract line 18 from line 12			1,699	6,304
	19 146	evenue less expenses Subtract line To not fillion?		Beginning of Cu		End of Year
Sts	20 To	otal assets (Part X, line 16)			8,561	41,369
Asse	21 To	otal liabilities (Part X, line 26)			6,437	62,941
Net Assets or	22 Na	et assets or fund balances. Subtract line 21 from line 20			7,876	-21,572
	Part II	Signature-Block		'	. /	22/0/2
		alties of perjury/I declare that I have exampled this return, including accompanying sche	dulos and states	nonts, and to the he	ct of my koo	worden and holief it is
ບ າເຂາ	ue, correct	it, and complete. Degraration of prepacer (other than officer) is based on all information of	of which preparer	has any knowledge	31 OI IIIY KIIO1 3	medge and belief, it is
201	Т	A A A A A A A A A A A A A A A A A A A				····
		Signature of officer			Date	
_{&} Si			סשמת	TDENIM	54.0	11/30/12
r∺He	ere	JOEN MUSSER Type or plut name and title	PKES	IDENT		11/30//2
JAN N	 	<u> </u>		Date	· [d PTIN
Da.	ایس	Print Type preparer's name Preparer's signature V 1 1 1	<u></u>		Check	[-], [
Pai	eparer	KATHY HOWLETT Katty Howlet			/12 self-emp	
W.e	parer L	Firm's name PSK LLP		<u>F</u>	rm's EIN	75-1486711
gus	e Only	3001 MEDLIN DR STE 100				018 664 0065
		Firm's address ARLINGTON, TX 76015		F	hone no	817-664-3000
		discuss this return with the preparer shown above? (see instructions)				X Yes No
[⊌] Foi	r Paperw	ork Reduction Act Notice, see the separate instructions.				Form 990 (2011)

Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D. Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted X 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance Х to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Х 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes." complete Schedule G. Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 19 If "Yes," complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Pa	art IV . Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			}
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24a	· · · · · · · · · · · · · · · · · · ·			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a				l
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	 	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.	į		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			- T
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		x
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	23	 	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		х
24	conservation contributions? If "Yes," complete Schedule M	30	 	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.	31		х
22	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes."	<u> </u>	\vdash	 -
32	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	<u> </u>	
55	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	1	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
J4	IV, and V, line 1	34		X
35a		35a	 	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1		
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes 0 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1b 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and X 1c reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a account)? b If "Yes." enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C Х 7с required to file Form 8282? 7d If "Yes." indicate the number of Forms 8282 filed during the year d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c Enter the amount of reserves on hand С X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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	О	- 2		O	_		_	_	

Section A. Governing Body and Management Yes No		"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S	chedu	le	X
Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting inplis among members of the governing body, or If there are material differences in voting inplis among members of the governing body, or If there are material differences in voting inplis among members of the governing body, or If there are material differences in voting inplis among members of the governing body, or If there are material differences in voting inplis among members of the governing to the committee or similar If there are material differences in voting in the difference in the properties of the origination delegate control over management duties customanly performed by or under the direct If the origination delegate control over management duties customanly performed by or under the direct If the origination are members of the governing to the properties of the origination of the origination make any significant changes to its governing occuments since the properties of the origination of the origination has embers of the governing body? If the origination has members of the governing body? If the origination has members of the governing body? If the origination has members of the governing body? If the origination has members of the governing body? If the origination has members of the governing body? If the origination has management the properties of the	500				
18 Enter the number of voting members of the governing body at the end of the tax year 1	<u> </u>	tion A. Governing body and management		Vas	No.
If there are maternal differences in voltage potts among members of the governing body of delegated broad authority to an executive committee or similar committee, explain in Schedule O 2 Individual control of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 3 Individual control of the committee of voltage in Schedule O 4 Individual control of the committee of voltage in Schedule O 5 Individual control of the committee of voltage in Schedule O 5 Individual control of the committee of voltage in Schedule O 5 Individual control of the committee of voltage in Schedule O 6 Individual committee of voltage in Schedule O 5 Individual control of the committee of voltage in Schedule O 6 Individual control of the committee of voltage in Schedule O 6 Individual control of the committee of voltage in Schedule O 7 Individual control of the committee of voltage in Schedule O 8 Individual control of the committee of voltage in Schedule O 8 Individual control of the committee of voltage in Schedule O 8 Individual control of voltage in Schedule O 8 Individual control of voltage in Schedule O 9 Individual control of v	12	Enter the number of voting members of the governing body at the end of the tax year.		103	
If the governing body delegated broad authority to an executive committee, or spellar in Schedule 0 Enter the number of voting mambers included in line 1a, above, who are independent Deligious for chief or the number of voting mambers included in line 1a, above, who are independent any other officer, director, trustee, or key employe here a family retationship or a business retationship with any other officer, director, trustee, or key employe here a family retationship or a business retationship with any other officer, director, trustee, or key employees to a management company or other person? Deline organization make any significant changes to its governing documents since the price family or other person? Deline organization become wave during the year of a significant diversion of the organizations a sistles? Deline organization have members or stochholders? Deline organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governined becomes of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The Sol Unit the organization contemporations year organization organ	ıa		1 1		
committee, explain in Schedule O be Einter the number of volung members included in line 1a, above, who are independent 2 Did any orfficer, director, fursitee, or key employee have a family relationship or a business relationship with any other officers, directors, fursitee, or key employees to a management company of other person? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or fursitees, or key employees to a management company of other person? 3 Did the organization make any synificiant changes to its govering doctory. 5 Did the organization become aware during the year of a significant diversion of the organizations assets? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the operangion of the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the operangion of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the operangion of the organization or exercise that the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members. 5 List the organization ontermporaneously document the meetings held or written actions underfaken during the year by the following at the governing body? 5 List the organization ontermporaneously document the meetings held or written actions underfaken during the year by the following at the organization ontermporaneously document the meetings held or written actions underfaken during the year by the following the schedule of the organization ontermporaneously document the meetings held or written actions underfaken during the year by the following the year by the properties of the organization has written policy and the organization has written policy and the properties of the organization has written pol					
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2 Dd any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Dd the organization director, directors, or trustees, or key employees to a management company or other person? 3 J X 3 Dd the organization ordinates, directors, or trustees, or key employees to a management company or other person? 4 A X 5 Dd the organization makes any applicant changes to its governing documents since the prior form 990 was filed? 5 Dd the organization have members or stockholders? 6 Dd the organization have members or stockholders? 6 Dd the organization have members or stockholders? 7 Dd the organization have members or stockholders? 8 Dd the organization organizatio	h				
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Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ TERESA MUSSER P.O. BOX 705	~				
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participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization TERESA MUSSER P.O. BOX 705			16a		X
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. TERESA MUSSER P.O. BOX 705	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Wopon request 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ TERESA MUSSER P.O. BOX 705		participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ TERESA MUSSER P.O. BOX 705		organization's exempt status with respect to such arrangements?	16b		
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. TERESA MUSSER P.O. BOX 705	Sec				
available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. TERESA MUSSER P.O. BOX 705	17	List the states that the state of the state			
Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization TERESA MUSSER P.O. BOX 705	18				
Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► TERESA MUSSER P.O. BOX 705					
and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► TERESA MUSSER P.O. BOX 705					
State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► TERESA MUSSER P.O. BOX 705	19				
organization ► TERESA MUSSER P.O. BOX 705	••	· · · · · · · · · · · · · · · · · · ·			
	20				
	ות		2-23	0-4	660

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations
 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest
 compensated employees, and former such persons

Check this box if neither the orga	inization nor any	relate	ed or	ganı	zatio	ns co	mpe	ensated any current officer,	director, or trustee	
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	bo	ix unli ficer a	Pos check ess pe	rson i	on the Highest compensated this both temployee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JOHN MUSSER		ļ		-					_	
PRESIDENT	50.00	X		X				24,915	0	0
(2) REBECCA HOWARD		ŀ								
SECRETARY	20.00	X		X	<u> </u>			7,461	0	, 0
(3) GREGG NEWHUIS										_
DIRECTOR	1.00	X			<u> </u>			0	0	0
(4) R.J. KOLAND										
DIRECTOR	1.00	X		1				0	0	0
(5) JANIS DAVIES			1			1 1				
DIRECTOR	1.00	X						0	0	0
(6)										
(7)									-	
(8)		-								
(9)				-						
(10)		<u> </u>								
(11)										
(12)		-		-	-					
(13)		_	-	-						
(14)			-							
	1	1	I	l .	ı	1 1				

	• (A) Name and title	(B) Average hours per week (describe hours for	bo	x นกโย	Pos check ess pe	เรอก เ	than o s both r/truste	ลก	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	ω	(F) Estimated amount of other mpensation from the	
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(10 2 103 11100)	oi a	rganization ind related ganizations	
(15)							-						
(16)						_							
(17)													
(18)												·····	
(19)													
(20)													
(21)					-		ļ						
(22)							ļ						
(23)													
(24)													
(25)							 					· · · · ·	
1b	Sub-total		<u> </u>	l	L	<u> </u>	l	.	32,376				
с d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectio	on A				>	32,376				
2	Total number of individuals (increportable compensation from	-		to th	ose	liste	d abo	ve)	who received more than \$1	nı 000,00			
3	Did the organization list any fo	rmer officer, dire	ctor,	or tri	uste	e, ke	y em	ploy	ee, or highest compensated	I		Yes	
4	employee on line 1a? If "Yes," For any individual listed on line	complete Schedue 1a, is the sum o	ıle J f rep	for s ortab	uch le co	indiv ompe	idual ensat	ion a	and other compensation from			3	X
_	organization and related organ individual	_										4	x
5 	Did any person listed on line 1 for services rendered to the or	ganization? If "Ye								dividual		5	x
Sec 1	ction B. Independent Contract Complete this table for your five	e highest compe	nsate	ed inc	depe	nde	nt cor	ntrac	ctors that received more that	n \$100,000 of			
	compensation from the organiz	zation Report coi (A) I business address	nper	satio	on fo	r the	cale	nda		the organization's tax year (B) ton of services	T	(C) Compens	ation
			-	-	-			-		 			
		<u> </u>						 					
											-		
2	Total number of independent of		-						listed above) who				
DAA	received more than \$100,000 (of compensation	from	the o	orgai	nızat	ion 🕨			0		Form 99	(2011)

Pa	rt V	<u>III. Staten</u>	nent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512, 513, or 514
ts ts	1a	Federated cam	npaigns	1a		*****				
ran	ь	Membership di	· -	1b						
G, G	C			1c						
ifts ar A	d	Related organi		1d						
s, G mila	е	Government grants		1e						
ion:	f	All other contribution								
but		and similar amounts		1f	268,	510				
oti.	g	Noncash contribution	ns included in lines 1a-		•					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total Add line				•	268,510			
Program Service Revenue					Busn (Code				
ven	2a	FUNDRAI	SING				12,459	12,459		
Re	b									
vice	С									
Ser	d									
am	е									
og	f	All other progra	am service rever	nue	L			,	,	
<u>م</u>	g					<u> </u>	12,459			
	3		ome (including d	lividends,	ınterest,					
		and other simil				>	1		· · · · · · · · · · · · · · · · · · ·	1
	4		ivestment of tax-	exempt b	ond proceeds					<u> </u>
	5	Royalties				<u> </u>				
			(i) Real		(II) Personal					
	6a	Gross rents								
	b	Less rental exps	· · · · · · · · · · · · · · · · · · ·							
	c	Rental inc or (loss)								
	d 7a	7a Gross amount from (i) Securities (ii) ((-) (-)	<u> </u>			·-· ·- ·- ·- · · · · · · · · · · · · ·	
		sales of assets	(i) Securities		(II) Other					
		other than inventory								
	b	Less cost or other						:		
	_	basis & sales exps Gain or (loss)								
	d	Net gain or (loss)			-	<u> </u>				
		=	om fundraising ever	nte -						
an (Va	(not including \$	on rundraising ever	113						
ver		-	eported on line 1c)							
Re		See Part IV, line		а						
Other Reven	b	Less direct ex		ь —						
ō			(loss) from fundi	aising eve	ents					
			m gaming activities							
		See Part IV, line		a						
	b	Less direct ex		b						
			(loss) from gamı	ng activiti	es					
		Gross sales of								
		returns and alle	owances	a						1
	b	Less cost of g	oods sold	b 🗀				,		
	С	Net income or	(loss) from sales	of invent	ory	•				
		Mis	cellaneous Revenue		Busn (Code			_ , , , , .	
	11a									
	b									
	C									
	d	All other reven	ue							
	е	Total. Add line				•				<u> </u>
	12	Total revenue	. See instruction	s			280,970	12,459	() 1

Part IX . Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response	to any question in this Part I.	X		
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising expenses
1	'''		expenses	general expenses	expenses
•	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
Ŭ	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16			•	
4	Benefits paid to or for members	······			
5	Compensation of current officers, directors,				***************************************
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	62,130	47,884	14,246	
8	Pension plan accruals and contributions (include	1	•		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,882	1,852	1,030	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	3,000		3,000	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	į,			
f	Investment management fees				
g					
12	Advertising and promotion				· · · · · · · · · · · · · · · · · · ·
13	Office expenses				
14	Information technology	7,143		7,143	
15	Royalties	57 075	15 074	41 101	
16	Occupancy	57,075	15,974	41,101	
17	Travel	5,436		5,436	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	191		191	
19	Conferences, conventions, and meetings	3,741		3,741	
20	Interest	3,741		3,141	
21 22	Payments to affiliates Depreciation, depletion, and amortization	1,076		1,076	
23	Insurance	24,665	14,867	9,798	
24	Other expenses Itemize expenses not covered	= 1,000		37.30	
- '	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а		54,925	54,925		
b	UTILITIES	14,611	4,089	10,522	
C	PRINTING	8,343	2,086	6,257	
ď	BANK CHARGES/CREDIT CARD	7,888		7,888	
е	All other expenses	21,560	1,290	20,270	
25	Total functional expenses Add lines 1 through 24e	274,666	142,967	131,699	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

Parl	X.	Balance Sheet					
					(A) Beginning of year		(B) End of year
1	1 Ca	shnon-interest bearing			12,977	1	16,861
2	2 Sa	vings and temporary cash investments		Į.		2	
3	3 Ple	edges and grants receivable, net		{		3	
4	4 Acc	counts receivable, net		Į		4	
!	5 Re	ceivables from current and former officers, directors, tru	istees, key	Ī			
	em	ployees, and highest compensated employees. Comple	te Part II of				
	Scl	hedule L		Į.		5	
6	Re	ceivables from other disqualified persons (as defined un	nder section				
	495	58(f)(1)), persons described in section 4958(c)(3)(B), an	d contributing	1			
	em	ployers and sponsoring organizations of section 501(c)	(9) voluntary	1			
ফ	em	ployees' beneficiary organizations (see instructions)		L		6	
Assets	7 No	tes and loans receivable, net		L		7	
₹ 8	3 Inv	rentories for sale or use		į	8,518	8	8,518
9	P re	epaid expenses and deferred charges		Ĺ		9	
10	0a Lar	nd, buildings, and equipment cost or		ŀ	·		
	oth	er basis Complete Part VI of Schedule D		91,442			
	b Les	ss accumulated depreciation	10b 1	75,452	17,066	10c	15,990
11	1 Inv	estments—publicly traded securities		L		11	
12	2 Inv	restments—other securities. See Part IV, line 11		<u>[</u>		12	
1:	3 Inv	estments—program-related See Part IV, line 11		Ĺ		13	
14	4 Inta	angible assets				14	
19	5 Oth	ner assets. See Part IV, line 11				15	
16	6 To	tal assets. Add lines 1 through 15 (must equal line 34)			38,561	16	41,369
17	7 Acc	counts payable and accrued expenses			66,437	17	62,941
18	B Gra	ants payable				18	
19	9 De	ferred revenue		1		19	
20	0 Tax	x-exempt bond liabilities		Ļ		20	
21	1 Esc	crow or custodial account liability. Complete Part IV of S	chedule D	Ļ		21	
တ္မွ 22	2 Pay	yables to current and former officers, directors, trustees,	, key	Į.			
Liabilities	em	ployees, highest compensated employees, and disquali	fied persons	ŀ			
ia	Co	mplete Part II of Schedule L				22	
ے ₂		cured mortgages and notes payable to unrelated third pa		Ļ		23	
24		secured notes and loans payable to unrelated third parti				24	
25	5 Oth	ner liabilities (including federal income tax, payables to re	elated third				
	·-	rties, and other liabilities not included on lines 17-24) Co	omplete Part X				
		Schedule D			66 405	25	60 041
26		tal liabilities. Add lines 17 through 25			66,437	26	62,941
.		ganizations that follow SFAS 117, check here ▶ X	and complete	[
ğ		es 27 through 29, and lines 33 and 34.		F	00 000		00 100
[27		restricted net assets		-	-99,222		-90,103
E 28		mporarily restricted net assets		-	71,346		68,531
달 29		rmanently restricted net assets	. —	-		29	
F		ganizations that do not follow SFAS 117, check here	e ▶ 💹 and	l		1	
Net Assets or Fund Balances		mplete lines 30 through 34.		ŀ			
set 30		pital stock or trust principal, or current funds				30	
A 31		id-in or capital surplus, or land, building, or equipment fu		-		31	
		tained earnings, endowment, accumulated income, or of	iner funds	-	_07 076	32	_21 570
33		tal net assets or fund balances		}	-27,876 39,561		-21,572 41,369
34	+ 10t	al liabilities and net assets/fund balances			38,561	34	41,369

Form 990 (2011)

				Pa	ge 12
Part X					()
Part XI · Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII					
1 To	al revenue (must equal Part VIII, column (A), line 12)	1	28	30,	970
2 Tof	al expenses (must equal Part IX, column (A), line 25)	2	2.		
3 Re	venue less expenses. Subtract line 2 from line 1	3		6,	304
4 Ne	assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-2	27,	876
5 Oth	er changes in net assets or fund balances (explain in Schedule O)	5			
6 Ne	assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
col	umn (B))	6	-2	21,	<u>572</u>
Part >	Il Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1 Acc	counting method used to prepare the Form 990 🔲 Cash 🔀 Accrual 📗 Other		_		
If th	e organization changed its method of accounting from a prior year or checked "Other," explain in				
Sch	nedule O				
2a We	re the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b We	re the organization's financial statements audited by an independent accountant?		2b		X
c If "	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
of	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
If th	e organization changed either its oversight process or selection process during the tax year, explain in				
Scl	nedule O				
d If "	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
ISS	ued on a separate basis, consolidated basis, or both				
	Separate basis				
3a As	a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	·		3a		X
b if "	es," did the organization undergo the required audit or audits? If the organization did not undergo the				
rec	uired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		0 (2011)

SCHEDULÉ 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

Department of the Treasury Internal Revenue Service Name of the organization

GOSPEL REVIVAL MINISTRIES

Employer identification number 38-2681829

Pa	art I	Reas	on for Public Charity	Status (All organizations i	must co	mplete i	his pa	rt) Se	e instr	uction	s			
Γhe	orgar	nization is not a	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)			,					
1		A church, cor	evention of churches, or asso-	ciation of churches described in	section 1	70(b)(1)(A)(i).							
2		A school desc	cribed in section 170(b)(1)(A	i)(ii). (Attach Schedule E)										
3		A hospital or	a cooperative hospital service	e organization described in secti	on 170(b))(1)(A)(iii)								
4		A medical res	search organization operated	in conjunction with a hospital des	scribed in	section 1	70(b)(1)(A)(iii).	Enter th	ne hosp	ital's name,			
		city, and state												
5		An organizati	on operated for the benefit of	a college or university owned or	operated	by a gove	rnmenta	il unit de	scribed	ın				
		•	b)(1)(A)(ıv). (Complete Part I	•	•									
6				vernmental unit described in sec	tion 170(b)(1)(A)(v	·).							
7	Ħ	•		ubstantial part of its support from	,		•	n the ae	neral pu	blic				
·	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	X	•		more than 33 1/3% of its suppor		ntributions	. membe	ership fe	es. and	aross				
Ť		•	•	ot functions—subject to certain ex						_				
		•	•	i unrelated business taxable inco	•									
			<u>*</u>	, 1975 See section 509(a)(2).				0111 0001						
10			•	clusively to test for public safety		•	a)(4)							
11	H	•	•	clusively for the benefit of, to pe		•		carry ou	t the					
•	ш	•	-	d organizations described in sect				-		tion				
				e type of supporting organization	-									
		è-i	L			•	d i	T		ner				
е		a Type I												
C		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				mination from the IRS that it is a	Tyne I Ty	nell or T	vne III s	unpodin	G					
'		•	check this box		.,,,,,,	, po, o	, pc c	арроли	9					
~		•		on accepted any gift or contribution	on from a	ny of the								
g		-	_	on accepted any gift or commodis	011 11 0111 01	ny or and								
		following per		ntrols, either alone or together wi	th nereon	e describe	dun (u) s	and				Yes	No	
		• • •	-		ui personi	a describe	U 111 (11) 6	ariu			1100		 	
			 v, the governing body of the s member of a person describe 	•							11g(ı 11g(ı		+	
													 	
_			ontrolled entity of a person de								[11g(i	"11	ــــــــــــــــــــــــــــــــــــــ	
<u>h</u>			ollowing information about the		(nu) to the	organization	(v) Did	ou notify	(41)	s the	/ // // /	mount of		
(•	e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1–9	1	sted in your		nization in	organizat		1	mount of poort		
				above or IRC section	1	document?		of your		zed in the				
				(see instructions))	Yes	No	Yes	oon?	 		1			
A 1					165		103	NO	Yes	No				
A)														
- D\					 -			 						
B)														
-C\					 			l	 					
C)														
D)				<u> </u>	 	 			 					
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E)														
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Page 2

Part II. 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.)

366	tion A. Public Support						<u>.</u>
Calen	dar 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	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						
5	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)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support				·	· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
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>		1	<u> </u>	
12	Gross receipts from related activities, etc. (12	
13	First five years. If the Form 990 is for the o	organization's first	second, third, fourt	h, or fifth tax year	as a section 501(c)	(3)	* t
	organization, check this box and stop here		4				
	tion C. Computation of Public Su				·	144	
14	Public support percentage for 2011 (line 6,		-	1))		14	<u>%</u>
15	Public support percentage from 2010 Sche			and line 14 is 22	1/20/ or more, obe		
16a	33 1/3% support test—2011. If the organic				1/3% of filore, che	CK IIIS	▶ [
_	box and stop here. The organization qualifing 33 1/3% support test—2010. If the organization	•			is 33 1/3% or more		
D	check this box and stop here . The organization				15 33 173 70 01 111016	•	▶ □
17a	10%-facts-and-circumstances test—201	•		-	or 16b, and line 1	4 IS	· L
174	10% or more, and if the organization meets						
	Part IV how the organization meets the "factorganization"	ts-and-circumstan	ices" test. The organ	nization qualifies a	s a publicly support	ed	▶ [
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization r Explain in Part IV how the organization mee	neets the "facts-ar	nd-circumstances" to	est, check this box	and stop here		
	supported organization						▶ [
	• • •		n line 12 16e 16h	17a or 17h chaol	this hav and soo		
18	Private foundation. If the organization did	not check a box o	nime 13, 16a, 16b,	ira, or irb, check	Ciris box and see		

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)

	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")	459,201	365,467	318,095	284,029	268,510	1,695,302
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	5,799	31,477	14,844	14,160	12,459	78,739
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	465,000	396,944	332,939	298,189	280,969	1,774,041
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	341,410	153,630	118,700	175,841	77,000	866,581
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	341,410	153,630	118,700	175,841	77,000	866,581
8	Public support (Subtract line 7c from line 6)	·					907,460
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	465,000	396,944	332,939	298,189	280,969	1,774,041
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	760	575	221	118	1	1,675
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	760	575	221	118	1	1,675
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)	465,760	397,519	333,160	298,307	280,970	1,775,716
14	First five years. If the Form 990 is for the organization, check this box and stop here		econd, third, fourth	n, or fifth tax year as	s a section 501(c)(3)	>
Sec	tion C. Computation of Public Su	pport Percenta	ige				
15	Public support percentage for 2011 (line 8,	column (f) divided by	y line 13, column (f))	· · · · · · · · · · · · · · · · · · ·	15	51 10%
16	Public support percentage from 2010 Scheo	dule A, Part III, line 1	15			16	49.60%
Sec	tion D. Computation of Investme	nt Income Perc	entage	"			
17	Investment income percentage for 2011 (lin	ne 10c, column (f) di	vided by line 13, co	olumn (f))		17	%
18	Investment income percentage from 2010 S					18	%_
19a	33 1/3% support tests—2011. If the organ 17 is not more than 33 1/3%, check this box	and stop here . Th	e organization qua	ilifies as a publicly s	supported organiza	tion	► [X
b	33 1/3% support tests—2010. If the organ						, r-
20	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did					nization	P

Schedule A (Form 990 or 990-EZ) 2011 GOSPEL REVIVAL MINISTRIES

38-2681829

Page 4

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization Employer Identification number 38-2681829 GOSPEL REVIVAL MINISTRIES Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items \$ a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

a Board designated or quasi-endowment

%

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

(i) unrelated organizations

(ii) related organizations

b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
	Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(II)		
3b		

Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		191,442	175,452	15,990
Total. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part X, columi	n (B), line 10(c))	•	15,990

Schedule D (Form 990) 2011

Part VI

Schedule D (Form 990) 2011

GOSPEL REVIVAL MINISTRIES

Part VII.	Investments—Other Securities. See Form 99	0, Part X, line 12		
	(a) Description of security or category	(b) Book value	(c) Method of	valuation
	(including name of security)		Cost or end-of-yea	ar market value
(1) Financial d	derivatives			
(2) Closely-he	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(l)</u>				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related. See Form 99	90, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13)	> "]		
Part IX	Other Assets. See Form 990, Part X, line 15			
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			•	
(10)				
	n (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X	Other Liabilities. See Form 990, Part X, line 2	5		
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)]	
(9)			7	
(10)			7	
(11)			7	
	n (b) must equal Form 990, Part X, col (B) line 25)	•	7	
	C 740) Footnote In Part XIV, provide the text of the footnote to		statements that reports the	
	iability for uncertain tax positions under FIN 48 (ASC 740)		,	

	dule D (Form 900) 2011 GOSPEL REVIVAL MINISTRIES		38-2681829		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited I	Financial Statemer		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		 _	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		L	3	
4	Net unrealized gains (losses) on investments		<u>_</u>	4	
5	Donated services and use of facilities			5	
6	Investment expenses		<u></u>	6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)		L	8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	 		10	
Pa	rt XII Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per Retur	n	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b]	
С	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d		<u>:</u>	2е	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per Ret	urn	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
С	Other losses	2c		1	
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)			5	
	rt XIV Supplemental Information				

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

38-2681829

Page 5

Part XIV Supplemental Information (continued)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

GOSPEL REVIVAL MINISTRIES

Employer Identification number 38-2681829

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eliqibility for the grants or assistance, and the selection criteria used to award the X Yes No grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (a) Region (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees agents. region (by type) (e.g. a program service. expenditures for describe specific type of and investments region and independent fundraising program services contractors investments service(s) in region in region in region grants to recipients located in the region) EAST ASIA AND THE PACIFIC PROGRAM SERVICES WEBSITE SERVICES 150 (1) SOUTH ASIA PROGRAM SERVICES MEDICAL, CHURCH CONS 22,413 (2) CENTRAL AMERICA AND THE CARIBBEAN PROGRAM SERVICES ORPHANAGES, SUPPLIES 2,650 (3) SUB-SAHARAN AFRICA PROGRAM SERVICES CONSTRUCTION, ORPHAN NORTH AMERICA (5) PROGRAM SERVICES ORPHANAGES 3,250 (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3a Sub-total 28,463 b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 28,463

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

Schedule F (Form 990) 2011

Part V · Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

WE ASK FOR A WRITTEN PROPOSAL FOR THE PROJECT. ONCE WE RECEIVE THE WRITTEN

PROPOSAL AND THE FUNDS COME IN THEY ARE SENT TO THE PERSON REQUESTING THE

FUNDS. WHEN THE PROJECT IS COMPLETE THEY SEND US A REPORT AND PHOTOS ON HOW

GRANT FUNDS WERE USED.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXP	ENDITURES	INVESTMENTS	
EAST ASIA AND THE PACIFIC	\$	150	\$	0
SOUTH ASIA	\$	22,413	\$	0
CENTRAL AMERICA AND THE CARIBBEAN	\$	2,650	\$	0
SUB-SAHARAN AFRICA	\$	0	\$	0
NORTH AMERICA	\$	3,250	\$	0

4494

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.

2011
Open to Public Inspection

Name of the organization

GOSPEL REVIVAL MINISTRIES

Employer identification number 38-2681829

AMENDED RETURN EXPLANATION

AMENDING RETURN TO PROPERLY DISCLOSE PROGRAM SERVICE FUNDS THAT WERE USED OUTSIDE OF THE UNITED STATES ON SCHEDULE F.

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

TO HELP MINISTRIES WORLD-WIDE INCLUDING THE RECRUITMENT,

EDUCATION, AND SUPPORT OF NATIVE PASTORS. THE STRATEGY IS TO REACH, SAVE,

DISCIPLE AN ENTIRE UNREACHED VILLAGE, ENABLING THEM TO BEFCOME SELF
SUPPORTING IN 2-4 YEARS

FORM 990, PART I, LINE 6
FILINGS, MAILING, AND COMPUTER WORK

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

JOHN MUSSER REBECCA HOWARD

EMPLOYEE

DAUGHTER

P

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Name(s) shown on return

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

Identifying number

179

	GOSPEL	KEATANT WI	NISTRIES				30-	<u> 200</u>	1029
	ss or activity to which this form relates	OM							
	NDIRECT DEPRECIATI Int I Election To Expen		orty Under Se	otion 179					
ГФ	Note: If you have a	•	•		compl	ete Part I			
1	Maximum amount (see instructions		, complete r al	(V 20.0.0 you	0011101	<u> </u>		1	500,000
2	Total cost of section 179 property p	•	instructions)					2	
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	
5	Dollar limitation for tax year Subtract lin	e 4 from line 1. If zero or	r less, enter -0- If mar	ried filing separately,	see instru	ictions		5	
6	(a) Description	of property		(b) Cost (business use	only)	(c)	Elected cost		
	· · · · · · · · · · · · · · · · · · ·								
7	Listed property Enter the amount for	rom line 29			7	<u> </u>			****************************
8	Total elected cost of section 179 pr	operty Add amounts	ın column (c), lines	s 6 and 7				8	
9	Tentative deduction Enter the sma	ller of line 5 or line 8						9	
10	Carryover of disallowed deduction t	rom line 13 of your 2	010 Form 4562					10	
11	Business income limitation. Enter the		•	•	(see ins	structions)		11	
12	Section 179 expense deduction Ac	ld lines 9 and 10, but	do not enter more	than line 11		<u></u>		12	***************************************
13	Carryover of disallowed deduction t			.	13	ļ		1	
	: Do not use Part II or Part III below	 							
	rt II Special Depreciati					ude liste	d proper	ty) (S	see instructions)
14	Special depreciation allowance for	· · · · · · · · · · · · · · · · · · ·	ner than listed prop	erty) placed in serv	rice				
	during the tax year (see instructions	•						14	
15	Property subject to section 168(f)(1							15	343
16 Da	Other depreciation (including ACRS IT III MACRS Depreciat		ide listed prope	rty) (Soc instr	uetione	. \		16	343
	IT III WACKS Depreciat	ion (Do not meit		ion A	uctions	<u>, </u>			
17	MACRS deductions for assets plac	ed in service in tay ve						17	397
18	If you are electing to group any assets placed in	•	• •		nere 🕨		П		
	 	Assets Placed in Se				eral Depre	ciation Sy	stem	······································
	·····	(b) Month and year	(c) Basis for depre			· · · ·			
	(a) Classification of property	placed in service	(business/investment only-see instruct	use	(e)	Convention	(f) Metho	od	(g) Depreciation deduction
19a	3-year property								
b	5-year property	1							
С	7-year property	1							
d	10-year property								
	15-year property								
f	20-year property								
g	25-year property			25 yrs			S/L		
h	Residential rental			27 5 yrs		ММ	S/L		
	property			27 5 yrs		MM	S/L		
ı	Nonresidential real			39 yrs		MM	S/L		
	property					MM	S/L		
	Section C—As	sets Placed in Serv	rice During 2011	Tax Year Using th	e Altern	ative Depr	eciation S	ystem	<u></u>
20a	Class life]					S/L		
b	12-year			12 yrs			S/L		
С	40-year	<u> </u>	<u> </u>	40 yrs		MM	S/L	1	
Pa	rt IV Summary (See inst	ructions)							
21	Listed property Enter amount from	line 28						21	
22	Total. Add amounts from line 12, lii	•				r here			
	and on the appropriate lines of your	•			_			22	740
23	For assets shown above and place	-	e current year, ente	er the					
	portion of the basis attributable to s	ection 263A costs		 	23	l			