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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

, 2011, and ending

, 20

B Check if applicable

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

C Name of organization

North Star Evangelistic Corporation

Number & street (or P O box, if mail is not delivered to street addr)

Room/suite

PO Box 521498

City or town, state or country, and ZIP + 4

Big Lake AK 99652

D Employer identification number

92-6004573

E Telephone number

(907) 892-8545

F Group Exemption

Number ►

G Accounting Method

☒ Cash☐ Accrual

Other (specify) ►

H Check ►

☐ if the organization is not

required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

I Website: ► N/A

J Tax-exempt status (check only one) --

☒ 501(c)(3)☐ 501(c)()

(insert no)

☐ 4947(a)(1) or☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 183,504

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

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

☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	43,721
	2	Program service revenue including government fees and contracts	2	134,410
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	2,500
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	2,500
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	2,873	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9	183,504	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	29,396
	13	Professional fees and other payments to independent contractors	13	4,306
	14	Occupancy, rent, utilities, and maintenance	14	73,363
	15	Printing, publications, postage, and shipping	15	1,504
	16	Other expenses (describe in Schedule O)	16	63,155
17	Total expenses. Add lines 10 through 16.	17	171,724	
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,780
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	403,475
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	21	415,255

For Paperwork Reduction Act Notice, see the separate instructions.

JVA 11 990EZ1 TWF 990 Copyright Forms (Software Only) - 2011 TW

Form 990-EZ (2011)

SCANNED SEP 10 2012

Part II	Balance Sheets. (see the instructions for Part II)
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Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	7,321	22	20,203
23	Land and buildings	396,154	23	294,450
24	Other assets (describe in Schedule O)	0	24	101,010
25	Total assets	403,475	25	415,663
26	Total liabilities (describe in Schedule O)	0	26	408
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	403,475	27	415,255

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
-----------------	--

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

What is the organization's primary exempt purpose? See attachment #1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28			
(Grants \$) If this amount includes foreign grants, check here	▶	<input type="checkbox"/>	28a
29			
(Grants \$) If this amount includes foreign grants, check here	▶	<input type="checkbox"/>	29a
30			
(Grants \$) If this amount includes foreign grants, check here	▶	<input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here	▶	<input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	▶		32 0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instr. for Part IV.)

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

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40b , section 4955 40c		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed AK		
42a The organization's books are in care of See attachment #3 Telephone no 42a Located at 42a ZIP + 4 42a		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes" enter the name of the foreign country 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		X

N/A

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

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

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

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

- b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		X

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

(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

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

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

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Type or print name and title

Chris D. Elder

Chris D. Elder Treasurer

Date

8-14-12

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name H & R BLOCK

Firm's address 1301 S SEWARD MERIDIAN STE E

Firm's EIN

Phone no 907-376-3278

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☒ No

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

North Star Evangelistic Corporation

Employer identification number

92-6004573

Line 8 other income - Interest 44.97, Misc revenue 449.27,
Weather station rental 495.77, recyclable metals 1883.05 = 2873.05

Line 16 - Other expenses

Office Expense 2723.28

Auto Expense 4550.04

Food 28479.26

Insurance 17800.74

Training 30.00

NSBC Program Expense 6460.77

Telephone 2296.13

Depreciation form 4562 815.00

Line 25 other assets 22011 - 15699 = 6312

Line 25 additional assets not on depreciation list - 94698

Line 26 Payroll liabilities 408.00

990 PRIMARY EXEMPT PURPOSE

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

Open to Public Inspection	For calendar year 2011 or tax period beginning , and ending
Name of Organization North Star Evangelistic Corporation	Employer Identification Number 92-6004573
Primary Purpose To provide the community with educational and religious outreach.	

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection		For calendar year 2011 or tax period beginning , and ending		
Name of Organization North Star Evangelistic Corporation				Employer Identification Number 92-6004573
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben plans & def comp	(E) Expense account & other compensation
Kevin Goard PO Box 521498 Big Lake, AK 99652	President	0	0	0
Ken Butler PO Box 521498 Big Lake, AK 99652	Vice President	0	0	0
Chet Godin PO Box 521498 Big Lake, AK 99652	Treasurer	0	0	0
David Bacon PO Box 521498 Big Lake, AK 99652	Secretary	0	0	0
Ethan Hansen PO Box 521498 Big Lake, AK 99652	Director	0	0	0

990 BOOKS ARE IN CARE OF

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

Open to Public Inspection	For calendar year 2011 or tax period beginning , and ending
Name of Organization North Star Evangelistic Corporation	Employer Identification Number 92-6004573
Part V - Line 42a	

Individual Name Faith Bible Fellowship
or
Business Name

Street Address PO Box 521498

U S Address
Zip code 99652 City Big Lake State AK

Foreign Address
City
Province or State
Country
Postal code
Phone Number
Fax Number

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

North Star Evangelistic Corporation FOR FORM 990-EZ LINE 14

92-6004573

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (busn use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,594

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

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	12,408
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B -- Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions	22	18,002
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2011)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

North Star Evangelistic Corporation FOR FORM 990-EZ LINE 16

92-6004573

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (busn use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 ▶	13	

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

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

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	741
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B -- Assets Placed In Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		430	05	MQ	200 DB	22
c 7-year property		1,454	07	MQ	200 DB	52
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C -- Assets Placed In Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions	22	815
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2011)

2011 Federal Depreciation Schedule

North Star Evangelistic Corporation
92-6004573

08-02-2012

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
Form 990-EZ Line 14										
Building	01-01-90	S/LMM	30	84,096	0	0	0	84,096	59,656	2,803
Chapel	09-30-01	S/L	30	71,859	0	0	0	71,859	19,162	2,395
Crestwood Apartment	12-31-04	A S/L	30	21,570	0	0	0	21,570	4,314	719
Crestwood Kitchen	07-01-04	A S/L	30	2,769	0	0	0	2,769	600	92
Dining Room	11-01-94	S/LMM	30	168,277	0	0	0	168,277	61,702	5,609
Electric Upgrade	09-26-00	150DBHY	15	992	0	0	0	992	713	59
Fourplex	07-11-98	A S/LMM	30	71,403	0	0	0	71,403	28,550	2,381
Fourplex 2	06-07-99	A S/LMM	30	72,072	0	0	0	72,072	24,024	2,402
Maintenance Shop	10-13-94	S/LMM	30	21,289	0	0	0	21,289	9,226	710
Parking Lot	09-02-05	200DBHY	10	11,740	0	0	0	11,740	5,860	769
Smart Alarm System	08-29-07	200DBHY	7	270	0	0	0	270	186	24
Water System	10-02-96	150DBHY	15	1,332	0	0	0	1,332	1,224	39
12 Assets			Totals	527,669	0	0	0	527,669	215,217	18,002
Form 990-EZ Line 16										
Beds & Mattresses	08-01-07	200DBHY	7	2,288	0	0	0	2,288	1,573	204
Blinds	01-23-04	200DBHY	10	2,245	0	0	0	2,245	1,416	147
Coffee Bar Addition	04-01-06	150DBHY	15	1,762	0	0	0	1,762	581	110
Espresso Machine	10-01-06	200DBHY	10	658	0	0	0	658	285	48
Espresso Machine	08-10-05	200DBHY	5	1,500	0	0	0	1,500	1,284	0
Grill	07-24-04	200DBHY	5	869	0	0	0	869	818	0
Kitchen Mixer	10-21-04	200DBHY	7	3,000	0	0	0	3,000	2,322	134
Laptop	12-12-11	200DBMQ	5	430	0	0	0	430	0	22
PennJersey Drill	06-15-04	200DBHY	10	1,489	0	0	0	1,489	891	98
Satellite Dish	06-22-05	200DBHY	5	1,747	0	0	0	1,747	1,525	0
Washing machine	11-02-11	200DBMQ	7	1,454	0	0	0	1,454	0	52
Water Trampoline Acc	06-22-05	200DBHY	5	1,975	0	0	0	1,975	1,724	0
12 Assets			Totals	19,417	0	0	0	19,417	12,419	815
24 Assets			Grand Totals	547,086	0	0	0	547,086	227,636	18,817

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2011 DETAIL STATEMENTS

North Star Evangelistic Corpor
92-6004573

Page 1

STATEMENT #1 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

Occupancy expenses..... 55,361

TOTAL CARRIED TO 990-EZ PG 1 Line 14..... 55,361

2011 990 - ADDITIONAL DETAIL STATEMENTS

North Star Evangelistic Corporation
92-6004573

FORM 990-EZ PG 1 LINE 14 ADDITIONAL DETAILS

FORM 4562

18,002