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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)

2011

Department of the Treasury
Internal Revenue Service

► 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

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization North Star Evangelistic Corporation D Employer Identification number 92-6004573		E Telephone number (907) 892-8545	
		F Group Exemption Number ►			
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____				H Check ► <input type="checkbox"/> 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) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check ► <input type="checkbox"/> 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 <input checked="" type="checkbox"/>					
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)				
	6 Gaming and fundraising events			5c 2,500	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
EXPENSES	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)				
	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)				
	8 Other revenue (describe in Schedule O)			7c	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.			8 2,873	
				9 183,504	
	ASSETS	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	
				18 11,780	
				19 403,475	
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			20	
	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)			21 415,255	
20 Other changes in net assets or fund balances (explain in Schedule O)					
21 Net assets or fund balances at end of year (Combine lines 18 through 20)					

For Paperwork Reduction Act Notice, see the separate Instructions.

Part II Balance Sheets. (see the instructions for Part II)

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)		► <input type="checkbox"/>
			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.

(a) Name and address	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099 MISC) (If not paid, enter -0-)	(d) Health benefits, Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
See attachment #2				

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	33	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)	34	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)?	35a	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	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
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 ► _____, section 4912 ► _____, section 4955 ► _____	40b	X
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		
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		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
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 ► _____ Located at ► _____		
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 ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
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

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

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

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

(a) Name and 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 or officer <i>Chris D. Elder</i>	Date <i>8-14-12</i>
	► Type or print name and title <i>Chris D. Elder Treasurer</i>	

Paid Preparer Use Only	Print/Type preparer's name <i>Deborah Palmer</i>	Preparer's signature <i>Deborah Palmer</i>	Date <i>8/10/12</i>	Check <input type="checkbox"/> if self-employed	PTIN <i>P00175212</i>
	Firm's name <i>H & R BLOCK</i>			Firm's EIN <i>►</i>	
	Firm's address <i>1301 S SEWARD MERIDIAN STE E</i>			Phone no <i>907-376-3278</i>	

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

► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

North Star Evangelistic Corporation

Employer Identification number
92-6004573

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III-Functionally integrated d Type III-Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

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

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(IV) Is the organization in col (I) listed in your governing document?		(V) Did you notify the organization in col (I) of your support?		(VI) Is the organization in col (I) organized in the U.S.?		(VII) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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 _____			Employer Identification Number
Name of Organization North Star Evangelistic Corporation			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 or Business Name	<u>Faith Bible Fellowship</u>	
Street Address	<u>PO Box 521498</u>	
U S Address		
Zip code <u>99652</u>	City <u>Big Lake</u>	State <u>AK</u>
or		
Foreign Address		
City		
Province or State		
Country		
Postal code		
Phone Number		
Fax Number		

Depreciation and Amortization

(Including Information on Listed Property)

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 Corp 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 (busin use only)
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 ► <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						
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.

Depreciation and Amortization

(Including Information on Listed Property)

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

North Star Evangelistic Corp FOR FORM 990-EZ LINE 16

Identifying number
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	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	
i Nonresidential real property			27 5 yrs	MM	S/L	
			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
Satelite 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

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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