

Received & Inspected

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FCC Mail Room

2011 RETURN

■
INCOME TAX RETURN
■

Healing Miracles Ministry
704-987-0523

For more information about tax and
financial services, contact us year-round.

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TX Returns

Office 32373
THE SHOPS AT THE FRESH MARKET 2061
CORNELIUS NC 28031
704-892-9080

02/25/2012

Invoice: CN00001

HEALING MIRACLES MINISTRIES
PO BOX 795
Cornelius, NC 28031

Client ID: 562224084
TEL: 704-987-0523

FOR PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2011 EXEMPT ORGANIZATION INFORMATION RETURN.

Form 990-EZ
Schedule A
Schedule-B

AMOUNT DUE

\$175.00

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)

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 , 20

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 HEALING MIRACLES MINISTRIES	D Employer identification number 5832204084
	Number & street (or P.O. box, if mail is not delivered to street addr.) <small>Room/suite</small> PO BOX 795	E Telephone number (704) 987-0523
	City or town, state or country, and ZIP + 4 Cornelius NC 28031	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.healingmiraclesministry.org

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527

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

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 35,897

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I.

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	35,897
	2 Program service revenue including government fees and contracts	2	
	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		
	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		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	35,897	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	175
	14 Occupancy, rent, utilities, and maintenance	14	841
	15 Printing, publications, postage, and shipping	15	512
	16 Other expenses (describe in Schedule O)	16	32,938
17 Total expenses. Add lines 10 through 16 ▶	17	34,466	
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,431
	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	1,940
	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	3,371

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

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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.

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

Table for program service accomplishments with columns for description, amount, and foreign grants. Rows 28-32 include various program services and total program service expenses.

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

Table with 5 columns: (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.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

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

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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
49a

b If "Yes," was the related organization a section 527 organization? Yes No
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		

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 _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type Name of Preparer **JUAN ABLE AMABILE** Preparer's signature *Juan Amabile* **PRESIDENT** Check if self-employed PTIN _____

Firm's name ▶ **Office 32373** Firm's EIN ▶ _____

Firm's address ▶ **THE SHOPS AT THE FRESH MARKET 2061** Phone no. **704-892-9080**

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Public Charity Status and Public Support

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

HEALING MIRACLES MINISTRIES

Employer identification number

50-0990944

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?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

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	
Total									

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

Employer Identification number

HEALING MIRACLES MINISTRIES

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 does 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)

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2011

Name of the organization

Employer identification number

HEALING MIRACLES MINISTRIES

~~XXXXXXXXXX~~4

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 does 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)

Name of organization: HEALING MIRACLES MINISTRIES
 Employer identification number: ~~XXXXXXXXXX~~

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	JOAN ABLE/AMABILE 21403 CATAWBA AVE Cornelius NC 28031	\$ 14,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	JIM HIKE 664 CLINTONVILLE RD Paris KY 40361	\$ 15,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

HEALING MIRACLES MINISTRIES

Employer identification number

~~56-8621024~~

LINE 16 OTHER EXPENSES RELATE TO PROGRAM
ACTIVITIES AND ARE DETAILED ON THE
ATTACHMENT

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	Employer Identification Number	
HEALING MIRACLES MINISTRIES	XXXXXXXXXX	

Primary Purpose
PRODUCE CHRISTIAN TV PROGRAMS TO FURTHER CHRISTIAN BELIEFS

990 FIVE HIGHEST COMPENSATED EMPLOYEES

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

Open to Public Inspection For calendar year 2011 or tax period beginning , and ending

Name of Organization **HEALING MIRACLES MINISTRIES** Employer Identification Number ~~50-2221084~~

Part VI Five Highest Compensated Employees Other Than Officers, Directors, and Trustees and Key Employees

(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 Empl. Benefit Plans & Deferred Compensation	(e) Estimated amt of other compensations
JOAN AMABILE PO BOX 795 Cornelius, NC 28031	PRESIDENT 30.00	0	0	0
MARCIA COX 3041 RAMBLING HILLS DR Morrisville, NC 27560	VICE PRESIDENT 2.00	0	0	0
DARLENE AMBERGE 14508 BLACK FARMS RD Huntersville, NC 28078	COMMITTEE CHAIRWOMAN 5.00	0	0	0
JAMES HILKE 664 CLINTONVILLE RD Paris, KY 40361	TREASURER 15.00	0	0	0
MARCIA FRUEHAN 109 ROBIN LN Statesville, NC 28677	SECRETARY 15.00	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 HEALING MIRACLES MINISTRIES		Employer Identification Number 50-9224004

Part V - Line 42a

Individual Name JOAN AMABILE
or
Business Name:

Street Address 21403 CATAWBA AVE

U.S. Address:

Zip code 28031 City Cornelius State NC
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (704) 987-0523

Fax Number

2011 DETAIL STATEMENTS

HEALING MIRACLES MINISTRIES

~~5-1-1034~~

STATEMENT #1 - Other expenses (EOEZ Pg 1 Line 16)

VIDEO PRODUCTIONS.....	1,880
PROGRAM SERVICES.....	29,478
TKMI.....	1,450
DONATIONS.....	130

TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	32,938
-----------------------------------------	--------

Protecting your privacy is important to H&R Block. We recognize that the privacy of personal information is important to our customers, and we strive to operate our business in a manner that justifies your choice of H&R Block products and services.

We are providing this privacy notice to you as required by law. This privacy notice explains the types of personal information we may collect from and about you, as well as how we may disclose and protect that information.

Who This Privacy Notice Covers

This notice applies to personal information we collect when we provide tax preparation and other products and services to customers and former customers of this H&R Block office, an independently owned franchise. This notice applies whether you are a current or former customer of this H&R Block franchise. This notice applies to this franchise office only and not to any other H&R Block entity. H&R Block company-owned retail tax preparation offices operate under a similar, but separate, privacy notice because such offices are part of a separate legal entity and may have different practices or processes. If you are doing business with any other H&R Block business, you should consult that business's privacy notice.

Information We May Collect

- We collect certain personal information so that we may prepare your tax return. This information typically includes, for example, your name, address and certain other data such as your social security number, income and deductions data, and other personal information about you and your dependents that we need to prepare your tax return.
- We may collect personal information in connection with transactions other than tax return preparation that you complete or propose to complete with us, our franchisor's affiliates or certain non-affiliated third parties. This personal information may include, for example, your name, address and certain other "nonpublic personal information" such as checking, debit and credit account numbers, balances and payment history, income and assets.
- We may collect personal information from you, the IRS, our franchisor, our affiliates (if any) and our franchisor's affiliates, and certain non-affiliated third parties such as credit reporting agencies.
- We also may collect personal information about you when you inquire about services or request information from us or our franchisor or its' affiliates, submit rebate forms, or when you enter H&R Block contests. This personal information may include, for example, your name, telephone number, mailing address and e-mail address.

How We May Disclose Information About You

Our disclosure of personal information about you is controlled by various laws, regulations and other legal requirements, as well as policies of H&R Block and this franchised office. For example, the personal information we obtain to prepare your tax return is subject to specific legal requirements. We may disclose personal information that we collect, subject to the terms of this privacy notice and consistent with applicable law. The examples contained in this notice are illustrations; they are not intended to be exclusive.

- Where permitted or required by law, we may disclose personal information about you for our normal business purposes. For example, this may include disclosures to the Internal Revenue Service (IRS), and for certain other purposes where permitted by law (such as the processing of your tax return).

Where permitted by applicable law, we may disclose your personal information to service providers who perform business functions on our behalf (including service providers who perform "auxiliary services" in connection with tax preparation services offered by H&R Block, as permitted by IRC Section 7216). We require H&R Block service providers to have written contracts that specify

appropriate use of your personal information, require them to safeguard your personal information, and prohibit them from making unauthorized or unlawful use of your personal information.

- In certain situations involving personal information collected for tax return preparation, we may be required to have your consent before we disclose this information to affiliates or non-affiliated third parties. For example, if you have provided consent, we may disclose personal information about you to H&R Block affiliates engaged in offering banking, investment, credit cards or consumer loans, insurance or other non-tax financial services in order to provide you with service enhancements and product opportunities that we believe may interest you.
- We do not sell or rent your personal information to third party direct marketers.
- Where permitted by law, we may disclose your personal information to financial institutions with which we, our franchisor or our franchisor's affiliates, have joint marketing agreements. We require all joint marketers to have written contracts with us that specify appropriate use of your personal information, require them to safeguard your personal information, and prohibit them from making unauthorized or unlawful use of your personal information. If a state law (or other law) requires us to give you the right to opt-out prior to any disclosure of your personal information for joint marketing, we will not disclose your personal information for such purposes without providing such opt-out or obtaining your consent to such disclosure.
- We may disclose your personal information to our franchisor or our franchisor's affiliates or non-affiliated third parties (including government entities) when we have a good faith belief that such disclosure is required or permitted by law. This may occur, for example, in connection with a court order, legal process, or other judicial, administrative or investigative proceeding, or other situations (including our business operations) where the provision of certain information is required or permitted by law.

How We Protect Your Information

H&R Block and this franchised H&R Block office maintain physical, electronic and administrative policies and procedures designed to restrict access to your personal information. These include programs and specifications for physical security and records retention and disposal; computer and communication security measures reflected in system design, password protection, and data management practices; and other measures to restrict access to the data we hold in physical and electronic forms.

How You May Control Use of Your Information

H&R Block and this franchised H&R Block office may use personal information you provide (subject to your consent, where required) to communicate with you about products and services available through H&R Block. If at any time you wish to limit the offers or promotions you receive from H&R Block, you may call 877-723-5458. We will use reasonable efforts to comply with your request. In these situations, it may still be necessary for us to send you information from time to time about transactions or accounts you have with us.

We reserve the right to change this privacy notice and any of the policies described in this notice at any time consistent with applicable law. If we make a material change to this notice, we will notify you by using one of the following methods: (1) we will post a notice on our web site describing the change; or (2) we will hand deliver or send you regular or electronic mail notifying you of the change.