

DOCKET FILE COPY ORIGINAL

Received & Inspected

FEB 24 2014

FCC Mail Room

CGB-cc-6897

CG Docket # 06-191

February 14, 2014

To: Mr. Hollingsworth (apologize if misspelled)
At: 202-418-7383
From: Healing Miracles TV Ministry
Subject : Closed Captions

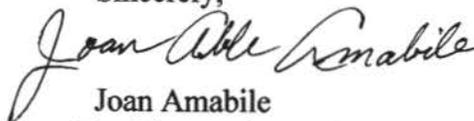
Dear Mr. Hollingsworth:

Attached is a copy of the letter we (Healing Miracles Ministry) sent to the FCC on Oct. 18, 2013 as per your request. Also attached is the letter we had sent on Jan. 21, 2012.

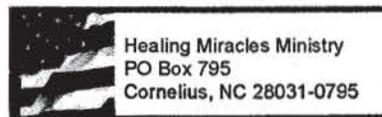
Please note: Our 30 minute program (Healing Miracles) airs once a week @ 12:00 AM (midnight on Thursday) which is during the 12:00 AM to 4:00 AM exemption from closed captioning. We don't anticipate any changes in the future.

For any questions regarding this please contact Mr. Steve Butler at LeSea Broadcasting, South Bend, Indiana. His phone # is 317-773-5050. Thank You.

Sincerely,



Joan Amabile
President and Founder



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FEB 24 2013

FCC Mail Room

February 14, 2014

To: Office of The Secretary
Federal Communications Commission
Attention: Disability Rights Office, Room 3-C-438
445 12th Street, SW
Washington, DC 20554

From: Healing Miracles TV Ministry
Subject: Closed Captions

To Whom It May Concern:

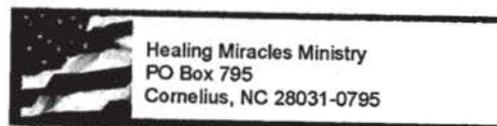
Attached is a copy of the letter we (Healing Miracles Ministry) sent to you on Oct. 18, 2013 as per your request. Also attached is the letter we had sent on Jan. 21, 2012.

Please note: Our 30 minute program (Healing Miracles) airs once a week @ 12:00 AM (midnight on Thursday) which is during the 12:00 AM to 4:00 AM exemption from closed captioning. We don't anticipate any changes in the future.

For any questions regarding this please contact Mr. Steve Butler at LeSea Broadcasting, South Bend, Indiana. His phone # is 317-773-5050. Thank You.

Sincerely,


Joan Amabile
President and Founder



HEALING MIRACLES MINISTRY
P.O. BOX 795
CORNELIUS, N.C. 28031
October 18, 2013

To: Federal Communications Center
ATTN: Disability Rights Office, Room 3-B-43f
445 12th Street SW
Washington, DC 20554

Dear Sirs:

This is in response to your letter of October 2013 regarding the subject of Closed Captioning for our 501C-3 non-for-profit TV ministry. It is important to note from last year's enclosed financial statements, which you have in your records and a 2 page statement of this year's that most of the support monies are provided by Joan Able Amabile, founder and president of the ministry, and James L. Hilke the Treasurer and general assistant. Although there are a number of contributors to help promote and support this non-for-profit ministry, without the input of the two principals, it would be impossible to exist. We do not and have never drawn any salaries for ourselves, or paid any salaries to anyone including part time or temporary volunteers. To illustrate this fact we present the below figures:

Total Receipts- including the two above named principals according to 2012 tax return:
(See enclosed 2012 tax return) \$31,723.00

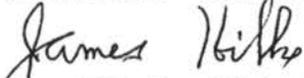
Total Expenses \$31,922.00

Donations by Joan Able (Amabile)-----	\$12,000.00
Donations by James Hilke-----	<u>11,700.00</u>
Total -----	23,700.00
Net contributions by others -----	\$8,025.00

Thank You,

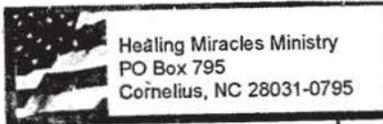
Sincerely,

James Hilke -- Treasurer



Joan Able (Amabile) -- Founder/President





Healing Miracles Ministry
PO Box 795
Cornelius, NC 28031-0795

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)

OMB No. 1545-1150

2012

Form **990-EZ**

▶ 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 2012, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
HEALING MIRACLES MINISTRIES

D Employer identification number
56-2224084

Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite
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 ▶ \$ 31,723

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	31,723
	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	31,723	
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	
	15 Printing, publications, postage, and shipping	15	789
	16 Other expenses (describe in Schedule O)	16	30,958
17 Total expenses. Add lines 10 through 16	17	31,922	
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-199
	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	3,371
	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	3,172

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

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 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

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) 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 Date
 Signature of officer *Joan Able Amabile*
 JOAN ABLE AMABILE PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name KAREN SCHROEDER	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00029446
Firm's name ▶ H AND R BLOCK	Firm's EIN ▶ 562049975		Phone no. 704-892-9080	
Firm's address ▶ THE SHOPPES AT FRESH MARKET				

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

Feb. 14, 2014

To Whom It May Concern:

In response to your request to provide you with a list of companies who provide closed captioning services, and their associated costs, these are the three that we have found who are capable of taking our programming and providing both transcription and closed captioning for the least amount of money:

LeSea Productions	Jeff Elliott	317-773-5050	Captioning & Transcription (30 min) \$150 per program / \$7,800 per year.
Automatic Sync Technologies	Brent Roberts	877-278-7962	Captioning & Transcription (30 min) \$170 per program / \$8,840 per year.
New Day Captioning	Patrick Murphy	888-877-1584	Captioning & Transcription (30 min) \$200 per program / \$10,400 per year.

All of these companies offer their services for about \$50 less per program if we are able to provide a complete transcript of the program. However the going rate for a stenographer is \$70 per hour, so we would still be above \$7000 per year if we chose that option. We also learned that CPC provides closed captioning software packages, but those start at prices above \$7,800. We would still have to pay for the transcription work above and beyond that.

The financial documents that we have already provided the FCC with clearly show that we cannot afford to consider any of the options that we have found to Close Caption on our once per week program.

Respectfully Submitted,

From: Joan Able (Amabile) [healingmiraclestv@gmail.com]

