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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

OMB No 1545-1150

Form 990-EZ

2012

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

► 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

SCANNED SEP 10 2013

A For the 2012 calendar year, or tax year beginning		, 2012, and ending		, 20	
B Check if applicable		C Name of organization		D Employer identification number	
Address change		North Star Evangelistic Corporation		92-6004573	
Name change		Number & street (or P O. box, if mail is not delivered to street addr)		Room/ suite	E Telephone number
Initial return		PO Box 521498			(907) 892-8545
Terminated		City or town, state or country, and ZIP + 4			
Amended return		Big Lake AK 99652			
Application pending					
G Accounting Method		<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ► _____	
I Website:		► N/A			
J Tax-exempt status (check only one) --		<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c)(4)	► (insert no)	4947(a)(1) or 527
K Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)					
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		► \$ 195,052			

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

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1 33,345
	2 Program service revenue including government fees and contracts	2 159,224
	3 Membership dues and assessments	3
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	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
	6 Gaming and fundraising events	6d
	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 2,483	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 195,052	
E X P E N S E S	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 5,383
	13 Professional fees and other payments to independent contractors	13 3,238
	14 Occupancy, rent, utilities, and maintenance	14 45,450
	15 Printing, publications, postage, and shipping	15 5,077
	16 Other expenses (describe in Schedule O)	16 80,290
17 Total expenses. Add lines 10 through 16	17 139,438	
A S S E T S	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 55,614
	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)	19 415,255
	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	21 470,869

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	20,203	22 13,299
23	Land and buildings	294,450	23 294,450
24	Other assets (describe in Schedule O)	101,010	24 163,120
25	Total assets	415,663	25 470,869
26	Total liabilities (describe in Schedule O)	408	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	415,255	27 470,869

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 ►

28a

29 [View](#) [Edit](#) [Delete](#) [Details](#) [Print](#) [Email](#) [Share](#) [Report](#) [Import](#) [Export](#) [Print](#) [Email](#) [Share](#) [Report](#)

(Grants \$) If this amount includes foreign grants, check here ►

29a

30

(Grants \$) If this amount includes foreign grants, check here ▶

30a

31 Other program services (describe in Schedule O)

(Grants \$ If this amount includes foreign grants, check here ▶

31a

32 Total program service expenses (add lines 28a through 31a) ► 32

List of Officers, Directors, Trustees, and Key Employees List each one even if no

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	37b	X
b Did the organization file Form 1120-POL for this year?	38a	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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
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		
41 List the states with which a copy of this return is filed ► A		
42a The organization's books are in care of ► See attachment #3 Telephone no. ► _____ Located at ► _____	ZIP + 4	
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)?	N/A	
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

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 only

All section 501(c)(3) organizations 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		X
49a		X
49b		X

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

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

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

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) 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 Chester Godin	Date
	► Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MARLENE WRIGHT	Preparer's signature Marlene Wright 8/15/13	Date	Check <input type="checkbox"/> if self-employed	PTIN P00120042
	Firm's name ► H AND R BLOCK			Firm's EIN ► 800326773	
	Firm's address ► 391 E PARKS			Phone no.	907-376-3555

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

2012

**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-Non-functionally integrated
 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 monetary 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) 2012

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

2012

Open to Public
Inspection

Name of the organization

North Star Evangelistic Corporation

Employer identification number

92-6004573

Line 8 other income - Interest 56.53

Weather station rental 392.90, recyclable metals 770

Line 16 - Other expenses

Office Expense 927

Auto Expense 4454.

Food 38185.00

Insurance 7936

Training 180.00

NSBC Program Expense 3035.00

Depreciation form 4562 815.00

Line 26 Payroll liabilities 408.00

Line 8 Hupomone Homeschoolers 1333.63

Bank charges 472.

License Registration 130.

Mileage Reimb 4195.

Memberships 799.00

Personnel 7829.

Fuel 4454.00

Cleaning 502

Designated Gifts/support 6908.00

Meal Expense 284.00

990 PRIMARY EXEMPT PURPOSE

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

Open to Public Inspection	For calendar year 2012 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
North Star Evangelistic Corporation	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 2012 or tax period beginning _____, and ending _____			Employer Identification Number 92-6004573	
Name of Organization North Star Evangelistic Corporation		(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
(A) Name and Title		0	0	0	0
Kevin Goard President		0	0	0	0
Ken Butler Vice President		0	0	0	0
Chet Godin Treasurer		0	0	0	0
David Bacon Secretary		0	0	0	0
Ethan Hansen Director		0	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 2012 or tax period beginning Name of Organization North Star Evangelistic Corporation	, and ending Employer Identification Number 92-6004573
---------------------------	---	--

or

Business Name.

U S Address

Zip code 99652

City Big Lake

State AK

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number

Depreciation and Amortization (Including Information on Listed Property)

2012

Department 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

North Star Evangelistic Corp FOR

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 2011 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 2013 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 2012	17	
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 2012 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	See Statement					3,959
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 2012 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	3,959
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 (2012)

Depreciation and Amortization (Including Information on Listed Property)

2012

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

North Star Evangelistic Corp

DO NOT CARRY

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 (busin 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 2011 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 2013. 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 2012	17	13,531
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 2012 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 2012 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 19,125
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 (2012)

**7-YEAR ASSETS PLACED IN SERVICE DURING 2012
USING GENERAL DEPRECIATION SYSTEM**

North Star Evangelistic Corporation
92-6004573

19c Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
Tractor	10-12-2012	18,000	7	HY	200 DB	2,572
Raft	02-16-2012	5,098	7	HY	200 DB	729
Archery	03-05-2012	4,607	7	HY	200 DB	658

Total

3,959

12_LS45627YR

2012 DETAIL STATEMENTS

North Star Evangelistic Corpor
92-6004573

Page 1

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

Occupancy expenses.....	45,450
TOTAL CARRIED TO 990-EZ PG 1 Line 14.....	45,450

2012 Federal Depreciation Schedule

North Star Evangelistic Corporation
92-6004573

Description	Date	Method	Cost	Prior 179	Current 179	Pr Spec Allow	Curr Spec Allow	Basis	Prior Depr	Current Depr	Accum Depr	Adj Basis
FORM 990												
Raft	02-16-12	200DBHY-7	5098	0	0	0	0	5098	0	729	729	4369
Archery	03-05-12	200DBHY-7	4607	0	0	0	0	4607	0	658	658	3949
Tractor	10-12-12	200DBHY-7	18000	0	0	0	0	18000	0	2572	2572	15428
3 Assets		Totals:	27705	0	0	0	0	27705	0	3959	3959	23746
UNASSIGNED												
Building	01-01-90	S/L-30	84096	0	0	0	0	84096	0	62459	2804	65263
Maintenance Sho	10-13-94	S/L-30	21289	0	0	0	0	21289	0	9936	710	10646
Dining Room	11-01-94	S/L-30	168277	0	0	0	0	168277	0	67311	5610	72921
Water System	10-02-96	150DBHY-15	1332	0	0	0	0	1332	0	1263	0	69
Fourplex	07-11-98	A S/L-30	71403	0	0	0	0	71403	0	30931	2380	33311
Fourplex 2	06-07-99	A S/L-30	72072	0	0	0	0	72072	0	26426	2403	28829
Electric Upgrad	09-26-00	150DBHY-15	992	0	0	0	0	992	0	772	59	831
Chapel	09-30-01	S/L-30	71859	0	0	0	0	71859	0	21557	2395	23952
Blinds	01-23-04	200DBHY-10	2245	0	0	0	0	2245	0	1563	147	1710
Penn Jersey Drill	06-15-04	200DBHY-10	1489	0	0	0	0	1489	0	989	98	1087
Crestwood Kitch	07-01-04	A S/L-30	2769	0	0	0	0	2769	0	692	92	784
Grill	07-24-04	200DBHY-5	869	0	0	0	0	869	0	818	0	818
Kitchen Mixer	10-21-04	200DBHY-7	3000	0	0	0	0	3000	0	2456	0	2456
Crestwood Apart	12-31-04	A S/L-30	21570	0	0	0	0	21570	0	5033	719	5752
Satelite Dish	06-22-05	200DBHY-5	1747	0	0	0	0	1747	0	1525	0	1525
Water Trampolin	06-22-05	200DBHY-5	1975	0	0	0	0	1975	0	1724	0	1724
Espresso Machin	08-10-05	200DBHY-5	1500	0	0	0	0	1500	0	1284	0	1284
Parking Lot	09-02-05	200DBHY-10	11740	0	0	0	0	11740	0	6629	769	7398
Coffee Bar Add1	04-01-06	150DBHY-15	1762	0	0	0	0	1762	0	691	104	795
Espresso Machin	10-01-06	200DBHY-10	658	0	0	0	0	658	0	333	43	376
Beds & Mattress	08-01-07	200DBHY-7	2288	0	0	0	0	2288	0	1777	204	1981
Smart Alarm Sys	08-29-07	200DBHY-7	270	0	0	0	0	270	0	210	24	234
Washing machine	11-02-11	200DBMQ-7	1454	0	0	0	0	1454	0	52	401	453
Laptop	12-12-11	200DBMQ-5	430	0	0	0	0	430	0	22	163	185
24 Assets		Totals:	547086	0	0	0	0	547086	0	246453	19125	265578
												281508

2012 Federal Depreciation Schedule

North Star Evangelistic Corporation
92-6004573

Description	Date	Method	Cost	Prior	Current	Pr Spec	Curr Spec	Basis	Prior	Current	Accum	Adj
		- Life		179	179	Allow	Allow		Depr	Depr	Depr	Basis

2012 Federal AMT Depreciation Schedule

North Star Evangelistic Corporation
92-6004573

Description	Date	Method	Cost	Prior 179	Current 179	Pr Spec Allow	Curr Spec Allow	Basis	Prior Depr	Current Depr	Accum Depr	Adj Basis
FORM 990												
Raft	02-16-12	200DBHY-7	5098	0	0	0	0	5098	0	546	546	4552
Archery	03-05-12	200DBHY-7	4607	0	0	0	0	4607	0	493	493	4114
Tractor	10-12-12	200DBHY-7	18000	0	0	0	0	18000	0	1928	1928	16072
3 Assets	Totals:		27705	0	0	0	0	27705	0	2967	2967	24738
UNASSIGNED												
Building	01-01-90	S/L-40	84096	0	0	0	0	84096	0	2804	11214	72882
Maintenance Sho	10-13-94	S/L-40	21289	0	0	0	0	21289	2130	710	2840	18449
Dining Room	11-01-94	S/L-40	168277	0	0	0	0	168277	168288	5610	22438	145839
Water System	10-02-96	150DBHY-20	1332	0	0	0	0	1332	177	59	236	1096
Fourplex	07-11-98	A S/L-40	71403	0	0	0	0	71403	71442	2380	9522	61881
Fourplex 2	06-07-99	A S/L-30	72072	0	0	0	0	72072	72077	2403	9610	62462
Electric Upgrad	09-26-00	150DBHY-15	992	0	0	0	0	992	177	59	236	756
Chapel	09-30-01	S/L-30	71859	0	0	0	0	71859	71855	2395	9580	62279
Blinds	01-23-04	200DBHY-10	2245	0	0	0	0	2245	588	196	784	1461
PennJersey Dril	06-15-04	200DBHY-10	1489	0	0	0	0	1489	390	130	520	969
Crestwood Kitch	07-01-04	A S/L-30	2769	0	0	0	0	2769	276	92	368	2401
Grill	07-24-04	200DBHY-5	869	0	0	0	0	869	72	0	72	797
Kitchen Mixer	10-21-04	200DBHY-7	3000	0	0	0	0	3000	920	0	920	2080
Crestwood Apart	12-31-04	A S/L-30	21570	0	0	0	0	21570	2157	719	2876	18694
Satellite Dish	06-22-05	200DBHY-5	1747	0	0	0	0	1747	437	0	437	1310
Water Trampolin	06-22-05	200DBHY-5	1975	0	0	0	0	1975	494	0	494	1481
Espresso Machin	08-10-05	200DBHY-5	1500	0	0	0	0	1500	375	0	375	1125
Parking Lot	09-02-05	200DBHY-10	11740	0	0	0	0	11740	3078	1026	4104	7636
Coffee Bar Addi	04-01-06	150DBHY-15	1762	0	0	0	0	1762	368	104	472	1290
Espresso Machin	10-01-06	200DBHY-10	658	0	0	0	0	658	182	58	240	418
Beds & Mattress	08-01-07	200DBHY-7	2288	0	0	0	0	2288	904	280	1184	1104
Smart Alarm Sys	08-29-07	200DBHY-7	270	0	0	0	0	270	107	33	140	130
Washing machine	11-02-11	200DBMQ-7	1454	0	0	0	0	1454	39	303	342	1112
Laptop	12-12-11	200DBMQ-5	430	0	0	0	0	430	16	124	140	290
24 Assets	Totals:		547086	0	0	0	0	547086	59659	19485	79144	467942

2012 Federal AMT Depreciation Schedule

North Star Evangelistic Corporation
92-6004573

Description	Date	Method	Cost	Prior	Current	Pr Spec	Curr Spec	Basis	Prior	Current	Accum	Adj
		- Life		179	179	Allow	Allow	Allow	Depr	Depr	Depr	Basis