• Form	99	0		Return of Or	ganiz	ation Exen	npt Fr	on	n Ind	com	e Ta	x	4	<u>MB № 15</u> എഎ	45-0047
		•		Under section 501(c), 52					Code	(excej	ot black	lung		200	J /
		the Treasury le Service		The organization may ha		it trust or private f a copy of this returr		•	e repo	rting re	quirem	ents	0	pen to Inspec	
A F	or the	2007 calen	dar vear.	or tax year beginning					nding		- <u>i</u>				
		applicable	Please	C Name of organization			`				D Empl	oyer ide	ntification	number	
	ddress	change	use IRS	CONTINENTAL SING							95-250	9509			
	lame cl	nange	label or print or	Number and street (or P	O box if m	all is not delivered to	street addre	ess)	Room	/suite	E Telep	hone n	umber		
lr lr	ntial ret	urn	type See	PO BOX 6972							(805) 2	289-34	50		
Пт	ermina	tion	Specific	City or town		State or co	ountry	ZI	D + 4				nethod: X	Cash	Accrual
	mende	d return	tions	VENTURA		CA		93	3006			ther (sp	ecıfy) 🕨		
	pplicat	on pending	 Section 	on 501(c)(3) organizations a	nd 4947(a	a)(1) nonexempt cha	ritable			l are no	ot applica	ble to se	ction 527 org	anizations	
			trusts	must attach a completed S	ichedule .	A (Form 990 or 990-E	EZ).		H(a)	ls this	a group	return for	affiliates?	Yes	X No
GW	ebsite					<u> </u>					•		f affiliates	<u></u>	
лo	roaniza	ition type (ci	heck only o	ne) • X 501(c) (3) 4 (inse	rt no) 4947(a)(1) or 🗍 5	27	H(c)		affiliates " attach		17 e instructions		XNo
									H(d)	•			filed by an o		
					equired, b	ut if the organization o	hooses				ed by a g			Yes	X No
	neck here ▶ if the organization is not a 509(a)(3) supporting organization and its gross H(d) Is this coupled is the organization and its gross cellpts are normally not more than \$25,000 A return is not required, but if the organization chooses H(d) Is this cove iii Grout Iii Grout Iii Grout ross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,170,090 Iii Revenue, Expenses, and Changes in Net Assets or Fund Balances (See to attributions, gifts, grants, and similar amounts received Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii					Group	Exempti								
	F000 F	secunto Add	lunce fib	9h Oh and 10h to line 12			0 470 4			Check			e organization		red
	_				in No	t Accosto or Eu		_				· · · · · · · · · · · · · · · · · · ·	990, 990-EZ,	or 990-PT)	
Par						· · · ·	nu bala	INC	es (c	ee u			<u>ns.)</u>		
					amount	s received	1a			2,170		1			
				ort (not included on li	ne 1a)		1b			2,170	, <u>090</u> 1				
				oport (not included on			1c					A 8.			
	d			ributions (grants) (not		d on line 1a)	1d				0				
	e			a through 1d) (cash \$		0 noncas				0		1e		2,*	170,0 <u>90</u>
	2			evenue including gove	ernment	fees and contra	cts (from	Ра	rt VII,	line 9	93 _	2			0
	3			and assessments								3	·		0
	4 5			is and temporary cash erest from securities	investr	ients					- F	<u>4</u> 5			0
		Gross rei		erest nom securities			6a					<u> </u>		· · · · · · · · · · · · · · · · · · ·	0
	1	Less ren		nses			6b					. t			
	1			or (loss) Subtract line	e 6b fro	m lıne 6a	·	_			^	6c			_0
nue	7			income (describe	-)	7			0
Reven	1	44		m sales of assets other	1	(A) Securities			(B) (Other		· · · · · · · · · · · · · · · · · · ·			
æ	h	than inve	ntory torolla	Ebasis and sales expe	neae		0 8a 0 8b				0	14 .			
				ach schedule)	1303	·	0 8c								
				Gombine/MeBc, col	mns (Å						i	8d			0
	9	Special eve	ents and a	etivities (attach schedule).	f any an	nount is from gamin	ng, check h	nere		► [1 104 3 1 1			
	a	Gross rev	γenψe (<u>n</u>	ot including-\$	<u> </u>	0 of									
	h			vtep of line 16) T ises-other than fundra		noncoc	9a 9b				0				
				ss) from special events				`				9c			0
				entory, less returns a			10a			89	165				
		Less cos					10b				,952				
				from sales of inventory (at	tach sch	edule) Subtract line	e 10b from	lıne	10a			10c			42,213
	11			om Part VII, line 103)								11			3,540
	12			dd lines 1e, 2, 3, 4, 5,		d, 9c, 10c, and 1	1					12			215,843
8	13 14			(from line 44, column general (from line 44,		(C)						<u>13</u> 14			782,110 594,037
Expenses	15			l line 44, column (D))	colum							15			0
Exp	16			ates (attach schedule)								16			0
	17			Add lines 16 and 44, o		(A)						17		2,3	376,147
ats	18) for the year Subtract								18			160,304
Asse	19	Net asset	ts or fund	d balances at beginnin	g of yea	ir (from line 73, d		A))				19			-63,398
Net Assets	20			net assets or fund bal								20			0
	21			balances at end of ye)				21			223,702
For F	rivacy	Act and P	aperwork	Reduction Act Notice, s	see the s	eparate instructio	ns.							Form 9	90 (2007)

2008
භ
yaanad
DEC
SCANNED

(HTA)

.

__ _

- -

CONTINENTAL SINGERS, INC

95-2	509	509	
	_		-

Page **2**

- ----

Part						
	Functional Expenses organizations and section 4947(a))(1) none	exempt chantable t	usis but optional it	or others. (See the l	nstructions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule)					
	(cash \$ 0 noncash \$ 0)		1			
		00-	•			
	If this amount includes foreign grants, check here ►	22a	0	0		1
22 b	Other grants and allocations (attach schedule)					
	(cash \$0 noncash \$0)					
	If this amount includes foreign grants, check here	22b	0	0		
23	Specific assistance to individuals (attach					
	schedule)	23	0	0		
24	Benefits paid to or for members (attach					
	schedule)	24	0	l o		
25 a	Compensation of current officers, directors,	<u> </u>				
	key employees, etc. listed in Part V-A .	25a	100,001	75,001	25,000	0
ь	Compensation of former officers, directors,	200	100,001	70,001	20,000	
	key employees, etc. listed in Part V-B	25b	o	0	0	0
~		230	U		······································	
C	Compensation and other distributions, not					
	included above, to disqualified persons (as]		
	defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B)	25c	0	0	0	0
26	Salaries and wages of employees not included					
	on lines 25a, b, and c	26	699,352	524,514	174,838	
27	Pension plan contributions not included on				[
	lines 25a, b, and c	27	0			
28	Employee benefits not included on lines					
	25a – 27	28	0		1	
29	Payroll taxes	29	59,311	44,483	14,828	
30	Professional fundraising fees	30	0			
31	Accounting fees .	31	0			
32	Legal fees	32	0			
33	Supplies	33	21,193	15,895	5,298	
34	Telephone	34	39,933		· · · · · · · · · · · · · · · · · · ·	
35	Postage and shipping	35	29,726			
36		36	62,912			
37	Equipment rental and maintenance	37	25,212	· · · · · · · · · · · · · · · · · · ·		
38	Printing and publications	38	26,732			
39	Travel	39	501,484			
40	Conferences, conventions, and meetings	40	0	0,110	120,071	
41	1-4-1	41	60,422	45,317	15,106	
	Depreciation, depletion, etc (attach schedule)					
42 43		42	45,520	34,140	11,380	0
	Other expenses not covered above (itemize):	40-	704 040	500.000	470.007	
a		43a	704,346	·····		0
b		43b	0			
c		43c	0			
d		43d	0			0
е		43e	0		+	0
f		43f	0			0
g		43g	0	0	0	0
44	Total functional expenses. Add lines 22a					
	through 43g (Organizations completing				1	
	columns (B)-(D), carry these totals to lines					
	13–15)	44	2,376,144	1,782,110	594,037	0
Joint	Costs. Check F if you are following SOP 98-2					
	<i>i</i> joint costs from a combined educational campaign and fundraising solicit	lation ro	norted in (B) Dre-	am consoco		Yes No
	r joint costs from a combined educational campaign and fundraising solicit enter (i) the aggregate amount of these joint costs \$	-	; (ii) the amount a			
				-		······································
(៣) រោម	amount allocated to Management and general \$, ar	nd (iv) the amount	anocated to Fundr	aising \$	

Form 990 (2007)

Form 990 (2007) CONTINENTAL SINGERS, INC

.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

95-2509509

What is the organization's primary exempt purpose	e? ► CHRISTIAN OUTREACH PROGRAM		Program Service Expenses
Il organizations must describe their exempt purpose achiever of clients served, publications issued, etc. Discuss achiever organizations and 4947(a)(1) nonexempt charitable trusts m	vements in a clear and concise manner. State the number ments that are not measurable (Section 501(c)(3) and (4) nust also enter the amount of grants and allocations to others.)	(equired for 501(c)(3) and 4) orgs , and 4947(a)(1) trusts, but optional for others)
ADULTS TEACHING AND LEARNING TO EST	AND INTERNATIONALLY INCLUDING YOUNG TEENS AND ABLISH BIBLICAL BASED FOUNDATIONS FOR LIFE		
(Grants and allocations \$			2,379,60
•••••			
		-	
_	0) If this amount includes foreign grants, check here		
		-	
		-	
(Grants and allocations \$	0) If this amount includes foreign grants, check here		
d		-	
		-	
		-	
(Grants and allocations \$	0) If this amount includes foreign grants, check here	<u>`</u>	
e Other program services (attach schedule) (Grants and allocations \$	0) If this amount includes foreign grants, check here		
f Total of Program Service Expenses (should		<u> </u>	2,379,60
			Eorm 990 (2007

Form 990 (2007)

-	990 (20	07) CONTINENTAL SING	SERS,		95-	-2509509	Page 4
Par	t IV	Balance Sheets (See the instructions.)					
	Note:	Where required, attached schedules and amounts within column should be for end-of-year amounts only.	the des	cription	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			20,465	45	16,902
	46	Savings and temporary cash investments		-		46	
		Accounts receivable	47a				
	Ь	Less: allowance for doubtful accounts .	47b	0	426,815	47c	148,808
	48 a	Pledges receivable	48a	0			
		Less allowance for doubtful accounts	48b	0	0	48c	0
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, dir					_
	1	key employees (attach schedule)			0	50a	0
s	Ь	Receivables from other disqualified persons (as defined u				505	
Assets	51 0	4958(f)(1)) and persons described in section 4958(c)(3)(E Other notes and loans receivable (attach	3) (attac	n schedule)		50Ь	
As	518	schedule)	51a	0			
	Ь	Less, allowance for doubtful accounts	51b	0	0	51c	0
	52	Inventories for sale or use			60,746		65,527
	53	Prepaid expenses and deferred charges		[30,750		16,500
	54 a	Investments-publicly-traded securities.		Cost FMV	0	54a	0
	Ь	Investmentsother securities (attach schedule).		Cost FMV	0	54b	0
		Investments-land, buildings, and					
		equipment basis	55a	0			
	b	Less ⁻ accumulated depreciation (attach					
		schedule)	55b	0	0	55c	0
	56	Investments-other (attach schedule)			0	56	0
		Land, buildings, and equipment basis	<u>57a</u>	648,798			
		schedule)	57b	-524,322	133,427	570	124,476
	58	Other assets, including program-related investme			100,427	5/0	124,470
		(describe ►)	27,340	58	21,965
	59	Total assets (must equal line 74) Add lines 45 t	through	n 58	699,543	59	394,178
	60	Accounts payable and accrued expenses			445,931		453,761
	61	Grants payable	• • •			61	
	62	Deferred revenue			· · · · · · · · · · · · · · · ·	62	
Labilities	63	Loans from officers, directors, trustees, and key schedule)	employ	/ees (attach	09.740	63	E7 04E
Ī	64 9	schedule) Tax-exempt bond liabilities (attach schedule)		· · · ·	98,740	64a	<u>57,045</u> 0
La		Mortgages and other notes payable (attach sche			218,270		152,640
	65	Other liabilities (describe	,		0		0
	66			<u> </u>	762,941	66	663,446
	Orga	anizations that follow SFAS 117, check here	ar	d complete lines			
ğ	07	67 through 69 and lines 73 and 74			70.000		10 105
ä	67 68	Unrestricted		·	<u>-78,398</u> 15,000		_42,105
Bal	69	Permanently restricted	•	· ·	15,000	69	·
P	1	anizations that do not follow SFAS 117, check	here	▶ and	. <u></u>		
Ъ		complete lines 70 through 74					
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds			70		
ŝ	71	Paid-in or capital surplus, or land, building, and				71	
SS	72	Retained earnings, endowment, accumulated inc				72	
et A	73	Total net assets or fund balances. Add lines 6					
Ž		70 through 72 (Column (A) must equal line 19 a	and col	umn (B) must			
	74	equal line 21)	۱۱ سام ۸		-63,398	· · · · · · · · · · · · · · · · · · ·	-42,105
	74	Total liabilities and net assets/fund balances.	<u>. Aaa II</u>	nes ou anu / 5.	699,543	14	621,341

.

_ _

Form 990 (2007)

-

Form 99	0 (2007)	i i i i i i i i i i i i i i i i i i i			CONTIN	IENTAL SIN	IGERS, INC		95-2509	509	Page 5
Part I	V-A	Reconciliation	n of F	Revenue per	Audited Fi	nancial St	atements W	ith R	levenue per Ret	urn (See the
a	Total	revenue, gains, a	and ot	her support pe	er audited fina	ncial staten	nents .			a	
b		unts included on									
1		nrealized gains o						b1			
2		ted services and						b2		1	
3		veries of prior ye						b3		1	
4		r (specify).								1	
-	Other	(Speeny)						b4	0		
	Add	ines b1 through I								Ь	0
с		ract line b from lu			•	• • •		•		c	0
d		unts included on		line 12 but n			•				
4		tment expenses						d1	1		
2								–		1	
4	Other	(specity)						d2	1 0		
		ines d1 and d2						L	U U	d	0
-			•	• • • • •						e	0
e		revenue (Part I,	, line 1	2) Add lines (canolo	<u> </u>	· ·	A/:4b			
Part I							otatements v	AILII	Expenses per R		
a		expenses and lo				ents.	•	•		a	
b		unts included on			•				,		
1		ited services and						b1		1	
2		year adjustments			line 20	•		b2		4	
3	Loss	es reported on Pa	art I, Iı	ne 20		•		<u>b3</u>		4	
4	Othe	r (specify):									
								b4	C	2	
	Add I	ines b1 through	b4							b	0
C	Subt	ract line b from li	ne a							С	0
d	Amo	unts included on	Part I,	line 17, but n	ot on line a:						
1	Inves	stment expenses	not in	cluded on Part	: I, line 6b			d1			
2	Othe	r (specify):									
								d2	c c)	
	Add	ines d1 and d2								d	0
е	Tota	I expenses (Parl	t I, line	e 17) Add lines	scandd.				🕨	е	0
Part V		Current Offic	ers, [Directors, Tr	ustees, and	l Key Emp	loyees (List	each	person who was a	n offic	cer, director,
									ensated) (See the		
					(B)	(C) Compensati	ion (D) Contributions to emp	loyee	(E) Expense account
		(A) Name and a	iddress			rage hours per	(If not paid,		benefit plans & deferr		and other allowances
					week devote	ed to position	enter -0)		compensation plans	3	
Name	• STA	TEMENT Str			Title					_	
Cit	y	ST		ZIP	Hr/WK		100,0	01		0	0
Name	∎ N/A	Str			Title						
Crt	y	ST		ZIP	Hr/WK						
Name	» N/A	Str			Trtle						
Cit	• • • v	ST		ZIP	Hr/WK						
	e N/A	Str	•		Trtle				<u> </u>		
Cit		ST		ZIP	Hr/WK						
	, e N/A	Str			Trtle	£			······		
		ST		ZIP	Hr/WK						
Crt				2IF	_						
	_₽ N/A	Str			Title						
Cıt		ST		ZIP	Hr/WK						
Nam	_₽ N/A	Str			Title						
Cit		ST		ZIP	Hr/WK						· · · · · · · · · · · · · · · · · · ·
Name	e N/A	Str	<u></u>		Trtle						
Cit	у	ST		ZIP	Hr/WK						
Nam	₀ N/A	Str			Trtle						
Cit		ST		ZIP	Hr/WK						
	e N/A	Str			Title						
Cıt		ST		ZIP	Hr/WK		1				
	·						•				

_

•

Form 990 (2007)

Page 5

Form 99	90 (2007)	CONTINENTAL SINGERS, INC	95-2509509		I	Page 6
Part V	V-A	Current Officers, Directors, Trustees, and Key I	Employees (continued)		Yes	No
	meeting	ne total number of officers, directors, and trustees permitte	ed to vote on organization business at board			
D	employ contrac	ees listed in Schedule A, Part I, or highest compensated p tors listed in Schedule A, Part II-A or II-B, related to each ships? If "Yes," attach a statement that identifies the indiv	orofessional and other independent other through family or business	′5b		<u>x</u>
С	comper	officers, directors, trustees, or key employees listed in Fo nsated employees listed in Schedule A, Part I, or highest o ndent contractors listed in Schedule A, Part II-A or II-B, re- ations, whether tax exempt or taxable, that are related to b	compensated professional and other ceive compensation from any other			
		nition of "related organization " . " attach a statement that includes the information describe		/5c	<u>X</u>	
	_	ne organization have a written conflict of interest policy?		75d	X	Ļ

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions.)

	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expense nt and of wances	her
Name	N/A Str						
City							
Name	N/A Str						
City							
Name							
Cıty							
Name City							
Name							
City							
Name	N/A Str						
City							
Name	N/A Str						
Crty							
Name							
Cıty							
Name		4					
City				· · · · · · · · · · · · · · · · · · ·			
Name City							
Part		tions)	1	I		Yes	No
76	Did the organization make a change in its activ		onducting activities	2 If "Yes " attach a		100	
10	detailed statement of each change .		onduoting donnace		76	•	X
77	Were any changes made in the organizing or	 noverning documents	but not reported to	the IRS?	77		X
	If "Yes," attach a conformed copy of the change						
78 a	Did the organization have unrelated business	•)0 or more during t	he vear covered by			
u	this return?		i inclo danig t		78a	·	X
ь	If "Yes," has it filed a tax return on Form 990-	T for this year?			78b		X
79	Was there a liquidation, dissolution, termination		raction during the v	vear? If "Yes." attach			
	a statement		· · ·		79	-	X
80 a	Is the organization related (other than by asso	ciation with a statewid	de or nationwide or	ganization) through			
	common membership, governing bodies, trust	ees, officers, etc , to a	any other exempt o	r nonexempt			
	organization?	•			80a	X	
ь	If "Yes," enter the name of the organization -	CHRISTIAN ARTIST	RECORDS, INC				1
		and check whethe		or 🔀 nonexempt			
81 a	Enter direct and indirect political expenditures.	(See line 81 instructi	ons)	81a			
	Did the organization file Form 1120-POL for the	•		· · · · ·	81b	-	X

Form 990 (2007)

Form 99	0 (2007) CONTINENTAL SINGERS, INC	95-2509509			Pag
Part \	Other Information (continued)			Yes	1
82 a	Did the organization receive donated services or the use of mater	rials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?		82a	i	1
Ь	If "Yes," you may indicate the value of these items here. Do not it	nclude this amount			╞─
	as revenue in Part I or as an expense in Part II				
		826 N/A			
00 -	(See instructions in Part III)		02-	- v	
	Did the organization comply with the public inspection requireme		83a	X	┝
	Did the organization comply with the disclosure requirements rela		83b	X	╞
	Did the organization solicit any contributions or gifts that were no		84a	X	╞
b	If "Yes," did the organization include with every solicitation an ex	press statement that such contributions			-
	or gifts were not tax deductible?		84b		
85	501(c)(4), (5), or (6). Were substantially all dues nondeductible I	by members?	85a	L	
b	Did the organization make only in-house lobbying expenditures o	f \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c	through 85h below unless the			Τ
	organization received a waiver for proxy tax owed for the prior ye		1		
С	Dues, assessments, and similar amounts from members	85c		Í	
	Section 162(e) lobbying and political expenditures	85d	1		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues r				
	Taxable amount of lobbying and political expenditures (line 85d l		1 /	1	
			85g		
	Does the organization elect to pay the section 6033(e) tax on the		059		┢
n	If section 6033(e)(1)(A) dues notices were sent, does the organiz		ļ '		ł
	its reasonable estimate of dues allocable to nondeductible lobby	ng and political expenditures for the			
	following tax year?		85h	<u> </u>	1_
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included	d on line 12 . 86a		1	
b	Gross receipts, included on line 12, for public use of club facilitie	s 86b		Í	
87	501(c)(12) orgs Enter. a Gross income from members or share	holders . 87a	}		
b	Gross income from other sources (Do not net amounts due or p	aid to other		1	ł
	sources against amounts due or received from them.)	87b			ł
88 a	At any time during the year, did the organization own a 50% or g		1	1	
•• -	partnership, or an entity disregarded as separate from the organi				
	301 7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		+
h	At any time during the year, did the organization, directly or indir		004		┢
			006		
00 -	meaning of section 512(b)(13)? If "Yes," complete Part XI	· · · · · · · · · · · · · · · · · · ·	88b		┝
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the or				
	section 4911 section 4912	; section 4955 ►	4		
b	501(c)(3) and $501(c)(4)$ orgs Did the organization engage in any				
	during the year or did it become aware of an excess benefit trans	saction from a prior year? If "Yes," attach			
	a statement explaining each transaction		89b		
C	Enter: Amount of tax imposed on the organization managers or o	disqualified			Т
	persons during the year under sections 4912, 4955, and 4958	. •	1	1	Ł
d	Enter Amount of tax on line 89c, above, reimbursed by the orga				
	All organizations At any time during the tax year, was the organi			l	
-	transaction?		89e		1-
f	All organizations. Did the organization acquire a direct or indirect interest	et in any applicable insurance contract?	89f	<u>├</u> ──	+
	For supporting organizations and sponsoring organizations maint		031		╋
Я		•		1	
	supporting organization, or a fund maintained by a sponsoring of	rganization, have excess business holdings			
	at any time during the year?		89g	<u>i </u>	
	List the states with which a copy of this return is filed CALI				
þ	Number of employees employed in the pay period that includes I				
	instructions)	90b			
91 a	The books are in care of Name DEAN BUTLER	Telephone no. 🕨 (80	J5) 28 ⁽	9-3450	0
	Located at PO BOX 6972 City VENTURA	ST CA ZIP + 4 ▶ 93006			
Ь	At any time during the calendar year, did the organization have a				1
~	over a financial account in a foreign country (such as a bank acc	•		Yes	
	account)?	,	91b	<u> </u>	\dagger
	If "Yes," enter the name of the foreign country			<u> </u>	╀
		TO F 00 22 1 Papart of Farsian Dart		1	
	See the instructions for exceptions and filing requirements for Fo	The roreign Bank		1	
				1	

- -

•

Form	990	(2007)
------	-----	--------

Form 990 (2	2007) CONTINENTAL SING	SERS. INC			95-2509509		Page 8
Part VI	Other Information (continued)					Yes	No
c At	t any time during the calendar year, did the o "Yes," enter the name of the foreign country	▶				c	
ar	ection 4947(a)(1) nonexempt charitable trust nd enter the amount of tax-exempt interest re	s filing Form 990 I eccived or accrued	lieu of Fo during the	o rm 1041 —Check h e tax year			► [
Part VII	Analysis of Income-Producing Ac						
	nter gross amounts unless otherwise	Unrelated busin	ess income	Excluded by secti	on 512, 513, or 514	(E Relate	-
indicated	1	(A)	(B)	(C)		exempt f	
	rogram service revenue.	Business code	Amoun	t Exclusion code	Amount	Incol	me
b							
					<u> </u>		
d							<u></u>
e						<u> </u>	
	ledicare/Medicaid payments						
-	ees and contracts from government agencies					<u> </u>	
	lembership dues and assessments terest on savings and temporary cash investments						
	ividends and interest from securities						
	et rental income or (loss) from real estate			· · · · · · · · · · · · · · · · · · ·	- <u> </u>		
	ebt-financed property	· · · · · · · · · · · · · · · · · · ·					
	ot debt-financed property						
98 N	let rental income or (loss) from personal property						
99 O	ther investment income .						
100 G	ain or (loss) from sales of assets other than inventor						
101 N	et income or (loss) from special events						
102 G	cross profit or (loss) from sales of inventory						<u>43,113</u>
103 O	Other revenue: a MISC				3,540		
ь_			ļ				
			<u> </u>				
е_ 104 s	ubtotal (add columns (B), (D), and (E))	·		0	3,540		43,113
	$\mathbf{\hat{o}tal}$ (add line 104, columns (B), (D), and (E))	· ··		_ ,	<u> </u>		46,653
	ne 105 plus line 1e, Part I, should equal the a	mount on line 12.					
Part VII				not Purposes (Se	e the instruction		
Line No.	Explain how each activity for which income is n	eported in column (E)	of Part VII of	contributed importantly to			
	of the organization's exempt purposes (other th						
106	CD'S AND T-SHIRT ARE SOLD AT PROG	RAMS TO HELP	SPREAD	THE GOSPEL IN MU			
·							
Part IX	Information Regarding Taxable S	ubsidiaries and	Disrega	rded Entities (Se	e the instruction	s.)	
	(A)	(B)		(0)		(E	:)
	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage ownership inte	erest	(C) Nature of activities	(D) Total income	End-o ass	ets
	· · · · · · · · · · · · · · · · · · ·		%		0		<u> </u>
			%		0		0
			<u>%</u>		0		(
Dart V	Information Regarding Transfers	Associated wit		al Banafit Contra		truction	
Part X			-				<u></u>
(b) Did	the organization, during the year, receive any funds, dir the organization, during the year, pay premi	ums, directly or in	directly, or			Yes	Ξ
Note: If	"Yes" to (b), file Form 8870 and Form 4720	(see instructions)					

Form 990 (2007)

orm 990 (SINGERS, INC	95-2509509			Page 9
Part XI		Transfers To and From C on as defined in section 512		lete only if the	organia	zation
			.(b)(10):		Yes	No
106	Did the reporting organization mail the Code? If "Yes," complete the s			512(b)(13) of		x
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount	(D) of trans	fer
a						
b						
с						
	Totals					0
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes," of			ction	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount	(D) of trans	fer
a						
b						
c						
	Totals					0
108	Did the organization have a bindin rents, royalties, and annuities des			ne interest,	Yes	No X
Please Sign Here Pald Preparer's Use Only	Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete Signature of officer Type of penal name and trile Preparer's signature Firm's name (or yours if self-employed), CHURCH	Declaration of preparer (other than offi CCCC CCCCC CCCCC CCCCC CCCCC CCCCC CCCC	cer) is based on all information of whi		knowledge	

.

SCHEDULE A (Form 990 or 990-EZ)	(Except Private	n Exempt Unde Foundation) and Section 6 r 4947(a)(1) Nonexempt Cha	01(e), 501(f), 501(k),		omb no 1545-0047 20 07
	Supplementa	ry Information—(See	separate instru	ctions.)	
Department of the Treasury Internal Revenue Service	MUST be completed by t	he above organizations and	attached to their For	m 990 or 990-EZ	
Name of the organization					ntification number
CONTINENTAL SING				95-2509509	
	nsation of the Five Hig	• •			and Trustees
(See pa	ge 1 of the instructions.			(d) Contributions to	(e) Expense
	of each employee paid more n \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	account and other allowances
NONE					
·					
Total number of other emp		0			
Part II-A Compe	nsation of the Five Hig	hest Paid Independe	nt Contractors f	or Professional	Services
(See pa	ge 2 of the instructions.	List each one (whether	individuals or fir	ms). If there are r	ione, enter "None
(a) Name and addre	ss of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE					
Total number of others rec professional services	eiving over \$50,000 for	0			
Part II-B Compe	nsation of the Five Hig	hest Paid Independe	nt Contractors f	or Other Service	S
(List eac	ch contractor who perfor	med services other tha	n professional se		
	ss of each independent contractor		· · · · · · · · · · · · · · · · · · ·	of service	(c) Compensation
NONE			(b) (b)		(c) compensation
·····					
					•
			1		
		· · · · · · · · · · · · · · · · · · ·			
		······	·		
Total number of other cont \$50,000 for other services	•	0			
For Paperwork Reductio	n Act Notice, see the Instruct	ions for Form 990 and Form	n 990-EZ.	Schedule A (I	Form 990 or 990-EZ) 200

Schedule A (Form 990 or 990-EZ) 2007

.

CONTINENTAL SINGERS, INC

95-2509509

Page 2

Part	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities * (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		x
b	Lending of money or other extension of credit?	2b		x
С	Furnishing of goods, services, or facilities?	2c		<u>x</u>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		<u>x</u>
e	Transfer of any part of its income or assets?	2e		<u>_x</u>
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.).	3a		x
b	Did the organization have a section 403(b) annuity plan for its employees?	3Ь		<u>x</u>
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		<u>x</u>
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	1	x
Ь	Did the organization make any taxable distributions under section 4966?	4b		X
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		<u>X</u>
đ	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Schedule A (Form 990 or 990-EZ) 2007

- - - - -

Schedule A	(Form 990 or 990-EZ) 2007	CONTINEN	TAL SINGERS, INC		95-2509	509 Page
Part IV	Reason for Non-Private	Foundation S	tatus (See pages 4 th	rough 8 of the	e instructions.)	
certify the	at the organization is not a private fou	ndation because it	IS (Please check only ONE a	pplicable box.)		
6	A church, convention of churches,					
6	A school. Section 170(b)(1)(A)(ii).	(Also complete Par	tV)			
7	A hospital or a cooperative hospital	service organizatio	n Section 170(b)(1)(A)(iii)			
8	A federal, state, or local governmer	nt or governmental (unit Section 170(b)(1)(A)(v)			
9	A medical research organization of	perated in coniunc	tion with a hospital Section	170(b)(1)(A)(iii)	Enter the hospital	's name city
	and state		City	ST	Country	
10	An organization operated for the be (Also complete the Support Sche	-	r university owned or operated	d by a governmen	tal unit. Section 170	0(b)(1)(A)(īv).
11 a 🗌	An organization that normally receins 170(b)(1)(A)(vi) (Also complete the			nmental unit or fr	om the general pub	lic Section
11 Б 🗌	A community trust. Section 170(b)	(1)(A)(vi). (Also cor	nplete the Support Schedul	e in Part IV-A)		
12 X	An organization that normally received receipts from activities related to its of its support from gross investment acquired by the organization after .	s charitable, etc., fu nt income and unre	nctions—subject to certain ex lated business taxable incom	xceptions, and (2 e (less section 51) no more than 33 1 tax) from busines	- 1/3% ses
13	An organization that is not controlle requirements of section 509(a)(3)	d by any disqualifie	d persons (other than founda	tion managers) a ting organization.	nd otherwise meets	·
	Provide the following inf	ormation about	the supported organiz	ations. (See p	age 8 of the inst	ructions)
	(a)	(b)	(c)		d)	(e)
Name(s)) of supported organization(s	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organizatio the sup organiz governing d	on listed in porting ration's	Amount of support
				Yes	No	
						
		·····			 	(
	······			 	├ ──── ├	(
· · -					 	
Total .	· · · · · · · · · · · · · · · · · · ·	L	·	L	L	
I OLAI .	· · · <u>·</u>	· · ·	· · · ·			(
14	An organization organized and ope	rated to test for put	blic safety Section 509(a)(4)	(See page 8 of th		(Form 990 or 990-EZ) 200

.

Sche	dule A (Form 990 or 990-EZ) 2007 CONTINENTAL SING	ERS, INC		95-25095	09		Page 4
فسيند	rt IV-A Support Schedule (Complete only I		a box on line 10	, 11, or 12.) Use	e cash m	ethod e	of accounting.
Not	e: You may use the worksheet in the instructions t	for converting fi	rom the accrual	to the cash met	hod of ac	countin	g
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2005	(c) 2004	(d) 20	33	(e) Total
15	Gifts, grants, and contributions received (Do						
	not include unusual grants See line 28)	2,170,000	2,712,664	2,915,775	2,87	2,529	10,670,968
16	Membership fees received						0
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of						
	facilities in any activity that is related to the						500 500
	organization's charitable, etc , purpose	89,165	131,034	149,946	19	6,418	566,563
18	Gross income from interest, dividends,						
	amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royatties, income from similar sources, and unrelated						
	business taxable income (less section 511						
	taxes) from businesses acquired by the						
	organization after June 30, 1975						0
19	Net income from unrelated business						
	activities not included in line 18						0
20	Tax revenues levied for the organization's		<u> </u>		-		
	benefit and either paid to it or expended on						
	its behalf						0
21	The value of services or facilities furnished to						
	the organization by a governmental unit						
	without charge. Do not include the value of		,				
	services or facilities generally furnished to the						
	public without charge						0
22	Other income. Attach a schedule. Do not						
	include gain or (loss) from sale of capital assets	3,540	6,784			4,263	20,403
23	Total of lines 15 through 22	2,262,705	2,850,482			3,210	11,257,934
24	Line 23 minus line 17	2,173,540	2,719,448			6,792	10,691,371
25	Enter 1% of line 23	22,627	28,505	30,715	3	0,732	
26	Organizations described on lines 10 or 11:	a Enter 2% of a	amount in column ((e), line 24 .	. 🕨	26a	0
I	b Prepare a list for your records to show the name of and a	amount contribute	d by each person (other than a			
	governmental unit or publicly supported organization) wh	ose total gifts for 2	2003 through 2006	exceeded the			
	amount shown in line 26a Do not file this list with you		e total of all these	excess amounts		26b	
	c Total support for section 509(a)(1) test Enter line 24, co			• • • • •		26c	0
1	d Add: Amounts from column (e) for lines 18 22	19			•	004	0
		26		<u> </u>		26d 26e	0
1	e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) div	ided by line 26c	(denominator))	• • •		26e	0.00%
				7 that were receive	d from a "d	·	· · · ·
27	prepare a list for your records to show the name of, and						
	file this list with your return. Enter the sum of such ar						
	(2006) (2005)		(2004)		(2003)		
,	b For any amount included in line 17 that was received from	meach person (of		ied persons") pren	. ,		
	to show the name of, and amount received for each year						
	\$5,000. (Include in the list organizations described in line						
	After computing the difference between the amount rece	ived and the large	r amount describe	d in (1) or (2), ente	r the sum o	f these	
	differences (the excess amounts) for each year						
	(2006) (2005)		(2004)		(2003)		
		40.070.000	_				
			6		-		44 007 504
			.1	<u> </u>		27c	11,237,531
		line 27b total		<u> </u>	🏲	27d	0
	e Public support (line 27c total minus line 27d total)					_27e	11,237,531
	f Total support for section 509(a)(2) test. Enter amount fro				<u>,257,934</u>	27-	00.92%
	g Public support percentage (line 27e (numerator) div h Investment income percentage (line 18, column (e)					27g	<u> </u>
-					·	27h	
28	Unusual Grants: For an organization described in line 1 a list for your records to show, for each year, the name o						
	the nature of the grant Do not file this list with your r						

.

Schedule A	(Form 990	or 990-EZ)	2007
------------	-----------	------------	------

Sched	ule A (Form 990 or 990-EZ) 2007 CONTINENTAL SINGERS, INC 95-2509509		P	age 5
Par	t V Private School Questionnaire (See page 9 of the instructions.)			
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
20	other governing instrument, or in a resolution of its governing body?	29		<u> </u>
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		نب
			<u>├</u> ─-	<u> </u>
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	-	
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)	31		<u> </u>
				· ·
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b				
5	basis?	32b	l I	
с	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with			
v	student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
				<u> </u>
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		1	
33	Does the organization discriminate by race in any way with respect to			
	•			
a	Students' rights or privileges?	<u>33a</u>	Ļ	
b	Admissions policies?	<u>33b</u>		
С	Employment of faculty or administrative staff?	<u>33c</u>		┼───
d	Scholarships or other financial assistance?	33d	1	
u		550	<u> </u>	
е	Educational policies?	33e		
-				1
f	Use of facilities?	<u>33f</u>		
g	Athletic programs?	33g	 	1
h	Other extracurricular activities?	<u>33h</u>		
				1
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			1
				ł
		-	-	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
				Ι
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
			1	1
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05		-	
	of Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	1	<u> </u>

.

Schedule A (Form 990 or 990-EZ) 2007

Schedu	le A (Form 990 or 990-EZ) 2007 CONTINENTAL			95-250		Page 6
Par	VI-A Lobbying Expenditures by Electing (To be completed ONLY by an eligit				ctions.)	
Check					d control" provisio	ns apply.
	Limits on Lobbying E	xpenditures	Irred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (gras	sroots lobbying) .		_36	-	
	Total lobbying expenditures to influence a legislative body (d			_37		
38	Total lobbying expenditures (add lines 36 and 37)			. 38	0	0
39	Other exempt purpose expenditures		· · · ·	39		
40	Total exempt purpose expenditures (add lines 38 and 39)			40	0	0
41	Lobbying nontaxable amount Enter the amount from the follo	owing table—				I
	If the amount on line 40 is— The lob	bying nontaxable	amount is—			
	Not over \$500,000	he amount on line 4	ю			
		•	xcess over \$500,000			· ··· ··· · · · ·
		•	xcess over \$1,000,000	41		
			cess over \$1,500,000			1
	Over \$17,000,000 \$1,000,0					
				. 42	0	<u> </u>
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than			43	0	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than	n line 30 .		· • • •	0	
	Caution: If there is an amount on either line 43 or line 44, y	ou must file Form 4	1720.			ę
	4-Year Average	ging Period U	nder Section 501	l(h)		
	(Some organizations that made a section	501(h) election do	not have to complete a	I of the five colu	nns below	
	See the instructions for	lines 45 through 50) on page 13 of the inst	ructions)		
		Lobb	ying Expenditures	During 4-Ye	ar Averaging P	eriod
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in) 🕨	2007	2006	2005	2004	Total
45	Lobbying nontaxable amount					0
46	Lobbying celling amount (150% of line 45(e))					0
47	Total lobbying expenditures					0
48	Grassroots nontaxable amount .					0
-+0						<u> </u>
49	Grassroots ceiling amount (150% of line 48(e))					0
50	Grassroots lobbying expenditures					0
Par	VI-B Lobbying Activity by Nonelecting					
	(For reporting only by organizations t	that did not cor	nplete Part VI-A)	(See page 1	4 of the instru	ctions.)
	the year, did the organization attempt to influence national,				Yes No	Amount
	t to influence public opinion on a legislative matter or referer	-			X	
a b	Volunteers Paid staff or management (Include compensation in expens			• •	$\frac{1}{x}$	
C	Media advertisements	-			x x	
d					X	······································
e	Publications, or published or broadcast statements			• •	X	······································
f	· · · · · · · · · · · · · · · · · · ·				X	<u> </u>
g	Direct contact with legislators, their staffs, government offici					
h	Rallies, demonstrations, seminars, conventions, speeches,	-	-		X	
i						0
	If "Yes" to any of the above, also attach a statement giving a			ies.	- <u>-</u> · · ·	

.

Schedule A (Form 990 or 990-EZ) 2007

CONTINENTAL SINGERS, INC

Page	7
i ugo	•

					with any other organization described in section	Ì		
	501(c)	of the Code (other that	in section 501(c)(3)) organizations) or in section 527	7, relating to political organizations?		— —	
а	Transf	ers from the reporting	organization to a n	oncharitable exempt organization	n of [.]	r	Yes	; I
	(i) (Cash				51a(i)		╀
-	• •	Other assets .		•••••		a(ii)		╀
b		ransactions.				b(i)		
				charitable exempt organization		b(ii)		╈
		Rental of facilities, equ				b(iii)	-	t
		Reimbursement arrang				b(iv)		t
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Loans or loan guarante	5			b(v)		T
		-		or fundraising solicitations		b(vi)		
С				her assets, or paid employees		C		
	of the (in any a)	goods, other assets, o transaction or sharing (b)	r services given by arrangement, show	the reporting organization. If the v in column (d) the value of the g (c)	umn (b) should always show the fair market value e organization received less than fair market value goods, other assets, or services received: (d)	e		
Line	е по.	Amount involved	Name of non	chantable exempt organization	Description of transfers, transactions, and sha	aring arran	gemer	nts
	e	·····	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
							÷	_
					· · · · · · · · · · · · · · · · · · ·			-
			1					-
					· · · ·			
		· ·	┨		······ · · · · · · · · · · · · · · · ·			_
		· · · ·		<u> </u>				
	descri	bed in section 501(c) o s," complete the followi	of the Code (other I	with, or related to, one or more than section 501(c)(3)) or in sec	tion 527?	Yes	• [X	<u>_</u>
		(a) Name of organizatio	n	(b) Type of organization	(c) Description of relationship)		
			······			<u> </u>		-
								-
								_
								_
			·	· · · · · · · · · · · · · · · · · · ·				
			<u>.</u>		· · · · · · · · · · · · · · · · · · ·			
				· · · · · · · · · · · · · · · · · · ·				
						<u> </u>		
								_
						-		_
								_

.

Part II Page 2 Line43B Other Expenses

Advertising	1,665	· · · · ·	
Bad Debts	103,338		
Fees & Charges	86,082		
Insurance	51,292		
Lodging & Meals	273,356		
Miscellaneous	672		
Outfits, cleaning	16,459		
Professional Fees	74,765		
Supplies	21,193		
Utilities	8,068		
Production	16,201		
Small Equipment	9,242		
Contributions	20,387		
Royalties	21,626		
TOTAL	704,346	-	-

•	Attachment to Form 990	Part II
	, ·	Page 4
		Line 64B
		Notes Payable

Continental Singers, Inc. 12/31/07 95-2509509

Ford Credit	7,616
Ford Credit	6,890
Officer Loan	57,045
Carpenter Bus	1,320
Bank of America Leasing	69,376
TOTAL	209,684

.

•

Part I Page I Line 1a Gross Contributions

TOTAL	2,170,090.00
Direct Contributions Less Than \$5000	2,059,090.00
Colorado Springs, CO 80921	
12290 Voyager Parkway	
Compassion International	111,000.00

•

Part II Page 4 Line 58 Other Assets

.

_ ____

CSV – Officers Life Insurance	13,563
Security Deposits	8,402
TOTAL	21,965

•

.

Part II Page 4 Line 53 Prepaid Expenses Continental Singers, Inc. 12/31/07 95-2509509 - - ----

TOTAL	16,500
Prepaid Special Event	5,000
Prepaid Insurance	11,500

.

.

.

Fixed Asset Schedule Part II Page 2 Line 42

Continental Singers, Inc. 12/31/07 95-2509509

	Beg Bal 1/1/2007	Additions 2007	Deletions 2007	Transfers 2007	Depr 2007	End Bal 12/31/200
t					<u> </u>	
Buses	90,632	·····	(1,600)			89,03
Audio Equipment	114,244		(4,200)			110,04
Lighting	43,935					43,93
Instruments	11,668	5,000				16,66
Vehicles	38,478	31,573				70,05
Office Equipment	154,246				<u>.</u>	154,24
Leased Equipment	87,692					87,69
Other Equipment	77,130					77,13
TOTAL	618,025	36,573	(5,800)	-	-	648,79

Accumulated Depreciation

Office Equipment (130,835) Leased Equipment (18,146) Other Equipment (68,137)	(11,367) ((9,328) - (3,578)	(07.47.4)
Office Equipment (130,835)		
	(11,307)	142,202)
	(11.267)	142,202)
Vehicles (18,548)	(12,582)	(31,130)
Instruments (9,664)	(661)	(10,325)
Lighting (43,053)	(1,518)	(44,571)
Audio Equipment (105,587) 4,200	(3,155) (104,542)
Buses (90,632) 1,600	(3,331)	(92,363)

BOARD OF DIRECTORS 2008

CAM FLORIA Income \$100,001

2221 Kapili Road Unit 51 Koloa, HI 96756 808-742-9560 (office) 808-742-4354 (fax) 808-742-4354 (home) 805-218-9113 (cell) cam@hawaiian.net

JIM SCHMIDT

13801 Fremantle Court Bakersfield, CA 93314 661-588-2543 (home) 310-699-1587 (cell) jim@jimschmidtentertainment.com

HAL SPENCER

P.O. Box 218 Pacific City, OR 97135 503-965-6939 (home) 503-965-6880 (fax) 503-702-1723 (cell) 503-965-6112 (office) pcmannamusic@oregoncoast.com

RANDY SWANSON

1207 East Palm Drive Placentia, CA 92870 530-320-8395 (cell) 1539 East Howard Street (work address) Pasadena, CA 91104 626-398-2397 (work) 626-398-2333 2880 Vision Court (work address) Aurora, IL 60506 630-801-3681 (work) 630-801-3842 (fax) rswanson@tln.com

THURLOW SPURR

Regal Marine Industries 2300 Jetport Drive Orlando, FL 32809 407-851-7951 EXT 216 (office) 407-383-5057 (cell) 407-447-9282 (fax) thurlow@thurlowspurr.com

SCOTT RUMMELL

20310 Via Almeria Yorba Linda, CA 92887 714-970-6126 (home) 714-746-5907 (cell) scottrummell@earthlink.net

LEEN LA RIVIERE

Continental Ministries Europe P.O. Box 81065 3009 GB Rotterdam The Netherlands Continental Art Centre Robert Kochplaats 342 3068 JD Rotterdam 31-10-421-2592 (home) 31-65-138-4805 (cell) 31-10-455-9022 (fax) 31-10-456-8689 (office) leen@continentalart.org

MARC WHITMORE

Stonegate Media Group 2600 W Olive Avenue 5th Floor Burbank, CA 91505 1330 E Cherry Street Springfield, MO 65802 800-785-7698 (work) 818-720-0861 (cell) marc@stonegatemediagroup.com marcwhitmore@aol.com

BRENT LAUER

3614 Shallow Brook Lane Orange, CA 92867 714-685-9898 (home) 714-612-9579 (cell) 909-355-5531 (work) 714-685-9998 (home fax) 909-357-7849 (work fax) blauer@dispatchtrans.com

HOWARD PARKER

5126 Lakeview Avenue P.O. Box 2129 Yorba Linda, CA 92885-1329 714-777-7157 (home) 714-970-0467 (fax) 714-970-2688 (work) 714-393-9111 (cell) howard.parker@parkers.net

DANETTE FERRO

82-526 Alda Drive Indio, CA 92201 760-775-7321 (home) 760-880-6091 (cell) <u>dferro@dc.rr.com</u>