8/29/2014

An Affidavit by Earl Barnett, Minister of the Seeking The Lost Ministries, of 1404 Drummond Cemetery Road, Jasper, Alabama 35504 concerning all the evidence submitted to the Federal Communications Commission 09/02/2014 requesting closed captioning exemption for the Seeking The Lost Ministries television broadcast.

Upon the penalty of perjury, I hereby declare and affirm that all the evidence submitted to the Federal Communications Commission regarding this application (formerly Case #CGB-CC-0045) is correct.

Signed X _____

Earl Barnett, Minister of the Seeking The Lost Ministries
1404 Drummond Cemetery Road
Jasper, Alabama 35504

Case Identifier: New: (Formally CGB-CC-0046)
Earl Barnett,
1404 Drummond Cemetery Road
Jasper, AL 35504

Petition for Close Captioning Exemption

The Seeking the Lost TV broadcast is organized to receive support from several congregations of the Churches of Christ. At present the "Seeking the Lost" is supported by nine congregations. Since the economic downturn, the number of congregations has dwindled from more than twenty sponsors to the present level. This reduction in support from various congregations has placed a financial burden on the "Seeking the Lost" broadcast.

The "Seeking the Lost" TV asserts that it not only deserves closed captioning exemption because it would be economically burdensome, but also the enclosed evidence will show that the format of the "Seeking the Lost" broadcast provides an acceptable substitute for closed captioning.

Sincerely,

Earl Barnett, Minister

Exhibit #1

Name of programming for which an exemption is requested.

The "Seeking the Lost" TV broadcast which airs on WIAT-TV 42, 2075 Golden Crest Drive, Birmingham, AL 35209, is the petitioner for closed captioning exemption.

The "Seeking the Lost" broadcast" contracts with WIAT 42 for 30 minute spots each Sunday morning from 6:00 A.M. until 6:30 A.M.

Please find enclosed a copy of the 2013 contract with WIAT CBS 42. To save space the 2012 contract is identical to the 2013 contract, and is not shown.

Sincerely,

Earl Barnett

CONTRACT

WIAT NEWS 42

WIAT
2075 Golden Crest Drive
Birmingham, AL 35209
(205) 322-4200

Contract / Revision	Alt Order #
234547 /	

Product

Contract Dates	Estimate #
01/06/13 - 12/29/13	

Advertiser	Original Date / Revision
Earl Barnett	12/19/12 / 05/22/13

Billing Cycle	Billing Calendar	Cash/Trade
EOM/EOC	Broadcast	Cash
Station	**Account Executive**	**Sales Office**
WIAT	John Isaac	Birmingham Loc

Special Handling

Demographic
Adults 25-54

IDB#	Advertiser Code	Product Code

Agency Ref	Advertiser Ref

nd:

Earl Barnett
1404 Drummond Cemetary Road
Jasper, AL 35504
USA

Line	Ch	Start Date	End Date	Description	Start/End Time	Days	Length	Spots/ Week	Rate	Rtn	Type	Spots	Amount
1	WIAT	01/06/13	12/29/13	Paid Program	Paid Program		28:30				NM	52	$35,100.00

	Start Date	End Date	Weekdays	Spots/Week	Rate
Week:	12/31/12	01/06/13	------S	1	$675.00
Week:	01/07/13	01/13/13	------S	1	$675.00
Week:	01/14/13	01/20/13	------S	1	$675.00
Week:	01/21/13	01/27/13	------S	1	$675.00
Week:	01/28/13	02/03/13	------S	1	$675.00
Week:	02/04/13	02/10/13	------S	1	$675.00
Week:	02/11/13	02/17/13	------S	1	$675.00
Week:	02/18/13	02/24/13	------S	1	$675.00
Week:	02/25/13	03/03/13	------S	1	$675.00
Week:	03/04/13	03/10/13	------S	1	$675.00
Week:	03/11/13	03/17/13	------S	1	$675.00
Week:	03/18/13	03/24/13	------S	1	$675.00
Week:	03/25/13	03/31/13	------S	1	$675.00
Week:	04/01/13	04/07/13	------S	1	$675.00
Week:	04/08/13	04/14/13	------S	1	$675.00
Week:	04/15/13	04/21/13	------S	1	$675.00
Week:	04/22/13	04/28/13	------S	1	$675.00
Week:	04/29/13	05/05/13	------S	1	$675.00
Week:	05/06/13	05/12/13	------S	1	$675.00

Spot	Ch	Date Range	Description	Start/End Time	Weekdays	Length	Rate	Type
19	*WIAT*	*05/06/13-05/12/13*	*Paid Program*	*Paid Program*	---------SL	*28:30*	*~~$675.00~~*	*NM*
	See MG 1.53							
53	WIAT	05/26/13-05/26/13	Paid Program	Paid Program	---------SL	28:30	$675.00	NM
Ⓜ	MG for 1.19 05/12							

Week:	05/13/13	05/19/13	------S	1	$675.00
Week:	05/20/13	05/26/13	------S	1	$675.00
Week:	05/27/13	06/02/13	------S	1	$675.00
Week:	06/03/13	06/09/13	------S	1	$675.00
Week:	06/10/13	06/16/13	------S	1	$675.00
Week:	06/17/13	06/23/13	------S	1	$675.00
Week:	06/24/13	06/30/13	------S	1	$675.00
Week:	07/01/13	07/07/13	------S	1	$675.00
Week:	07/08/13	07/14/13	------S	1	$675.00

(* Line Transactions: N = New, E = Edited, D = Deleted)

lotwithstanding to whom bills are rendered, advertiser, agency and service, jointly and severally, shall remain obligated to pay to station the amount of any bills rendered by station within the time specified and il payment in full is received by station. Payment by advertiser to agency or to service or payment by agency to service, shall not constitute payment to station. Station will not be bound by conditions, printed or erwise contracts, insertion orders, copy instructions or any correspondence when such conflict with the above terms and conditions. Two week advance cancellation notice is required unless otherwise specified.

WIAT
2075 Golden Crest Drive
Birmingham, AL 35209
(205) 322-4200

Contract / Revision	Alt Order #
234547 /	

Contract Dates	Product	Estimate #
01/06/13 - 12/29/13		

Advertiser	Original Date / Revision
Earl Barnett	12/19/12 / 05/22/13

Line	Ch	Start Date	End Date	Description	Start/End Time	Days	Length	Spots/ Week	Rate	Rtn	Type	Spots	Amount
		Start Date	End Date	Weekdays	Spots/Week	Rate							
Week:		07/15/13	07/21/13	------S	1	$675.00							
Week:		07/22/13	07/28/13	------S	1	$675.00							
Week:		07/29/13	08/04/13	------S	1	$675.00							
Week:		08/05/13	08/11/13	------S	1	$675.00							
Week:		08/12/13	08/18/13	------S	1	$675.00							
Week:		08/19/13	08/25/13	------S	1	$675.00							
Week:		08/26/13	09/01/13	------S	1	$675.00							
Week:		09/02/13	09/08/13	------S	1	$675.00							
Week:		09/09/13	09/15/13	------S	1	$675.00							
Week:		09/16/13	09/22/13	------S	1	$675.00							
Week:		09/23/13	09/29/13	------S	1	$675.00							
Week:		09/30/13	10/06/13	------S	1	$675.00							
Week:		10/07/13	10/13/13	------S	1	$675.00							
Week:		10/14/13	10/20/13	------S	1	$675.00							
Week:		10/21/13	10/27/13	------S	1	$675.00							
Week:		10/28/13	11/03/13	------S	1	$675.00							
Week:		11/04/13	11/10/13	------S	1	$675.00							
Week:		11/11/13	11/17/13	------S	1	$675.00							
Week:		11/18/13	11/24/13	------S	1	$675.00							
Week:		11/25/13	12/01/13	------S	1	$675.00							
Week:		12/02/13	12/08/13	------S	1	$675.00							
Week:		12/09/13	12/15/13	------S	1	$675.00							
Week:		12/16/13	12/22/13	------S	1	$675.00							
Week:		12/23/13	12/29/13	------S	1	$675.00							
						Totals						52	$35,100.00

me Period	# of Spots	Gross Amount	Agency Comm.	Net Amount
/31/12 -01/27/13	4	$2,700.00	($405.00)	$2,295.00
/28/13 -02/24/13	4	$2,700.00	($405.00)	$2,295.00
/25/13 -03/31/13	5	$3,375.00	($506.25)	$2,868.75
/01/13 -04/28/13	4	$2,700.00	($405.00)	$2,295.00
/29/13 -05/26/13	4	$2,700.00	($405.00)	$2,295.00
/27/13 -06/30/13	5	$3,375.00	($506.25)	$2,868.75
/01/13 -07/28/13	4	$2,700.00	($405.00)	$2,295.00
/29/13 -08/25/13	4	$2,700.00	($405.00)	$2,295.00
/26/13 -09/29/13	5	$3,375.00	($506.25)	$2,868.75
/30/13 -10/27/13	4	$2,700.00	($405.00)	$2,295.00
/28/13 -11/24/13	4	$2,700.00	($405.00)	$2,295.00
/25/13 -12/29/13	5	$3,375.00	($506.25)	$2,868.75
als	52	$35,100.00	($5,265.00)	$29,835.00

gnature: _____ **Date:** _____

(* Line Transactions: N = New, E = Edited, D = Deleted)

otwithstanding to whom bills are rendered, advertiser, agency and service, jointly and severally, shall remain obligated to pay to station the amount of any bills rendered by station within the time specified and il payment in full is received by station. Payment by advertiser to agency or to service or payment by agency to service, shall not constitute payment to station. Station will not be bound by conditions, printed or rwise contracts, insertion orders, copy instructions or any correspondence when such conflict with the above terms and conditions. Two week advance cancellation notice is required unless otherwise specified.

Order / Rev: 234547 Advertiser: Earl Barnett

Alt Order #: Product Desc: WIAT

Flight Dates: 01/06/13 - 12/29/13 Estimate:

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Spots	Amount
N 1	WIAT	01/06/13	12/29/13	M-Su 6-630a Paid Program	PAID	Paid Program	------S	28:30	1	$675.00	NA	0.00	NM	52	$35,100.00

Start Date	End Date	Weekdays	Spots/Week	Rate	Rating
Week: 03/18/13	03/24/13	------S	1	$675.00	0.00
Week: 03/25/13	03/31/13	------S	1	$675.00	0.00
Week: 04/01/13	04/07/13	------S	1	$675.00	0.00
Week: 04/08/13	04/14/13	------S	1	$675.00	0.00
Week: 04/15/13	04/21/13	------S	1	$675.00	0.00
Week: 04/22/13	04/28/13	------S	1	$675.00	0.00
Week: 04/29/13	05/05/13	------S	1	$675.00	0.00
Week: 05/06/13	05/12/13	------S	1	$675.00	0.00

Spot	Ch	Date Range	Description	Start/End Time	Weekdays	Length	Rate	Rtg	Type
19	*WIAT*	*05/06/13-05/12/13*	*M-Su 6-630a*	Paid Program	--------Su	*28:30*	*~~($675.00)~~*	0.00	*NM*
	See MG 1.53								
	[Technical Difficulties]								
53	WIAT	05/26/13-05/26/13	M-Su 12-1230p	Paid Program	(12:00 PM-12:3C--------Su	28:30	$675.00	0.00	NM
	⊗ MG for 1.19 05/12								
	[Makegood]								

Week: 05/13/13	05/19/13	------S	1	$675.00	0.00
Week: 05/20/13	05/26/13	------S	1	$675.00	0.00
Week: 05/27/13	06/02/13	------S	1	$675.00	0.00
Week: 06/03/13	06/09/13	------S	1	$675.00	0.00
Week: 06/10/13	06/16/13	------S	1	$675.00	0.00
Week: 06/17/13	06/23/13	------S	1	$675.00	0.00
Week: 06/24/13	06/30/13	------S	1	$675.00	0.00
Week: 07/01/13	07/07/13	------S	1	$675.00	0.00
Week: 07/08/13	07/14/13	------S	1	$675.00	0.00
Week: 07/15/13	07/21/13	------S	1	$675.00	0.00
Week: 07/22/13	07/28/13	------S	1	$675.00	0.00
Week: 07/29/13	08/04/13	------S	1	$675.00	0.00
Week: 08/05/13	08/11/13	------S	1	$675.00	0.00
Week: 08/12/13	08/18/13	------S	1	$675.00	0.00
Week: 08/19/13	08/25/13	------S	1	$675.00	0.00
Week: 08/26/13	09/01/13	------S	1	$675.00	0.00
Week: 09/02/13	09/08/13	------S	1	$675.00	0.00
Week: 09/09/13	09/15/13	------S	1	$675.00	0.00
Week: 09/16/13	09/22/13	------S	1	$675.00	0.00
Week: 09/23/13	09/29/13	------S	1	$675.00	0.00
Week: 09/30/13	10/06/13	------S	1	$675.00	0.00
Week: 10/07/13	10/13/13	------S	1	$675.00	0.00
Week: 10/14/13	10/20/13	------S	1	$675.00	0.00
Week: 10/21/13	10/27/13	------S	1	$675.00	0.00
Week: 10/28/13	11/03/13	------S	1	$675.00	0.00
Week: 11/04/13	11/10/13	------S	1	$675.00	0.00
Week: 11/11/13	11/17/13	------S	1	$675.00	0.00
Week: 11/18/13	11/24/13	------S	1	$675.00	0.00
Week: 11/25/13	12/01/13	------S	1	$675.00	0.00
Week: 12/02/13	12/08/13	------S	1	$675.00	0.00
Week: 12/09/13	12/15/13	------S	1	$675.00	0.00
Week: 12/16/13	12/22/13	------S	1	$675.00	0.00
Week: 12/23/13	12/29/13	------S	1	$675.00	0.00

Totals 52 $35,100.00

Exhibit # 2

The nature and cost of the closed captioning for the Seeking the Lost program

The following bids were negotiated for a one year contract. Either of these options would constitute a devastating financial burden on our ability to comply.

Caption Max
2438 27th Ave
Minneapolis, MN 55406

Option 1: Captioning one CC master for your review and potentially making changes and encoding a second tape. Cost: 175.00 per episode plus $145.00 per episode to clone your DVC pro 25 or DVC Pro 50 and enclose data into it.
Option 2: $175.00 per episode, plus $95.00 to clone DVC tape and encode caption data onto it.
Option one of this proposal would be:
$320.00 X 52 = $16,640.00 per year.
Option 2 of this proposal would be:
$270.00 X 52 = $14,040.00 per year

Impact Media
4814 Greenbrier Lane
Hesston, Pa 16647

Closed Captioning Package
Includes: Transcription, Closed Caption Encoding to file, Mastered to tape and shipped ground UPS to television station at $175.00 per program for 52 weeks
This proposal would cost $175.00 X 52 = $9,100.00 per year.

Caption Labs
1010 Taylor Station Road
Suite E
Columbus, Ohio 43230

Offered a proposal of $167.00 per 30 minute broadcast, did not mention shipping or cloning.
This proposal would cost at least $167.00 per year, which would total $8,684.00 per year.

Either of these options would constitute a devastating financial burden on our ability to comply.

EXHIBIT 3

The "Seeking the Lost" broadcast investigated the possibility of purchasing equipment to produce its programs with closed captioning. The research indicated that this approach is impractical and beyond its financial means.

Basic equipment needed for the broadcast to purchase and use closed captioning equipment.

- SVHS copy of the master video or other recorded program
- Transcript of dialogue for the program
- Display unit both an encoder and a decoder
- Trained captioning stenographer

The "Seeking the Lost" broadcast has no paid staff. To buy and operate the closed captioning equipment would not only necessitate a volunteer to produce a transcript, but also be trained to operate the closed captioning equipment.

To hire a person who has a captioning degrees is beyond our financial power since those who have such degrees command salaries ranging for $40,00.00 to $100.000.00 per year.

Research shows the cost of a high definition SDI closed captioning equipment, ranges from 7,000.00 to $9000.00. The cost of equipment plus training or hiring personnel to produce close captioned broadcasts, would create a financial burden the broadcast could not bear.

Exhibit #4

THE IMPACT OF CAPTIONING ON THE "SEEKING THE LOST" BROADCAST

The "Seeking the Lost" broadcast depends on the support of local congregations of the Churches of Christ. At one time there were twenty three congregations contributing to the program, now there is only nine.

Participation by local churches is on a volunteer basis; therefore, contributions fluctuate with the economy. Since the slump in the economy, there have been more than 10 congregations to drop their support; consequently, the "Seeking the Lost" broadcast has had to operate on an ever dwindling level of support.

The broadcast appeals for support with letters and personal contacts, but with little or no success.

Here is the bottom line:

If the "Seeking the Lost" broadcast is forced to provide closed captioning at this time, it will be forced off the air because of closed captioning being economically burdersome.

Exhibit 5

VIDEO PROGRAMMING DISTRIBUTOR ASSISTANCE

Upon inquiry, the "Seeking the Lost" broadcast was informed by Lin Media, P O Box 59496, Birmingham, AL 35259, that they provided no closed captioning assistance for any of their clients.

Response letter enclosed.

cbs42.com

October 10, 2013

To: Earl Barnett, Minister Church of Christ/Seeking the Lost

Mr. Barnett,

I have spoken with Bill Ballard, General Manager WIAT-TV/CBS42, regarding your request for closed captioning assistance. We appreciate the long term relationship of over 15 years between Church of Christ/Seeking the Lost and WIAT-TV; however, WIAT offers no assistance to any of our many clients in this area.

If there are any further questions regarding this matter please feel free to contact me at 205-488-4102.

Sincerely,

John Isaac

Account manager WIAT-TV/CBS42

Exhibit 6

Statement of current assets and liabilities of the "Seeking the Lost" TV broadcast for 2012 - 2013

Seeking The Lost 2013

Ct	Deposits	Individuals	Cash	Cordova	Holly Pond	Whitson Place	Pea Ridge	Arley	Argo	Dovertown	Old Victory	Dillworth
1	1/10/2013			$100.00	$100.00	$400.00	$250.00	$75.00		$50.00		
2	1/14/2013								$400.00			
3	1/29/2013										$400.00	
4	2/11/2013			$150.00		$400.00	$250.00		$400.00			
5	2/14/2013							$150.00				
6	3/1/2013											$1,000.00
7	3/4/2013		$300.00		$200.00							
8	3/5/2013			$150.00		$400.00	$250.00			$100.00		
9	4/1/2013							$75.00	$400.00		$600.00	
10	4/1/2013		$300.00									
11	4/3/2013											$700.00
12	4/5/2013			$150.00	$100.00	$400.00						
13	4/15/2013								$400.00			
14	4/23/2013											
15	5/13/2013			$100.00	$100.00	$400.00	$250.00			$50.00	$200.00	
16	5/13/2013											$375.00
17	5/14/2013							$400.00				
18	5/17/2013							$75.00				
19	6/3/2013		$300.00	$150.00	$100.00	$400.00				$50.00		
20	6/19/2013						$250.00	$75.00	$400.00			
21	6/19/2013						$250.00	$75.00	$400.00			
22	7/1/2013		$300.00		$100.00							
23	7/26/2013			$150.00		$400.00	$250.00	$150.00	$400.00	$50.00	$50.00	
24	8/8/2013											
25	8/8/2013			$150.00			$250.00					
26	9/3/2013										$550.00	
27	9/3/2013							$150.00				
28	9/9/2013		$100.00	$150.00	$500.00		$250.00					$1,000.00
29	10/7/2013			$150.00	$100.00	$800.00		$150.00		$50.00		
30	10/7/2013							$150.00			$150.00	
31	10/25/2013					$400.00						
32	11/8/2013		$150.00									
33	11/8/2013			$150.00	$250.00	$1,000.00	$1,000.00	$400.00		$150.00	$150.00	
34	11/12/2013						$250.00		$400.00		$150.00	
35	12/2/2013		$75.00									
36	12/2/2013	$40.00				$400.00						
37	12/9/2013											
38	12/9/2013			$150.00	$150.00		$250.00		$400.00			$300.00
39	12/30/2013				$1,000.00							
		$40.00	$1,525.00	$1,700.00	$2,700.00	$5,400.00	$3,750.00	$1,925.00	$3,600.00	$500.00	$2,250.00	$3,375.00

Seeking The Lost 2013

Ct	Deposits	Infinity	RP Hurst	D Grant	Mary Mitche	Earl Barnett	June Bia	Lina Blade	
1	1/10/2013						$1,050.00		$2,025.00
2	1/14/2013			$50.00				$500.00	$950.00
3	1/29/2013								$400.00
4	2/11/2013			$50.00	$100.00				$1,350.00
5	2/14/2013								$150.00
6	3/1/2013								$1,000.00
7	3/4/2013		$25.00						$525.00
8	3/5/2013				$125.00				$1,025.00
9	4/1/2013								$1,075.00
10	4/1/2013								$300.00
11	4/3/2013								$700.00
12	4/5/2013								$650.00
13	4/15/2013			$50.00					$450.00
14	4/23/2013		$25.00			$275.00			$300.00
15	5/13/2013		$50.00	$50.00	$100.00				$1,300.00
16	5/13/2013								$375.00
17	5/14/2013								$400.00
18	5/17/2013	$1,500.00							$1,575.00
19	6/3/2013								$1,000.00
20	6/19/2013								$725.00
21	6/19/2013								$725.00
22	7/1/2013		$25.00						$425.00
23	7/26/2013								$1,450.00
24	8/8/2013			$50.00					$50.00
25	8/8/2013				$100.00				$1,050.00
26	9/3/2013		$25.00						$175.00
27	9/3/2013								$1,000.00
28	9/9/2013			$50.00					$1,100.00
29	10/7/2013								$1,350.00
30	10/7/2013			$50.00					$200.00
31	10/25/2013		$25.00		$40.00				$465.00
32	11/8/2013								$150.00
33	11/8/2013								$3,100.00
34	11/12/2013			$50.00					$850.00
35	12/2/2013								$75.00
36	12/2/2013								$440.00
37	12/9/2013								$300.00
38	12/9/2013			$50.00					$1,000.00
39	12/30/2013		$25.00						$1,025.00
		$1,500.00	$200.00	$450.00	$465.00	$275.00	$1,050.00	$500.00	$31,205.00

Seeking the Lost Ministries 2013

Individuals	$40.00
Cash	$1,525.00
Cordova	$1,700.00
Holly Pond	$2,700.00
Whitson Place	$5,400.00
Pea Ridge	$3,750.00
Arley	$1,925.00
Argo	$3,600.00
Dovertown	$500.00
Old Victory	$2,250.00
Dillworth	$3,375.00
Infinity	$1,500.00
RP Hurst	$200.00
D Grant	$450.00
Mary Mitchell	$465.00
Earl Barnett	$275.00
June Bia	$1,050.00
Lina Blade	$500.00
	$31,205.00

FOR TAX YEAR 2012

SEEKING THE LOST MINISTRIES

LL L Inc

18217 Hwy 69

Jasper, AL 35501

(205)387-8929

LL L Inc
18217 Hwy 69
Jasper AL 35501
Phone: (205)387-8929
Fax: (205)453-1918
Email: mac.lollar@gmail.com

September 02, 2014

SEEKING THE LOST MINISTRIES
1404 DRUMMOND CEMETERY RD
Jasper, AL 35504-5408

SEEKING THE LOST MINISTRIES:

Enclosed is the 2012 federal return for a tax-exempt organization, prepared for SEEKING THE LOST MINISTRIES from the information provided. The original should be signed, dated, and mailed on or before May 15, 2013, to the following address:

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0027

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please do not hesitate to contact this office at (205)387-8929.

Sincerely,

Mac Lollar

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ 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.

OMB No. 1545-1150

2012

Open to Public Inspection

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: SEEKING THE LOST MINISTRIES

Number and street (or P.O. box, if mail is not delivered to street address): 1404 DRUMMOND CEMETERY RD — Room/suite:

City or town, state or country, and ZIP + 4: Jasper, AL 35504-5408

D Employer identification number: 02-0609512

E Telephone number:

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: ▶

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 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 ▶ $ 36,688

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	36,688
	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	36,688
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	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	38,219
	17	**Total expenses.** Add lines 10 through 16 ▶		17	38,219
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(1,531)
	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	(134)
	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	(1,665)

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

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	2,161	22	631
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 **Total assets**	2,161	25	631
26 **Total liabilities** (describe in Schedule O)	2,295	26	4,710
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	(134)	27	(4,079)

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?

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		
(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	0

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and title	(b) 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, and deferred compensation	(e) Estimated amount of other compensation
EARL BARNETT PREACHER	0	0	0	0

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		
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		
35 a	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		
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		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(è) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42 a	The organization's books are in care of ▶ EARL BARNETT Telephone no. ▶			
	Located at ▶ 1404 DRUMMOND CEMETERY RD Jasper, AL ZIP + 4 ▶ 35504-5408			
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		
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: ▶	42c		
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			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
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		
c	Did the organization receive any payments for indoor tanning services during the year?	44c		
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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
45 b	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		

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

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 ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
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		
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) 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 09-02-2014

▶ Earl Barnett President — 9-2-2014

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Mac Lollar	Mac Lollar	09-02-2014		P00847617

Firm's name ▶ LL L Inc — Firm's EIN ▶

Firm's address ▶ 18217 Hwy 69, Jasper AL 35501 — Phone no. 205-387-8929

May the IRS discuss this return with the preparer shown above? See Instructions ▶ ☒ Yes ☐ No

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: SEEKING THE LOST MINISTRIES

Employer identification number: 02-0609512

01. Description of other expenses (Part I, line 16)

Description	Amount
WAIT TV 42	35,885
HUGHES NET	840
CHECK CARD PURCHASES	1,494

02. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year
ACCOUNTS PAYABLE	2,295	4,710

CONTRACT

WIAT
2075 Golden Crest Drive
Birmingham, AL 35209
(205) 322-4200

Contract / Revision	Alt Order #
234547 /	

Product

Contract Dates	Estimate #
01/06/13 - 12/29/13	

Advertiser	Original Date / Revision
Earl Barnett	12/19/12 / 05/22/13

Billing Cycle	Billing Calendar	Cash/Trade
EOM/EOC	Broadcast	Cash
Station	**Account Executive**	**Sales Office**
WIAT	John Isaac	Birmingham Loc

Special Handling

Demographic
Adults 25-54

IDB#	Advertiser Code	Product Code

Agency Ref	Advertiser Ref

.nd:

Earl Barnett
1404 Drummond Cemetary Road
Jasper, AL 35504
USA

Line	Ch	Start Date	End Date	Description	Start/End Time	Days	Length	Spots/ Week	Rate	Rtn	Type	Spots	Amount
1	WIAT	01/06/13	12/29/13	Paid Program	Paid Program		28:30				NM	52	$35,100.00

	Start Date	End Date	Weekdays	Spots/Week	Rate
Week:	12/31/12	01/06/13	------S	1	$675.00
Week:	01/07/13	01/13/13	------S	1	$675.00
Week:	01/14/13	01/20/13	------S	1	$675.00
Week:	01/21/13	01/27/13	------S	1	$675.00
Week:	01/28/13	02/03/13	------S	1	$675.00
Week:	02/04/13	02/10/13	------S	1	$675.00
Week:	02/11/13	02/17/13	------S	1	$675.00
Week:	02/18/13	02/24/13	------S	1	$675.00
Week:	02/25/13	03/03/13	------S	1	$675.00
Week:	03/04/13	03/10/13	------S	1	$675.00
Week:	03/11/13	03/17/13	------S	1	$675.00
Week:	03/18/13	03/24/13	------S	1	$675.00
Week:	03/25/13	03/31/13	------S	1	$675.00
Week:	04/01/13	04/07/13	------S	1	$675.00
Week:	04/08/13	04/14/13	------S	1	$675.00
Week:	04/15/13	04/21/13	------S	1	$675.00
Week:	04/22/13	04/28/13	------S	1	$675.00
Week:	04/29/13	05/05/13	------S	1	$675.00
Week:	05/06/13	05/12/13	------S	1	$675.00

Spot	Ch	Date Range	Description	Start/End Time	Weekdays	Length	Rate	Type
19	*WIAT*	*05/06/13-05/12/13*	*Paid Program*	*Paid Program*	*---------SL*	*28:30*	*~~$675.00~~*	*NM*
See MG 1.53								
53	WIAT	05/26/13-05/26/13	Paid Program	Paid Program	---------SL	28:30	$675.00	NM
Ⓗ	MG for 1.19 05/12							

Week:	05/13/13	05/19/13	------S	1	$675.00
Week:	05/20/13	05/26/13	------S	1	$675.00
Week:	05/27/13	06/02/13	------S	1	$675.00
Week:	06/03/13	06/09/13	------S	1	$675.00
Week:	06/10/13	06/16/13	------S	1	$675.00
Week:	06/17/13	06/23/13	------S	1	$675.00
Week:	06/24/13	06/30/13	------S	1	$675.00
Week:	07/01/13	07/07/13	------S	1	$675.00
Week:	07/08/13	07/14/13	------S	1	$675.00

(* Line Transactions: N = New, E = Edited, D = Deleted)

Notwithstanding to whom bills are rendered, advertiser, agency and service, jointly and severally, shall remain obligated to pay to station the amount of any bills rendered by station within the time specified and until payment in full is received by station. Payment by advertiser to agency or to service or payment by agency to service, shall not constitute payment to station. Station will not be bound by conditions, printed or otherwise contracts, insertion orders, copy instructions or any correspondence when such conflict with the above terms and conditions. Two week advance cancellation notice is required unless otherwise specified.

WIAT
2075 Golden Crest Drive
Birmingham, AL 35209
(205) 322-4200

Contract / Revision	Alt Order #
234547 /	

Contract Dates	Product	Estimate #
01/06/13 - 12/29/13		

Advertiser	Original Date / Revision
Earl Barnett	12/19/12 / 05/22/13

Line	Ch	Start Date	End Date	Description	Start/End Time	Days	Length	Spots/ Week	Rate	Rtn	Type	Spots	Amount

	Start Date	End Date	Weekdays	Spots/Week	Rate
Week:	07/15/13	07/21/13	------S	1	$675.00
Week:	07/22/13	07/28/13	------S	1	$675.00
Week:	07/29/13	08/04/13	------S	1	$675.00
Week:	08/05/13	08/11/13	------S	1	$675.00
Week:	08/12/13	08/18/13	------S	1	$675.00
Week:	08/19/13	08/25/13	------S	1	$675.00
Week:	08/26/13	09/01/13	------S	1	$675.00
Week:	09/02/13	09/08/13	------S	1	$675.00
Week:	09/09/13	09/15/13	------S	1	$675.00
Week:	09/16/13	09/22/13	------S	1	$675.00
Week:	09/23/13	09/29/13	------S	1	$675.00
Week:	09/30/13	10/06/13	------S	1	$675.00
Week:	10/07/13	10/13/13	------S	1	$675.00
Week:	10/14/13	10/20/13	------S	1	$675.00
Week:	10/21/13	10/27/13	------S	1	$675.00
Week:	10/28/13	11/03/13	------S	1	$675.00
Week:	11/04/13	11/10/13	------S	1	$675.00
Week:	11/11/13	11/17/13	------S	1	$675.00
Week:	11/18/13	11/24/13	------S	1	$675.00
Week:	11/25/13	12/01/13	------S	1	$675.00
Week:	12/02/13	12/08/13	------S	1	$675.00
Week:	12/09/13	12/15/13	------S	1	$675.00
Week:	12/16/13	12/22/13	------S	1	$675.00
Week:	12/23/13	12/29/13	------S	1	$675.00

Totals 52 $35,100.00

ime Period		# of Spots	Gross Amount	Agency Comm.	Net Amount
2/31/12	-01/27/13	4	$2,700.00	($405.00)	$2,295.00
1/28/13	-02/24/13	4	$2,700.00	($405.00)	$2,295.00
2/25/13	-03/31/13	5	$3,375.00	($506.25)	$2,868.75
4/01/13	-04/28/13	4	$2,700.00	($405.00)	$2,295.00
4/29/13	-05/26/13	4	$2,700.00	($405.00)	$2,295.00
5/27/13	-06/30/13	5	$3,375.00	($506.25)	$2,868.75
7/01/13	-07/28/13	4	$2,700.00	($405.00)	$2,295.00
7/29/13	-08/25/13	4	$2,700.00	($405.00)	$2,295.00
8/26/13	-09/29/13	5	$3,375.00	($506.25)	$2,868.75
9/30/13	-10/27/13	4	$2,700.00	($405.00)	$2,295.00
0/28/13	-11/24/13	4	$2,700.00	($405.00)	$2,295.00
1/25/13	-12/29/13	5	$3,375.00	($506.25)	$2,868.75
otals		52	$35,100.00	($5,265.00)	$29,835.00

ignature: _____ **Date:** _____

(* Line Transactions: N = New, E = Edited, D = Deleted)

Notwithstanding to whom bills are rendered, advertiser, agency and service, jointly and severally, shall remain obligated to pay to station the amount of any bills rendered by station within the time specified and until payment in full is received by station. Payment by advertiser to agency or to service or payment by agency to service, shall not constitute payment to station. Station will not be bound by conditions, printed or otherwise contracts, insertion orders, copy instructions or any correspondence when such conflict with the above terms and conditions. Two week advance cancellation notice is required unless otherwise specified.

ORDER

WIAT NEWS 42

Orders	Order / Rev:	234547		
	Alt Order #:			
	Product Desc:			
	Estimate:			WIAT
	Flight Dates:	01/06/13 - 12/29/13	Primary AE:	John Isaac
	Original Date / Rev:	12/19/12 / 05/22/13	Sales Office:	L-BIR
	Order Type:	REG	Sales Region:	Loc
Agency	Name:	Earl Barnett		
	Buying Contact:		Billing Type:	Cash
	Billing Contact:		Billing Calendar:	Broadcast
		1404 Drummond Cemetary Road	Billing Cycle:	EOM/EOC
		Jasper, AL 35504	Agency Commission:	15%
Advertiser	Name:	Earl Barnett		
	Demographic:	A25-54	New Business Thru:	
	Product Codes:	NP1	Order Separation:	00:15:00
	Priority:	NA	Advertiser External ID:	
	Revenue Codes:	DIR, REG, REG	Agency External ID:	

Bill Plan

Start Date	End Date	# Spots	Gross Amount	Net Amount
2/31/12	01/27/13	4	$2,700.00	$2,295.00
01/28/13	02/24/13	4	$2,700.00	$2,295.00
02/25/13	03/31/13	5	$3,375.00	$2,868.75
04/01/13	04/28/13	4	$2,700.00	$2,295.00
04/29/13	05/26/13	4	$2,700.00	$2,295.00
05/27/13	06/30/13	5	$3,375.00	$2,868.75
07/01/13	07/28/13	4	$2,700.00	$2,295.00
07/29/13	08/25/13	4	$2,700.00	$2,295.00
08/26/13	09/29/13	5	$3,375.00	$2,868.75
09/30/13	10/27/13	4	$2,700.00	$2,295.00
0/28/13	11/24/13	4	$2,700.00	$2,295.00
1/25/13	12/29/13	5	$3,375.00	$2,868.75

Totals

Month	# Spots	Gross Amount	Net Amount	Rating
January 2013	4	$2,700.00	$2,295.00	0.00
February 2013	4	$2,700.00	$2,295.00	0.00
March 2013	5	$3,375.00	$2,868.75	0.00
April 2013	4	$2,700.00	$2,295.00	0.00
May 2013	4	$2,700.00	$2,295.00	0.00
June 2013	5	$3,375.00	$2,868.75	0.00
July 2013	4	$2,700.00	$2,295.00	0.00
August 2013	4	$2,700.00	$2,295.00	0.00
September 2013	5	$3,375.00	$2,868.75	0.00
October 2013	4	$2,700.00	$2,295.00	0.00
November 2013	4	$2,700.00	$2,295.00	0.00
December 2013	5	$3,375.00	$2,868.75	0.00
Totals	52	$35,100.00	$29,835.00	0.00

Account Executives

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
John Isaac			Start Of Order - End Of Order	100%

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg Type	Spots	Amount
N 1	WIAT	01/06/13	12/29/13	M-Su 6-630a Paid Program	PAID	Paid Program	------S	28:30	1	$675.00	NA	0.00 NM	52	$35,100.00

	Start Date	End Date	Weekdays	Spots/Week	Rate	Rating
	Week: 12/31/12	01/06/13	------S	1	$675.00	0.00
	Week: 01/07/13	01/13/13	------S	1	$675.00	0.00
	Week: 01/14/13	01/20/13	------S	1	$675.00	0.00
	Week: 01/21/13	01/27/13	------S	1	$675.00	0.00
	Week: 01/28/13	02/03/13	------S	1	$675.00	0.00
	Week: 02/04/13	02/10/13	------S	1	$675.00	0.00
	Week: 02/11/13	02/17/13	------S	1	$675.00	0.00
	Week: 02/18/13	02/24/13	------S	1	$675.00	0.00
	Week: 02/25/13	03/03/13	------S	1	$675.00	0.00
	Week: 03/04/13	03/10/13	------S	1	$675.00	0.00
	Week: 03/11/13	03/17/13	------S	1	$675.00	0.00

Order / Rev: 234547 Advertiser: Earl Barnett

Alt Order #: Product Desc: WIAT

Flight Dates: 01/06/13 - 12/29/13 Estimate:

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Spots	Amount
N 1	WIAT	01/06/13	12/29/13	M-Su 6-630a Paid Program	PAID	Paid Program	------S	28:30	1	$675.00	NA	0.00	NM	52	$35,100.00

	Start Date	End Date	Weekdays	Spots/Week	Rate	Rating
Week:	03/18/13	03/24/13	------S	1	$675.00	0.00
Week:	03/25/13	03/31/13	------S	1	$675.00	0.00
Week:	04/01/13	04/07/13	------S	1	$675.00	0.00
Week:	04/08/13	04/14/13	------S	1	$675.00	0.00
Week:	04/15/13	04/21/13	------S	1	$675.00	0.00
Week:	04/22/13	04/28/13	------S	1	$675.00	0.00
Week:	04/29/13	05/05/13	------S	1	$675.00	0.00
Week:	05/06/13	05/12/13	------S	1	$675.00	0.00

Spot	Ch	Date Range	Description	Start/End Time	Weekdays	Length	Rate	Rtg	Type
19	*WIAT*	*05/06/13-05/12/13*	*M-Su 6-630a*	Paid Program	--------Su	*28:30*	*~~($675.00)~~*	0.00	*NM*

See MG 1.53
[Technical Difficulties]

53	WIAT	05/26/13-05/26/13	M-Su 12-1230p	Paid Program	(12:00 PM-12:3C	--------Su	28:30	$675.00	0.00	NM	

⊛ MG for 1.19 05/12
[Makegood]

Week:	05/13/13	05/19/13	------S	1	$675.00	0.00
Week:	05/20/13	05/26/13	------S	1	$675.00	0.00
Week:	05/27/13	06/02/13	------S	1	$675.00	0.00
Week:	06/03/13	06/09/13	------S	1	$675.00	0.00
Week:	06/10/13	06/16/13	------S	1	$675.00	0.00
Week:	06/17/13	06/23/13	------S	1	$675.00	0.00
Week:	06/24/13	06/30/13	------S	1	$675.00	0.00
Week:	07/01/13	07/07/13	------S	1	$675.00	0.00
Week:	07/08/13	07/14/13	------S	1	$675.00	0.00
Week:	07/15/13	07/21/13	------S	1	$675.00	0.00
Week:	07/22/13	07/28/13	------S	1	$675.00	0.00
Week:	07/29/13	08/04/13	------S	1	$675.00	0.00
Week:	08/05/13	08/11/13	------S	1	$675.00	0.00
Week:	08/12/13	08/18/13	------S	1	$675.00	0.00
Week:	08/19/13	08/25/13	------S	1	$675.00	0.00
Week:	08/26/13	09/01/13	------S	1	$675.00	0.00
Week:	09/02/13	09/08/13	------S	1	$675.00	0.00
Week:	09/09/13	09/15/13	------S	1	$675.00	0.00
Week:	09/16/13	09/22/13	------S	1	$675.00	0.00
Week:	09/23/13	09/29/13	------S	1	$675.00	0.00
Week:	09/30/13	10/06/13	------S	1	$675.00	0.00
Week:	10/07/13	10/13/13	------S	1	$675.00	0.00
Week:	10/14/13	10/20/13	------S	1	$675.00	0.00
Week:	10/21/13	10/27/13	------S	1	$675.00	0.00
Week:	10/28/13	11/03/13	------S	1	$675.00	0.00
Week:	11/04/13	11/10/13	------S	1	$675.00	0.00
Week:	11/11/13	11/17/13	------S	1	$675.00	0.00
Week:	11/18/13	11/24/13	------S	1	$675.00	0.00
Week:	11/25/13	12/01/13	------S	1	$675.00	0.00
Week:	12/02/13	12/08/13	------S	1	$675.00	0.00
Week:	12/09/13	12/15/13	------S	1	$675.00	0.00
Week:	12/16/13	12/22/13	------S	1	$675.00	0.00
Week:	12/23/13	12/29/13	------S	1	$675.00	0.00

Totals 52 $35,100.00

FOR TAX YEAR 2013

SEEKING THE LOST MINISTRIES

LL L Inc

18217 Hwy 69

Jasper, AL 35501

(205)387-8929

LL L Inc

18217 Hwy 69
Jasper, AL 35501
mac.lollar@gmail.com
Phone: (205)387-8929 | Fax: (205)453-1918

September 02, 2014

SEEKING THE LOST MINISTRIES
1404 DRUMMOND CEMETERY RD
Jasper, AL 35504-5408

SEEKING THE LOST MINISTRIES:

Enclosed is the 2013 federal return for a tax-exempt organization, prepared for SEEKING THE LOST MINISTRIES from the information provided. The original should be signed, dated, and mailed on or before May 15, 2014, to the following address:

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0027

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please do not hesitate to contact this office at (205)387-8929.

Sincerely,

Mac Lollar

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

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

C Name of organization: SEEKING THE LOST MINISTRIES

Number and street (or P.O. box, if mail is not delivered to street address): 1404 DRUMMOND CEMETERY RD — Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Jasper, AL 35504-5408

D Employer identification number: 02-0609512

E Telephone number:

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: ▶

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

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 31,205

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	31,205
	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	31,205
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	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	30,144
	17	**Total expenses.** Add lines 10 through 16 ▶		17	30,144
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,061
	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	(4,079)
	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	(3,018)

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	631	22	1,692
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 **Total assets**	631	25	1,692
26 **Total liabilities** (describe in Schedule O)	4,710	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	(4,079)	27	1,692

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?

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

(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 0

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated (see the instructions for Part IV)

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

(a) Name and title	(b) 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, and deferred compensation	(e) Estimated amount of other compensation
EARL BARNETT PREACHER	0	0	0	0

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		
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		
35 a	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		
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		
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		
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		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42 a	The organization's books are in care of ▶ EARL BARNETT Telephone no. ▶ Located at ▶ 1404 DRUMMOND CEMETERY RD, Jasper, AL ZIP + 4 ▶ 35504-5408			
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		
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		
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			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
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		
c	Did the organization receive any payments for indoor tanning services during the year?	44c		
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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
45 b	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		

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

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 ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
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		
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	(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 business address of each independent contractor	(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 09-02-2014

▶ Earl Barnett Minister — Type or print name and title — 9-8-2014

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Mac Lollar	Mac Lollar	09-02-2014		P00847617

Firm's name ▶ LL L Inc — Firm's EIN ▶

Firm's address ▶ 18217 Hwy 69, Jasper AL 35501 — Phone no. 205-387-8929

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

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: SEEKING THE LOST MINISTRIES

Employer identification number: 02-0609512

01. Description of other expenses (Part I, line 16)

Description	Amount
WAIT TV 42	27,540
ACCOUNTING	200
CHECK CARD PURCHASES	2,404

02. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year
ACCOUNTS PAYABLE	4,710	0

Exhibit 7

Verification that the petitioner has sought additional sponsorships

10/31/13

TO THE ELDERS OF SUPPORTING CONGREGATIONS:

I am mailing this letter to more than 30 congregations and individuals for two purposes. First to raise support for the Seeking the Lost broadcast, and secondly to gather data for an appeal to the FCC to grant us exempt status from closed captioning the program. Let me explain.

The FCC is requesting we show proof that we should continue to be exempt from the closed captioning requirement. We have enjoyed this exemption for many years, but now the FCC is asking for more detailed evidence to grant this exempt status. These demands are listed in the next paragraph.

The FCC demands: (A) Additional quotes from closed captioning companies along with efforts to negotiate lower rates, (B) 2 years of bank statements, plus an (C) 2 year audit or accountant compilation, (D) estimated cost for closed captioning per year, (E) statement of current assets and liabilities (including value of assets), (F) verification that I have sought additional sponsors and whether these requests were accepted or rejected.

I need your help to meet the last requirement, "verification that I have sought additional sponsors and whether these requests were accepted or rejected." If your congregation is already contributing then indicate you can or cannot increase your support. If your congregation is not supporting at this time, I urge you to please consider a monthly contribution. In either case please respond if this request is accepted or rejected. Please take time immediately to write a simple note of acceptance or rejection of this appeal.

I am appealing to you in the strongest language to either continue or begin your support, and to immediately send to me an acceptance or rejection letter. The deadline is the October 28th, so you see I am in a pinch.

The first 6 months of this year we carried our message into more than 90 thousand homes, the majority of which are non-members! Just think, ninety thousand homes with an average of 2 or 3 people in each home would equal 180,000 to 270,000 potential viewers. I venture to say that all the combined gospel meetings in Central Alabama cannot reach that number. The denominations have long since realized that mass media is the tool to get their message before the world.

If we lose this request for closed captioning exemption, "Seeking the Lost Broadcast" will go off the air. The cheapest closed captioning bid that I have is $175.00 per show, this would add more than $9000.00 cost per year. With our present level of support, we barely meet our obligations to CBS 42 now.

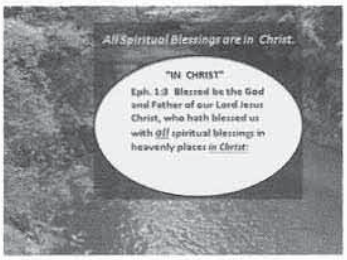
Please Help. Earl Barnett

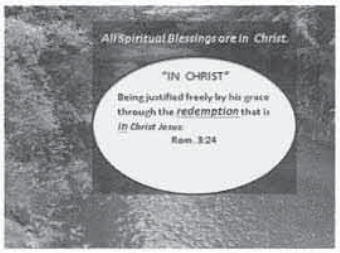
Exhibit 8

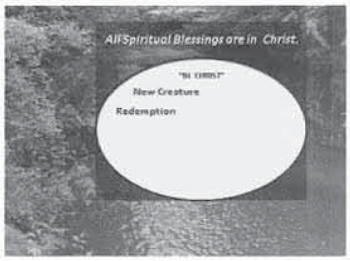
A reasonable substitute for the closed captioning requirements

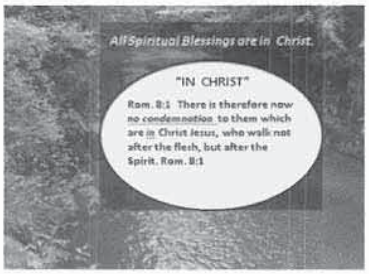
You may also provide other information that you deem relevant to our determination of your exemption request pertaining to the impact that captioning will have on your program or programming activities *and any available alternatives that might constitute a reasonable substitute for the closed captioning requirements including, but not limited to, text or graphic display of the content of the audio portion of the programming.*

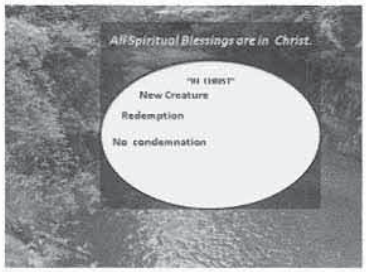
The "Seeking the Lost" broadcast contends that the format at of its TV broadcast is a reasonable substitute for closed captioning. The graphics for each program are prepared using Microsoft Power Point. It is the intent of each slide to display each scripture used, with the necessary headings to explain its application to the subject discussed. Below is a sample of the typical format of the Seeking the Lost broadcasts. The screen is never blank.











This broadcast runs 28:30 minutes and has 28 slides, and none of them are blank. In support of this petition, the "Seeking the Lost" programs may be viewed at http://wiat.com/earl-barnett/