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Form **990**

CANNED DIVING O 2001

Department of the Treasury

For the 2011 calendar year, or tax year beginning

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

, 2011, and ending

OMB No. 1545-0047

2011

Open to Public Inspection , 20

Check if applicable C Name of organization HEART & SEOUL GOSPEL MINISTRY D Employer Identification number 86-0989989 Doing Business As Address change E Telephone number Number and street (or P.O box if mail is not delivered to street address) Room/Suite Name change O BOX 5459 (623) 787-3672 Initial return City or town, state or country, and ZIP + 4 Terminated G Gross GLENDALE AZ 85312-5459 receipts \$ 166,212 Amended return Name and address of principal officer: Yes X No H(a) Is this a group return for affiliates? Application pending H(b) Are all affiliates included? Yes No Tax-exempt status: X 501(c)(3) 501(c)(4947(a)(1) or 527 If "No." attach a list, (see instructions)) (insert no) J Website: ▶ N/A H(c) Group exemption number ▶ K Form of organization X Corporation L Year of formation 2006 M State of legal domicile AZ Trust Other > Part I Briefly describe the organization's mission or most significant activities 1 TO PROVIDE WEEKLY CHRISTIAN AUDIO PROGRAMMING VIA CD AND INTERNET RADIO. GOVERNANCE Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 2 Number of voting members of the governing body (Part VI, line 1a) 6 4 6 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 25 6 Total number of volunteers (estimate if necessary) & Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b 0 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** REVENUE 160,236 165,459 Contributions and grants (Part VIII, line 1h) 8 Program service revenue (Part VIII, line 2g) . . . 9 753 1,270 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 629 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 162,135 166,212 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) EXPENSES Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Professional fundraising fees (Part IX, column (A), line 11e) 38,764 60,609 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 111=24e) 109,354 116,630 17 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 148,118 177,239 Revenue less expenses Subtract line 18 from line 12/17 & 1 2017 -11,027 14,017 19 Beginning of Current Year **End of Year** O R Total assets (Part X, line 16) 329,473 341,108 20 21 Total liabilities (Part X, line 26) 3,994 Net assets or fund balances Subtract line 21 from line 20 337,114 329.473 22 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge よ- 15- 1つ Sian Signature of officer Date Here SOOIN HUGHES PRESIDENT Type or print name and title PTIN Print/Type preparer's name Preparer's signature Check X If Date

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

SUSAN F BLANCHARD

PHOENIX AZ 85019

X Yes | No Form **990** (2011)

self-employed P00381562

Firm's EIN ▶ 20 - 3692926

(602) 795-8531

C 14-16

Phone no.

5-15-12

Paid

Preparer

Use Only

Firm's name ▶ BLANCHARD & ASSOCIATES

Firm's address ▶ 3507 W BETHANY HOME ROAD

Form	990 (2011) HEART & SEOUL GOSPEL MINIS 86-0989989	Page 2
Par		
	Check if Schedule O contains a response to any question in this Part III	. X
1	Briefly describe the organization's mission:	
	TO PROVIDE WEEKLY CHRISTIAN AUDIO PROGRAMMING VIA CD AND INTERNET	
	RADIO.	
	Did the organization undertake any significant program services during the year which were not listed on	
-	the prior Form 990 or 990–EZ?	X No
	If "Yes," describe these new services on Schedule O.	₽
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$)
		· -
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	

Part	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,"			
	complete Schedule A	1	Х	l
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
·	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		<u> </u>
-		4		X
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	-		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	5	ļ	
	or similar amounts as defined in Revenue Procedure 98–19? If "Yes," complete Schedule C, Part III	<u> </u>		<u> </u>
6	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 "Yes," complete	l .		۱.,
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1		
	complete Schedule D, Part III	8		X
9	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,"		ŀ	
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,			
••	permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,			
• • •	or X as applicable			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° if "Yes," complete Schedule	İ	İ	
а		11a		Х
	D, Part VI	114		1
D	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total	11b		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total	44-		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	1-
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			7.
	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	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		١
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	111	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI, XII, and XIII	12a	L	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		Ì	ł
	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	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, investment, & program service activities outside the United States, or aggregate foreign investments	1		ļ
	valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		 	1
• • •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	 	 	
18		18		X
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	"	+	 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40	1	X
	If "Yes," complete Schedule G, Part III	19	+	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	+	┼^
b	. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? $$	20b	1	1

Par	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 1? 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 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		!
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? N/A	24d		\vdash
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			 -
254	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
U	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			
	complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		<u> </u>	
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u> </u>	 	
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of	l		
	any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			ļ —
	Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			\vdash
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34]	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u>L</u>	Х
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, Part VI	37	<u>L</u>	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	Х	

	30 (2011) HEART & BEOOD COULD MINE OF COURSE		•	<u> </u>
<u>Part</u>				
	Check if Schedule O contains a response to any question in this Part V	<u></u>		Щ.
		F	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	┨		•
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	١.	1 77	
	gaming (gambling) winnings to prize winners?	1c	X	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	┦		•
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			٠,
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	 -	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O N/A	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 account)?	4a	ļ	X
Ь	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		1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	}	-≏-
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? N/A	5c	 	├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			x
	solicit any contributions that were not tax deductible?	6a		<u> </u>
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or qifts were not tax deductible?	6b		1
-		00		
7	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			
а	and services provided to the payor?	7a	Ì	Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b		1
b c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- 	 	
·	required to file Form 8282?	7c	1	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		 	1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Ì	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			1
	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	1	X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			ł
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	_		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	4		1
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them)	-		١
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance Issuers.	<u></u>		1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	X
_	Note. See the instructions for additional information the organization must report on Schedule O			1
Ь	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans 13b	-{		
C	Enter the amount of reserves on hand	14a	1	x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	144	1	$\perp \Delta$

14b

N/A

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۳		-	٠.	٦.	=	-,	7	

Pan	line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	10 163	porise	. 10
				П
O = 44	Check if Schedule O contains a response to any question in this Part VI	··· ·	<u> </u>	
Section	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6		res	NO
	If there are material differences in voting rights among members of the governing body,	1		
	or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
ь	Enter the number of voting members included in line 1a, above, who are independent			
2	Did 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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		,	l
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		,	٠,,
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	_		
	or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following	.	X	
a	The governing body?	8a 8b	X	-
b	Each committee with authority to act on behalf of the governing body?	80	\bigcap	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Socti	organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			- 21
36011	On B. Policies (This Section B requests information about policies not required by the internal revenue code)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	describe in Schedule O how this is done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		1	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	if "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160	1	l v
	with a taxable entity during the year?	16a	 	X
D	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 taken steps to safeguard		1	1
		16b	İ	
Secti	the organization's exempt status with respect to such arrangements?	1,00		Ц
17	List the states with which a copy of this Form 990 is required to be filled > AZ			
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)		
10	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 ▶ SEE ATTACHMENT #1

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

theck this box if neither the (A) Name and Title	(B) Average hours per	Verage (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organiza- tions in Schedule O)	D-RECTOR O-RECTOR	-Z0LCCZ√- - C0	OFFICER	₩¥# ₩₩₩	H-GHEST	нок∑шк	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations

Part	VII Section A. Officers	, Director	s, Trusto	ees, K	ey En	nploye	es, and	High	est Compensated E	mployees (continu	ed)		
	(A)	(B)			Pos	ition			(D)	(E)		(F)	
	Name and title	Average hours per		box, ur	t check iless pe	more ti rson is	han one both an		Reportable compensation	Reportable compensation		imated Sount c	
		week	ITD	l T		ΚE	/trustee H C E	F	from	from related		other	"
		(describe hours for	IDUR	- RUSTEE	O F F	E M Y P	GMP	O R	the	organizations	com	pensat	tion
		related	I S E V T C I E T	i S T T	LOE	ρ	H P L E E O S N Y	M E R	organization (W-2/1099-MISC)	(W-2/1099-MISC	· 1	om the	
		organiza- tions in	DEO	Y E	Ř	Ë	TSE	,,,	(W-2/1099-WISC)		_	anızatio I relate	
		Schedule O)	A O	OZ AL			E D				i	nızatıc	
			3										
		ļ											
							ļ						
1b	Sub-total	J	L		<u> </u>	<u> </u>	<u>. </u>	▶					
С	Total from continuation sh	eets to Pa	art VII, S	ectlo	n A			•					
d	Total (add lines 1b and 1c)							•					
2	Total number of individuals	(including	but not	limited	l to the	se list	ted abov	e) wh	o received more thai	1 \$100,000 of repo	rtable con	npens	ation
	from the organization ▶											Yes	No
3	Did the organization list any	former of	ficer, dır	ector,	or trus	stee, k	ey empl	oyee, (or highest compensa	ited employee			
	on line 1a? If "Yes," comple										3	ļ	X
4	For any individual listed on												v
5	organization and related org Did any person listed on line										. 4	├-	X
	services rendered to the org				•			-	-		. 5	1	X
Section	B. Independent Contracto	ors											
1	Complete this table for your	-	•			•							
	compensation from the orga		Report c	omper	nsation	for th	ne calend	lar ye:	<u>-</u>	hin the organization			
	(A) (B) Name and business address Description of services								ervices	Compe	C) ensatio	n	
	- TVAITE GITE	<u> </u>	- 444.00.		_				Decempation of the	5111000			···
								<u> </u>					
	·							<u> </u>					
2	Total number of independe	nt contract	ors (incli	udına	but no	t limit	ed to the	Lse list	ed above) who rece	ved more than			
_	\$100,000 of compensation i		-	_									

Fran	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CGO	1a	Federated campaigns 1a					1
OFH		Membership dues 1b				1	
NTE		Fundraising events 1c	47,331			1	
RGS		Related organizations 1d					
R G R M I B N L		Government grants (contributions) 1e				1	
υğl						1	1
UNLTSR	T	All other contributions, gifts, grants, & similar amounts not included above	118,128		į	1	1
OAA				-		<u> </u>	<u> </u>
N NM S D T	_	Noncash contributions included in lines 1a-1f	 			1	
s	n	Total. Add lines 1a-1f		165,459	<u> </u>	<u> </u>	
P R	_		Business Code	1	ł	†	
os	2a						
GEI	þ						
RRR	C						
MIV	đ						
CE	е						_
ີ່ປ	f	All other program service revenue					
E	g	Total. Add lines 2a-2f	<u> ▶</u>				
	3	Investment income (including dividends, inter	est, and]
		other similar amounts)	. ▶	753			
	4	Income from investment of tax-exempt bond	proceeds ▶				
	5	Royalties	<u></u>			<u> </u>	<u> </u>
		(ı) Real	(II) Personal]			
	6a	Gross Rents					
	b	Less rental expenses					1
	С	Rental income or (loss)]		‡	
	d	Net rental income or (loss)	<u></u> ▶				
	72	Gross amount from sales (i) Securities	(II) Other				
	ra	of assets other than			_		
		inventory			Į.		1
	ь	Less: cost or other basis					1
		and sales expenses .			•		
O T	C	Gain or (loss) .]		1	
н i	d	Net gain or (loss)					
E	8a	Gross income from fundraising					1
R		events (not including \$					1
_		of contributions reported on line 1c)			-		
R		See Part IV, line 18	a]
v			o[-
E	С	Net income or (loss) from fundraising events	<u> ▶</u>	·			
N	9a	Gross income from gaming activities. See					1
U E		Part IV, line 19	a] .			•
_	b		o]		1	1
	С	Net income or (loss) from gaming activities .	. <u> </u>	1			
	10a	Gross sales of inventory, less					
		returns and allowances	a]	1	-	1
	b	Less cost of goods sold	D]			
	С	Net income or (loss) from sales of inventory	▶			<u> </u>	
		Miscellaneous Revenue	Business Code		<u> </u>		
	11a						
	ь						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	>	166,212			

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	n in this Part IX			
Do not	Include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
7b, 8b,	9b, and 10b of Part VIII.	Total expenses	expenses	Managèment and general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States 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				
	nercone described in section 4050(a)(D)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section				
Ū	401(k) and 403(b) employer contributions)				
9	Other employee handite				<u></u>
10	Darwall Acres	-			
11	Fees for services (non-employees)	· · · -			
a	Management				
	Logal				·
D	Accounting				
c d	Labbuma				
e	Professional fundraising services. See Part IV, line 17	60,609			
f	Investment management fees	00,009			
	O45				
g 12	Advertising and promotion				
13	Office expenses	53,977			
14	Information technology	52,442			
15	Royalties	32,442			
16	Occupancy	· · · · · · · · · · · · · · · · · · ·			
17	Travel	1,371			
18	Payments of travel or entertainment expenses	1,5/1			· · · · · · · · · · · · · · · · · · ·
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings.				
20	Interest				
21	Douments to efficience				
22	Depreciation, depletion, and amortization	7,490			
23	Incurance	1,350			
24	Other expenses Itemize expenses not covered above	1,330			
24	(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)				
_	list line 24e expenses on Schedule O)				
a					
b					· - · · ·
G		-		·	
d	All other expenses				
e 25	All other expenses	177 220			
25_	Total functional expenses. Add lines 1 through 24e	177,239		-	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation		1		
	Check here ▶ if following SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>	L	

Form 990 (2011)

Part X **Balance Sheet** (A) (B) End of year Beginning of year Cash -- non-interest-bearing 25 1 25 332,350 2 325,648 2 Savings and temporary cash investments . . . 3 Pledges and grants receivable, net 3 4 Accounts receivable, net . . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations ASSETS 6 of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions). 7 7 Notes and loans receivable, net 8 Inventories for sale or use . . 8 Prepaid expenses and deferred charges 4,376 9 3,800 10 a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D. 10a 10b **b** Less^a accumulated depreciation . . . 10c 11 Investments -- publicly traded securities 11 12 Investments -- other securities. See Part IV, line 11. 12 13 Investments -- program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 4,357 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 341,108 16 329,473 3,994 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue L 20 Tax-exempt bond liabilities A B 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified ı T persons Complete Part II of Schedule L . 22 23 Secured mortgages and notes payable to unrelated third parties 23 Ε 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 3,994 26 Total liabilities. Add lines 17 through 25 26 0 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. F U N D N E T 337,114 27 329,473 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 ASSETS В Organizations that do not follow SFAS 117, check here ALAN and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds ... 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . С 0 Ε 32 Retained earnings, endowment, accumulated income, or other funds 32 R 337,114 33 33 Total net assets or fund balances 329,473 34 34 Total liabilities and net assets/fund balances 341,108 329,473

orm	n 990 (2011)			Page	e 12				
Pal	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI	· · · · · · · · · · · · · · · · · · ·	<u>: </u>	· · · ·	$\perp \! \! \! \! \perp$				
1	Total revenue (must equal Part VIII, column (A), line 12)	:	166,	212					
2	Total expenses (must equal Part IX, column (A), line 25)		177,239						
3	Revenue less expenses. Subtract line 2 from line 1 3								
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) 5								
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,								
	column (B))	;	329,	473					
1	Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		•	Yes	No				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	İ	2a	x	: 				
b		· · · · · · · · · · · · · · · · · · ·	2b	X					
	If "Yes" to lines 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		X				
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	Ion							
	a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis								

Х

Form **990** (2011)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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..

the Single Audit Act and OMB Circular A-133?

TWF 990

11 99012

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Employer identification number

ΗE	٩R	T	& SEOU	L GOSPEL N	IINISTRY				8	<u>6-098</u>	9989			
Pa	rt I		Reason	for Public Cha	arity Status (All organ	izatıons m	ust comple	ete this pai	t.) See ins	tructions.				
he (orga	an	ızatıon ıs not a	private foundation	because it is: (For lines 1	through 1	11, check o	only one b	ox)					
1	X	Α	church, conve	ention of churches,	or association of churche	es describe	ed in sect	lon 170(b)	(1)(A)(I).					
2	L	A	school descri	bed in section 170	(b)(1)(A)(II). (Attach Sche	edule E.)								
3	L	A	hospital or a	cooperative hospita	l service organization des	scribed in	section 1	70(b)(1)(A))(III).					
4	L	A	medical resea	arch organization op	perated in conjunction wit	th a hospit	al describ	ed in sect i	ion 170(b)	(1)(A)(III).	Enter the	hospītal's nam	ıe,	
	_	c	ity, and state											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6	П	۱	A federal, state	, or local governme	nt or governmental unit d	lescribed ii	n section	170(b)(1)(A)(v).					
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8	П		• • •		ction 170(b)(1)(A)(vi). (C	omplete Pa	art II)							
9		An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)												
0		Α	n organization	organized and ope	erated exclusively to test f	for public s	safety. See	section s	509(a)(4).					
11	L	,	•	•	erated exclusively for the		•			•				
					supported organizations or cribes the type of support							on		
		а	Type I	b	pell c T	Type III-Fu	nctionally	ıntegrated		d∏T	ype III-Ot	her		
е] E	By checking thi		the organization is not co	ntrolled dir	rectly or in	directly by	one or mo	ore disqua	lified			
	•			han foundation mar ction 509(a)(2)	nagers and other than on	e or more	publicly st	ipported o	rganizatio	ns describ	ed in sect	on		
f			f the organizati organization, ch		en determination from the	IRS that it	t is a Type	I, Type II o	or Type III	supporting	g 		Γ	
g			Since August 1 ollowing perso	· · · · · · · · · · · · · · · · · · ·	janization accepted any ç	gift or conti	ribution fro	om any of t	he				-	
		(I) A person w	ho directly or indire	ctly controls, either alone	or togethe	er with per	sons desc	ribed in (ii))	_		No	
			and (III) bel	ow, the governing b	oody of the supported org	ganization?	? .				. <u> 1</u>		X	
		(li) A family me	ember of a person o	lescribed in (i) above?						. 1		X	
		(iii) A 35% cont	trolled entity of a pe	rson described in (i) or (ii	ı) above?	• •				<u>1</u>	1g(iii)	X	
h		F	Provide the follo	owing information a	bout the supported organ	nization(s)						,		
(I) N			of supported inization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	ın col (İ) lı		organizatio		-		(vii) Amount support	of	
						Yes	No	Yes	No	Yes	No		_	
							ŀ				į			
							1							
								·						
				· · · · · · · · · · · · · · · · · · ·		 	 	 			 	<u> </u>		
				t	3	i	1	‡	{ :	ŧ	ì	I .		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

HEART & SEOUL GOSPEL MINISTRY

Employer Identification number

86-0989989

VIOLINIST TESTIMONY EVENT \$4,767.00 MASTERS SCHOLARSHIP \$9,000.00 CHARITABLE CONTRIBUTIONS TO SIMILAR MINISTERIAL ORGANIZATIONS \$7,043.00 THE ORGANIZATION IS GOVERNED BY 8 VOTING MEMBERS WHO OVERSEE THE OPERATIONS OF THE MINISTRY FOR ALL COMPLIANCE MEASURES.

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB	No	1545-0172

2011

Department of the Treasury Internal Revenue Service (99)

► See separate Instructions.

► Attach to your tax return.

Attachment Sequence No 179

Name(s) shown on return HEART & SEOUL GOSPEL MINISTRY				ss or act	Identifying number 86-0989989				
									00-0303303
Par	Election To Exper					† I			
			· · · · · · · · · · · · · · · · · · ·					4	<u> </u>
	Maximum amount (see instructio						•	2	
	otal cost of section 179 property	•	•					3	
	hreshold cost of section 179 pro				•				
	Reduction in limitation. Subtract							4	
	Oollar limitation for tax year. Sub						-	_	500 000
	ee instructions		·					5	500,000
6	(a) Description	or property		(b) Cos	st (busn. use on	iy) (c) Elec	cted cost		-
									-
					- ,	<u> </u>			-
	usted property Enter the amoun					<u> </u>			•
	otal elected cost of section 179			ın (c), iir			•	8	-
	entative deduction Enter the sr					• • • • • • • • • • • • • • • • • • • •		9	
	Carryover of disallowed deduction							10	500.000
	Business income limitation Enter								500,000
	Section 179 expense deduction					 	•	12	
	Carryover of disallowed deduction					5			<u> </u>
	: Do not use Part II or Part III be								<u> </u>
	t II Special Depreciat						ted prop	erty.)	(See instructions)
	Special depreciation allowance for		erty (other than I	listed pr	openy) placed i	n service			
	during the tax year (see instruction	•	• •		• •			14	
	Property subject to section 168(f			•	•	•		15	
,	Other depreciation (including AC							16	
Par	t III MACRS Deprecia	tion (Do not inc	clude listed prop)			
				Section					
	MACRS deductions for assets pl							17	7,490
	fyou are electing to group any a	•	service during th	ne tax ye	ear into one or n	nore			
<u>c</u>	general asset accounts, check he			<u> </u>			<u> </u>	<u> </u>	
	Section B A	ssets Placed in			ax Year Using	the General D	epreclat 	ion S	ystem T
(a) Classification of property	(b) Month and year placed in service	(c) Basis for of (business/investment) see instru	nent use	(d) Recovery period	(e) Convention	(f) Method		(g) Depreciation deduction
19a	3-year property						ļ		
_b	5-year property								
С	7-year property								
d	10-year property								
e_	15-year property	ļ							
	20-year property								
g	25-year property			_	25 yrs	1	S/L		
h	Residential rental				27.5 yrs	MM	S/I	L	
	property		·		27 5 yrs	MM	S/	L	
i	Nonresidential real				39 yrs	MM	S/	L	
	property					MM	S/		
	Section C As	sets Placed in S	ervice During	2011 Ta	x Year Using ti	ne Alternative	Depreci	ation	System
20 a	Class life						S/		
b	12-year	;			12 yrs		S/L		
С	40-year				40 yrs	MM	S/	L	
Pa	t IV Summary (See instr	uctions)	•						
21 l	usted property. Enter amount fro	om line 28						21	
22	Fotal. Add amounts from line 12	, lines 14 through	h 17, lines 19 ar	nd 20 in	column (g), and	d line 21. Enter	here		
á	and on the appropriate lines of y	our return Partn	erships and S c	orporati	ons see insti	ructions .	<u>. </u>	22	7,490
23 F	For assets shown above and pla	iced in service di	uring the curren	t year,			_		
€	enter the portion of the basis atti	ributable to section	on 263A costs	<u></u>	23			<u> </u>	
_									5 AECO (0044

990 BOOKS ARE IN CARE OF							
ATTACHMENT 1: FORM 990 PAGE 6, PART VI	, SECTION C, LINE 20						
OPEN TO PUBLIC							
INSPECTION For calendar year 2011 or tax period beginning	, and ending .						
Name of Organization	Employer Identification Number 86-0989989						
HEART & SEOUL GOSPEL MINISTRY Part VI - Line 20	00-0363363						
Tart VI - Line 20							
Individual Name							
or							
Business Name							
· · · · · · · · · · · · · · · · · · ·							
Street Address							
NO Address							
U S Address							
Zip code City	State						
or							
Foreign Address							
•							
City							
Province or State							
Country							
Postal code	· · · · <u></u>						
Phone Number							
, none number	· ·						
Fax Number	· · · · · · · · · · · · · · · · · · ·						
Postal code Phone Number	·· · · ———————————————————————————————						

. 2011 DETAIL STATEMENTS		
HEART & SEOUL GOSPEL MINISTRY 86-0989989		PAGE 3
STATEMENT #1 - FUNDRAISING EVENT (990-EO PG 9 LINE 1C)	
BUILDING AND RENT FUNDRAISER	39,465	
VIOLINIST EVENT	4,767	
WCBA AWARD	2,000	
SPECIAL EVENT - PRAISE TEAM	300	
SPECIAL FUND - 1-5-0	36	
CREDIT CARD REBATE PROGRAMS	763	
TOTAL CARRIED TO 990-EO PG 9 LINE 1C	• • • • •	47,331
STATEMENT #2 - PROFESSIONAL FUNDRAISING (990 EO PG 10	LINE 11E)	
VIOLINIST TESTIMONY EVENT	F 600	
PRAISE TEAM	5,609 245	
CHARITABLE CONTRIBUTIONS		
THE MASTERS COLLEGE		
BULK MAIL POSTAGE		
NEWSLETTER/FLYER PRINTING		
PICNIC EVENT		
ANNIVERSARY EVENT		
TOTAL CARRIED TO 990 EO PG 10 LINE 11E		60,609
STATEMENT #3 - OFFICE EXPENSES (990 EO PG TO LINE 13)		
BANK SERVICE CHARGES	5	
SMALL EQUIPMENT PURCHASES		
LICENSES AND PERMITS		
OFFICE POSTAGE EXPENSE		
RENT	,	
SECURITY MONITORING FEE	398 1,671	
OFFICE SUPPLIES	•	
KITCHEN EXPENSE	•	
EQUIPMENT REPAIR		
UTILITIES		
MOMAL GARRIER MO COO DO DO LO LIVE 10		
TOTAL CARRIED TO 990 EO PG 10 LINE 13	· · · · · · · · · · · · · · · · · · ·	53,977
STATEMENT #4 - INFORMATION TECHNOLOGY (990 EO PG 10 L	INE 14)	
AIRTIME AND CD DIRECT COSTS	43,828	
INTERNET EXPENSES	965	
TELEPHONE	•	
	6,328	
CD INDIRECT COSTS	-,	