

CGB-CC-0819

Received & Inspected

APR 13 2012

FCC Mail Room

**Voice of Freedom, INC.**

2292 Floyd Harris Rd.

Greenville, NC 27834

April 12, 2012

**General Affidavit**

State of North Carolina

County of Pitt

Before me, the undersigned Notary, Jennifer Stocks Edwards, on the 11<sup>th</sup> day of April, 2012, personally appeared Pastor John W. Hill, known to me to be a credible person and of lawful age, who being by me first duly affirmed, on his oath, deposes and says:

I, Pastor John W. Hill, do affirm that the facts stated in this filing to be true and lawful to the best of my knowledge.

  
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Pastor John W. Hill

President

Voice of Freedom, INC.



Jennifer Stocks Edwards

NOATARY PUBLIC

My commission expires May 12, 20 14

Jennifer Stocks Edwards  
Notary Public  
Pitt County, NC  
My Commission Exp 5-12-14

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**Voice of Freedom, INC.**

2292 Floyd Harris Rd.

Greenville, NC 27834

April 12, 2012

**General Affidavit**

State of North Carolina

County of Pitt

Before me, the undersigned Notary, Jennifer Stocks Edwards, on the 11<sup>th</sup> day of April, 2012, personally appeared Anliza Mayo Fox, known to me to be a credible person and of lawful age, who being by me first duly affirmed, on her oath, deposes and says:

I, Anliza Mayo Fox, do affirm that the facts stated in this filing to be true and lawful to the best of my knowledge.



Anliza Mayo Fox

Sec/Tres. Director

Voice of Freedom, INC.



Jennifer Stocks Edwards

NOATARY PUBLIC

My commission expires May 12, 2014

Jennifer Stocks Edwards Notary Public Pitt County, NC My Commission Exp <u>5-12-14</u>
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# VOICE OF FREEDOM, INC

2292 Floyd Harris Rd.

Greenville, NC 27833

March 10, 2012

Dear Sir,

Voice of Freedom, INC. is sending the requested supplemental material. Although we are incorporated, we are a separate entity. Voice of Freedom's ministry is the only business that we have. We have sent our 2011 taxes hoping that will help to clear that information up. We only have one bank account and that is the one that we sent you earlier.

As you can see, although we have \$7,602.21 at the end of the year, we have a liability of \$9199. There is no way that we would be able to stay on the air with World Harvest or Angle One. The cheapest that we found closed captioning was \$200 per airing. This means that we would have to have an additional \$10,400. We are run only by donations. All of our staff, including Pastor Hill receives no money. Our equipment is older which we found on ebay. As anyone knows, this will have to be replaced in time. We are also filming at a borrowed space.

With all of the factors together, an additional expense will shut us down.

We thank you for examining our request.

Anliza Mayo Fox

Director Voice of Freedom, INC.

A handwritten signature in black ink, appearing to read "Anliza Mayo Fox". The signature is written in a cursive, flowing style with a long, sweeping underline.

Voice of Freedom was incorporated just for the television operation.  
There are no other businesses or organizations under Voice of Freedom  
INC.. It is its, own entity.

Anliza Mayo Fox

A handwritten signature in black ink, appearing to read "Anliza Mayo Fox". The signature is written in a cursive, flowing style with some loops and flourishes.

Director

Voice of Freedom, INC.

## Supplemental information

- Additional sponsorship
- Impact captioning would have on activities

As you can see, although we have \$7,602.21 at the end of the year, we have a liability of \$9199. There is no way that we would be able to stay on the air with World Harvest or Angle One. The cheapest that we found closed captioning was \$200 per airing. This means that we would have to have an additional \$10,400. We are run only by donations. All of our staff, including Pastor Hill receives no money. Our equipment is older which we found on ebay. As anyone knows, this will have to be replaced in time. We are also filming at a borrowed space.

With all of the factors together, an additional expense will shut us down.

4. Verification that the petitioner has sought additional sponsorship sources or other sources of revenue for captioning, and that, even if these efforts have not successfully produced assistance, the petitioner does not otherwise have the means to provide captioning for the program(s); and
5. Information on the type of the petitioner's operation(s) and the impact that providing captions would have on its programming activities, for example, the extent to which its programming might not be shown if it is required to provide captions.

Each petition should contain a specific list of names of the program(s) for which an exemption is being sought and it may describe other factors that the petitioner deems relevant to an exemption determination, as well as any alternatives that could be a reasonable substitute for the closed captioning requirement. Finally, each petition **must be accompanied by an affidavit** (*i.e.*, a written sworn statement made under oath) supporting the petition. Your petition contained all of this information except for that listed in the second paragraph, above.

We advise petitioners to carefully review the FCC's recently adopted *Memorandum Opinion and Order, Order, and Notice of Proposed Rulemaking in Anglers for Christ Ministries, Inc.*, which can be found at <http://transition.fcc.gov/cgb/dro/caption.html> and corresponding FCC rules (47 CFR § 79.1(f)(2)-(3)). These documents describe the requirements for obtaining an economically burdensome exemption in detail.

Billy Peaden

Owner Peaden's Grill and Grocery

402 NC 33 West

Greenville, NC 27834

Dear Mr. Peaden,

My name is Pastor John Hill, and I am CEO of Voice of Freedom TV Ministry. I am writing to offer you the opportunity to become a sponsor for closed captioning on Voice Of Freedom.

Your sponsorship would help the hearing impaired to be able to follow the gospel as it is being preached. Just think of how your tax deductible sponsorship would touch someone who otherwise would not be able to follow what is being said!

If you choose to sponsor, we will list you and/or your business at the end of our television program. This would be great advertisement for you while at the same time helping someone else.

Please fill out the form at the bottom of this letter to let us know if you are interested in sponsorship.

Thank you for your time and consideration.

Respectfully,

Pastor John Hill

CEO Voice of Freedom, INC.

---

Yes, I would like to become a Closed Caption Sponsor! Amount of sponsorship \$ \_\_\_\_\_

No, I am not interested in becoming a Closed Caption Sponsor.



Conrad Williams

CEO Carolina Heating and Air

PO Box 546

Greenville, NC 27835

Dear Mr. Williams,

My name is Pastor John Hill, and I am CEO of Voice of Freedom TV Ministry. I am writing to offer you the opportunity to become a sponsor for closed captioning on Voice Of Freedom.

Your sponsorship would help the hearing impaired to be able to follow the gospel as it is being preached. Just think of how your tax deductible sponsorship would touch someone who otherwise would not be able to follow what is being said!

If you choose to sponsor, we will list you and/or your business at the end of our television program. This would be great advertisement for you while at the same time helping someone else.

Please fill out the form at the bottom of this letter to let us know if you are interested in sponsorship.

Thank you for your time and consideration.

Respectfully,

Pastor John Hill

CEO Voice of Freedom, INC.

---

Yes, I would like to become a Closed Caption Sponsor! Amount of sponsorship \$ \_\_\_\_\_

No, I am not interested in becoming a Closed Caption Sponsor.

*Conrad Williams President  
Carolina Heating + Air*

Alan Stancill  
CEO Stancill's Taxidermy  
1005 Abbott Farm Rd.  
Ayden, NC 27813

Dear Mr. Stancill,

My name is Pastor John Hill, and I am CEO of Voice of Freedom TV Ministry. I am writing to offer you the opportunity to become a sponsor for closed captioning on Voice Of Freedom.

Your sponsorship would help the hearing impaired to be able to follow the gospel as it is being preached. Just think of how your tax deductible sponsorship would touch someone who otherwise would not be able to follow what is being said!

If you choose to sponsor, we will list you and/or your business at the end of our television program. This would be great advertisement for you while at the same time helping someone else.

Please fill out the form at the bottom of this letter to let us know if you are interested in sponsorship.

Thank you for your time and consideration.

Respectfully,

Pastor John Hill

CEO Voice of Freedom, INC.

---

Yes, I would like to become a Closed Caption Sponsor! Amount of sponsorship \$ \_\_\_\_\_

No, I am not interested in becoming a Closed Caption Sponsor.

STANLILL'S TAXidermy



Horace Tripp

Pharmacist/Owner Edwards Wellness

131 W 3<sup>rd</sup> St.

Ayden, NC 27813

Dear Mr. Tripp,

My name is Pastor John Hill, and I am CEO of Voice of Freedom TV Ministry. I am writing to offer you the opportunity to become a sponsor for closed captioning on Voice Of Freedom.

Your sponsorship would help the hearing impaired to be able to follow the gospel as it is being preached. Just think of how your tax deductible sponsorship would touch someone who otherwise would not be able to follow what is being said!

If you choose to sponsor, we will list you and/or your business at the end of our television program. This would be great advertisement for you while at the same time helping someone else.

Please fill out the form at the bottom of this letter to let us know if you are interested in sponsorship.

Thank you for your time and consideration.

Respectfully,

Pastor John Hill

CEO Voice of Freedom, INC.

---

Yes, I would like to become a Closed Caption Sponsor! Amount of sponsorship \$ \_\_\_\_\_

No, I am not interested in becoming a Closed Caption Sponsor.

*Edwards Pharmacy*

*Horace Tripp*

Weeks

CEO Weeks Seed Co., INC.

1050 Moyer Blvd.

Greenville, NC 27834

Dear Mr. Weeks,

My name is Pastor John Hill, and I am CEO of Voice of Freedom TV Ministry. I am writing to offer you the opportunity to become a sponsor for closed captioning on Voice Of Freedom.

Your sponsorship would help the hearing impaired to be able to follow the gospel as it is being preached. Just think of how your tax deductible sponsorship would touch someone who otherwise would not be able to follow what is being said!

If you choose to sponsor, we will list you and/or your business at the end of our television program. This would be great advertisement for you while at the same time helping someone else.

Please fill out the form at the bottom of this letter to let us know if you are interested in sponsorship.

Thank you for your time and consideration.

Respectfully,

Pastor JOHN HILL



CEO Voice of Freedom, INC.

Yes, I would like to become a Closed Caption Sponsor! Amount of sponsorship \$ \_\_\_\_\_

No, I am not interested in becoming a Closed Caption Sponsor.



## SUPPLEMENTAL INFORMATION

- Quote for closed captioning
- Assistance denied from programming distributors

2. Information about the costs associated with captioning the specific program(s) for which the petitioner is requesting an exemption;
3. Verification that the petitioner has sought closed captioning assistance (*e.g.*, funding, services) from its video programming distributor; also the extent to which such assistance has been provided or rejected;

- Verification that you have sought closed captioning assistance (*e.g.*, funding, services) from your video programming distributor; also the extent to which such assistance has been provided or rejected; and



Pastor John Hill,

At New Day Media, we specialize in Closed Captioning Services. Over the last 10 years, we have done over 8,500 Closed Captioning projects. Our experience in handling production deadlines and our attention to detail has made us one of the premiere post production captioning services in the Midwest. You can be assured that your client's projects will always be handled with special attention to make sure your programmers are satisfied with the end result.

Because of new Federal Closed Captioning requires that 100% of all television programming needs to be captioned, to make your programmers more able meet the mandate, and to provide them with this very competitive quote.

Below you will find a quote that I believe will help assist you and your many clients with their closed captioning needs.

**Closed Captioning Quote for: "Voice of Freedom Ministries" / Pastor John Hill**

**TRT: 28:30**

**Number of Programs/Shows: 1 Weekly Program (4 Programs a Month)**

**Format: "Teaching/Preaching" Program on DV Cam**

**Number of Dubs: (1) Beta SP Tape (for Sky Angel) & (1) DVD (for WHT)**

**Quote: \$200.00 a program**

**We will provide you with:**

- **Transcription (with copy of Transcription on Floppy Disk)**
- **(1) Beta SP & (1) DVD Master of Program (Closed Captioned)**
- **Your Original DV Cam Master Tape back**

**\*\*Tape and Transcription is included in the Quote!**

Shipping & Handling is not included in the quote, but if you have a shipping account, we can use it and save you additional costs of shipping.

We can get a project turned around in 2 business days from the date they arrive. *(All Without A Rush Charge!)* Let me know if this quote sounds good to you. Let me know if you have any questions, feel free to call me at my office. (918) 250-4588 ext 106 or you can call my cell (918) 271-4324. I'll be happy to answer any questions you may have, and I would love to earn your business!

Thank you!

Patrick Murphy  
New Day Media Inc.

SkyAngel, owners and operators of Angel One, Angel Two, and KTV, does not provide Closed Captioning for its programmers and does not provide any funding for closed captioning services either. SkyAngel programmers need to have closed captioning or have permission from the FCC to be exempt.

Jordan Gallup  
Account Executive



Jane Fox <voiceoffreedomtv@gmail.com>

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## Closed Captioning

2 messages

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**Steve Warnecke** <swarnecke@lesea.com>  
To: Jane Fox <voiceoffreedomtv@gmail.com>

Mon, Apr 9, 2012 at 12:05 PM

Pastor Hill,

LeSEA Broadcasting / World Harvest TV does not provide any closed captioning services to clients. We also do not provide and funding for any closed captioning.

Any close captioning would be solely at your own expense.

With regards,

Steve Warnecke

GM, Cable Relations and Programming

LESEA Broadcasting

1228 Plantation Lakes Circle

Chesapeake, VA 23320

Ph 757 961 5700

swarnecke@lesea.com

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**Jane Fox** <voiceoffreedomtv@gmail.com>  
To: anlizafox@embarqmail.com

Mon, Apr 9, 2012 at 12:07 PM

[Quoted text hidden]

**Subject:** Your Captioning Project  
**From:** Constance Carlson <ccarlson@vicaps.com>  
**Date:** Tue, 10 Jan 2012 16:52:19 -0500  
**To:** voiceoffreedomtv@gmail.com  
**CC:** crhoffman@vicaps.com, 'Maria Vondras' <mtvondras@vicaps.com>

Hi John and Jane,

It was good speaking with you earlier today! Video Caption Corporation would be delighted to assist you with the closed captioning of your weekly religious shows. As I understand it, you will supply your 30-minute English language shows to us on MiniDV. Our deliverable to you include: a Closed Caption Master (Basic Roll-up Style Captions) encoded to BetaSP and 2 Closed Caption Masters (Basic Roll-up Style Captions) authored to DVD/autoplay (this actually would be an "authoring" of your DVD Master and creation of 1 copy)

Pricing: \$385 per show (discounted)

Price includes transcription, captioning (Basic Roll-up Style Captions), encoding of the Closed Caption Master to BetaSP, and conversion of the master video for DVD, DVD authoring, disc stock (2), and the second DVD Closed Caption Master copy. Our standard turnaround for this is 3 business days. Faster turnarounds are available at additional charge. Shipping and handling are additional.

Please call me if you have any questions – we'd be honored to work with you!

Constance

**Constance Carlson**  
**Vice President, Sales & Marketing**



**NEW YORK | BURBANK**

800-705-1204 (phone)  
800-705-1207 (fax)

[ccarlson@vicaps.com](mailto:ccarlson@vicaps.com)  
[www.vicaps.com](http://www.vicaps.com)

## Supplemental Information

- Corporation filing
- Income vs Expense
- 2012 taxes

Voice of Freedom was incorporated just for the television operation. There are no other businesses or organizations under Voice of Freedom INC.. It is its own entity.

- 
- Documentation of your financial status sufficient to demonstrate your inability to afford closed captioning – for example, profit and loss statements or bank statement information. (This should not just include the resources devoted to or the costs associated with the television program at issue.) Although you did provide some financial information, it pertained only to your television ministry and not to Voice of Freedom, Inc., generally;

- 
1. Documentation of the petitioner's financial status sufficient to demonstrate the petitioner's inability to afford closed captioning – for example, profit and loss statements or bank statement information. (This should not just include the resources devoted to or the costs associated with the television program at issue);



**Elaine F. Marshall**  
*Secretary*

DEPARTMENT OF THE  
**SECRETARY OF STATE**

PO Box 29622 Raleigh, NC 27626-0622 (919)807-2000

Date: 3/21/2012

Click here to:

[View Document Filings |](#)

PC, PLLC, LP and Non-Profit entities are not required to file annual reports.

**Corporation Names**

Name	Name Type
NC VOICE OF FREEDOM, INC.	LEGAL

**Non-Profit Corporation Information**

<b>SOSID:</b>	1159620
<b>Status:</b>	Current-Active
<b>Effective Date:</b>	7/21/2010
<b>Annual Report Due Date:</b>	
<b>Citizenship:</b>	DOMESTIC
<b>State of Inc.:</b>	NC
<b>Duration:</b>	PERPETUAL

**Registered Agent**

<b>Agent Name:</b>	FOX, ANLIZA
<b>Office Address:</b>	2292 FLOYD HARRIS RD. GREENVILLE NC 27834
<b>Mailing Address:</b>	2292 FLOYD HARRIS RD. GREENVILLE NC 27834

**Principal Office**

<b>Office Address:</b>	NO ADDRESS
<b>Mailing Address:</b>	NO ADDRESS

**Officers**

This website is provided to the public as a part of the Secretary of State Knowledge Base (SOSKB) system. Version: 2404

Voice of Freedom TV Ministry, INC

P.O. Box 30310

Greenville, NC 27833

**Income Vs. Expense  
2011**

**Income**

**Donations**

**\$144,707.90**

**Paypal**

**\$ 2,508.45**

**Total Income 2011**

**\$147,216.35**

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**Expense**

**Broadcasts**

**Fox 8/14**

**\$22,080.00**

**LeSea**

**\$59,800.00**

**Angel One**

**\$52,000.00**

**Keystone**

**\$1,130.00**

**Truthcasting/Web.**

**\$410.00**

**Total Broadcasts**

**\$135,420.00**

**Mis. Expense**

**Electronic Consultant**

**\$225.00**

**Advertising**

**\$95.00**

**Equipment/supplies**

**\$4,006.37 -**

**Stamps**

**\$676.00**

**Printing**

**\$95.00**

**Construction**

**\$684.52 - Repairs**

**Publications**

**\$4,600.00**

**Travel**

**\$234.47**

**Business Vehicle  
Fees**

**\$2,681.05  
\$94.58**

**Total Mis. Expense**

**\$13,391.99**

**Total Expense 2011**

**\$148,811.99**

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**2011 Income**

**\$147,216.35**

**Expense 2011**

**\$148,811.99**

**Balance for 2011**

**-1,595.64**

**Balance brought forth from 2010**

**\$9,198.85** . BANK

**Balance for 2011**

**\$7,603.21** - BANK  
BAL

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

**2011**

▶ 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**

Department of the Treasury  
Internal Revenue Service

**A For the 2011 calendar year, or tax year beginning** \_\_\_\_\_, **2011, and ending** \_\_\_\_\_, **20** \_\_\_\_\_

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input checked="" type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b> Name of organization <b>VOICE OF FREEDOM INC</b></p> <hr/> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>2292 FLOYD HARRIS RD</b></p> <hr/> <p>City or town, state or country, and ZIP + 4 <b>GREENVILLE NC 27834-</b></p>	<p><b>D</b> Employer identification number ██████████</p> <hr/> <p><b>E</b> Telephone number <b>252-341-9939</b></p> <hr/> <p><b>F</b> Group Exemption Number ▶</p>
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**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ \_\_\_\_\_

**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 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..... ▶ \$ **147,216.**

**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

	<b>1</b> Contributions, gifts, grants, and similar amounts received .....	<b>1</b>	147,216.
	<b>2</b> Program service revenue including government fees and contracts .....	<b>2</b>	
	<b>3</b> Membership dues and assessments .....	<b>3</b>	
	<b>4</b> Investment income .....	<b>4</b>	
Revenue	<b>5 a</b> Gross amount from sale of assets other than inventory .....	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .....	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) .....	<b>6a</b>	
	<b>b</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 exceed \$15,000) .....	<b>6b</b>	
	<b>c</b> Less: direct expenses from gaming and fundraising events .....	<b>6c</b>	
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .....	<b>6d</b>	
	<b>7 a</b> Gross sales of inventory, less returns and allowances .....	<b>7a</b>	
	<b>b</b> Less: cost of goods sold .....	<b>7b</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	<b>7c</b>		
	<b>8</b> Other revenue (describe in Schedule O) .....	<b>8</b>	
	<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .....	<b>9</b>	147,216.
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) .....	<b>10</b>	
	<b>11</b> Benefits paid to or for members .....	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits .....	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors .....	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance .....	<b>14</b>	685.
	<b>15</b> Printing, publications, postage, and shipping .....	<b>15</b>	771.
	<b>16</b> Other expenses (describe in Schedule O) .....	<b>16</b>	147,356.
	<b>17</b> Total expenses. Add lines 10 through 16 .....	<b>17</b>	148,812.
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) .....	<b>18</b>	(1,596.)
	<b>19</b> 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) .....	<b>19</b>	
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 .....	<b>21</b>	(1,596.)

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2011)



**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 activity not previously reported to the IRS? If "Yes," attach 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
35b	If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule O		
35c	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		
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 <input type="checkbox"/> 37a 0		
37b	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
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	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 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
40b	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
40c	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 <input type="checkbox"/>		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		
40e	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		X
41	List the states with which a copy of this return is filed. <input type="checkbox"/> NC		
42a	The organizations books are in care of <u>ANLIZA MAYO FOX</u> Telephone no. <input type="checkbox"/> 252-341-9939 Located at <input type="checkbox"/> <u>2292 FLOYD HARRIS RD NC GREENVILLE</u> ZIP + 4 <input type="checkbox"/> 27834-		
42b	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: <input type="checkbox"/>	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <input type="checkbox"/>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 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		X
44b	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		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		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 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

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		
-----	--	--

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		

f 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: *Anliza Fox*  
 ANLIZA FOX  
 Type or print name and title: DIRECTOR  
 Date: 03/27/2012

**Paid Preparer Use Only**  
 Print/Type preparer's name: JEFFREY MOORE  
 Preparer's signature: *Jeffrey Moore*  
 Date: 03/27/2012  
 Check  if self-employed  
 PTIN: P00368279  
 Firm's name: MOORE BUSINESS SOLUTIONS INC  
 Firm's EIN: 56-2047265  
 Firm's address: 601 C COUNTRY CLUB DRIVE  
 Phone no.: 252-355-1099

Name of the organization  
VOICE OF FREEDOM INC

Employer identification number  
[REDACTED]

**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?

	Yes	No
(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?.....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	

h Provide the following information about the supported organization(s).

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....					147216.	147216.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....					147216.	147216.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 Public support (Subtract line 7c from line 6.)						147216.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6 .....					147216.	147216.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.)					147216.	147216.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	15	100.00 %
16 Public support percentage from 2010 Schedule A, Part III, line 15 .....	16	0.00 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	17	0.00 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17 .....	18	0.00 %

- 19a 33 1/3 % support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization .....
- b 33 1/3 % support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization .....
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

Name of the organization  
VOICE OF FREEDOM INC

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

Caution. An organization that is not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

**Part I Contributors (see instructions)** Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KEN WHITE <hr/> PO BOX 291 <hr/> HARMAN WV 26270-	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ED WEEKS <hr/> 857 NORTHEAST KUBIN AVE <hr/> JENSEN BEACH FL 34957-	\$ 24,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of the organization

Employer identification number

VOICE OF FREEDOM INC

OTHER EXPENSES

BROADCAST 135420

CONTRACT SERV 225

LICENSES 95

SUPPLIES 4006

AUTO 2681

TRAINING 4600

TRAVEL 234

ADVERTISING 95

TOTAL 147356

PART II LINE 26

LIABILITIES 9199 LOAN FROM FREEDOM BAPTIST CHURCH