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### Form **990**

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury

lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements

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A F	or the	2010 cale	ndar year, or tax	year begl	nning			, 20	)10, an	d endi	ng			, 20		
B Ch	eck if		C Name of orga	nization H	EART & S	SEOUL (	GOSPEL M	INIS'	TRY		D Emplo	yer ide	ntification	on number		
Address change Doing Business As 86-0989989  Name change Number and street (or P.O. box if mail is not delivered to street address) Room/Suite E Telephone number																
H		-			x if mail is not d	elivered to	street address)		Roo	m/Suite	E Teleph	none nui	mber			
$\vdash$	ıal retu		PO BOX 54	159			·				(623)	787-	3672			
Н	mınate		City or town, s		intry, and ZIF	7 + 4				G Gross						
H	ended		GLENDALE		•						receip		1	62,135		
Н		n pending	F Name and						H(a)	is this a	group return			Yes X No		
☐ · ₹·									1		affiliates inclu			Yes No		
I Ta	x-exe	mpt status	X 501(c)(3)	501(c)(	)∢ (inserti	10) 494	47(a)(1) or	527	' '		attach a list		uctions)			
		: ► N/A		1 1(-)(	, , ,		(,(,)		H(c)		exemption nu		,			
			X Corporation	Trust	Association	Other	<u></u> -	L Yea	ar of form		2006		e of legal o	domicile AZ		
Par		Summa		1.11.5.1				1 - 100								
<u> </u>	1		scribe the organiz	ation's mis	sion or most	significant	activities									
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A G			ITAN AREA													
GOVERN	1.2.	110101	11111 111021										-	*		
γĚ	2	Check the	s box ▶ If the	organizatio	n discontinue	ed its oper	ations or disp	osed o	of more	than 2	25% of its n	et assets		,		
Į Ř	3		of voting members	•			-		,,,,,,,,			3		2		
į N	4		of independent vo	_	_			ne 1h)	•		•	4		2		
- ES	5		ber of individuals	_	-							5				
Ĕ	6		ber of volunteers			70ai 2010	(1 art v, mic 2	ω,				6		15		
&	7a		elated business re	•		lump (C)	lino 12					7a				
						, ,						7b		0		
	B	b Net unrelated business taxable income from Form 990-T, line 34  Prior Year									175	Current Yea				
R	。	Contributi	one and grante (E	Part VIII lin	o 1hin							)6		.60,236		
REVENUE	TECEIVEI)											.60,236				
Ě	9	_				and 7d)	0					-		1 270		
NU	10	· · · · · · · · · · · · · · · · · · ·								1 [	, ,		1,270 629			
E	11							lung dC	<b>.</b> ,	1,577 161,583			162,135			
	12		nue add lines					line 12	<u>-)</u>		161,58	3	J.	.62,135		
_	13 14		d similar amounts aid to or for mem		//	en li	3)									
EXPERSES	15	Salaries,	other compensation	on, employ	ee benefits (I	Part IX, co	lumn (A), lines	s 5-10)	).							
P	16a	Profession	nal fundraising fee	es (Part IX,	column (A),	line 11e)					16,58	37		38,764		
Ñ	b	Total fund	łraising expenses	(Part IX, co	olumn (D), lin	ie 25) 🕨	38	3,764	<u>l</u>							
Ē	17	Other exp	enses (Part IX, co	olumn (A), I	lines 11a-11d	d, 11f-24f)					131,90	)2	1	.09,354		
S	18	Total exp	enses Add lines	13-17 (mus	st equal Part	IX, columr	n (A), line 25)				148,48	39	1	48,118		
	19	Revenue	less expenses Si	ubtract line	18 from line	12					13,09	94		14,017		
NEOE	3	-								Beginn	ning of Curren	nt Year	End	of Year		
OR FUXD		Total asse	ets (Part X, line 16	S)						-	324,79	94	3	36,751		
	21	Total liabi	lities (Part X, line	26) .					İ		12,61	L9		3,994		
E N D	22	Net asset	s or fund balance	s Subtract	line 21 from	line 20 .					312,17	75	3	32,757		
Par	t II	Signatu	ıre Block													
			r, I declare that I have claration of preparer									my knowle	edge and t	belief, it is true,		
		<u>                                   </u>		<del>( / -</del>		<u>a</u>						· · · ·	7-10	7-11		
Sigr	,	Sig	nature of officer		~ <del> </del>			·					Date	/		
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	-		e or print name a							<u></u>						
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	Onl	_ · · · ·	n's address ▶ 3			& ASSOCIATES ETHANY HOME ROAD					Phone no					
		• 🗀	ENIX AZ		ידייייייייייייייייייייייייייייייייייייי	1101	ייי וניסאד				(602)7	95-9	1531			
May	he IR	<del></del>	this return with the	-	shown above	e? (see ins	structions)							Yes No		
IVILLA			,,.,	_ ~		. , 1110							147			

Form **990** (2010)

arl	III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
	Briefly describe the organization's mission	
	TO PROVIDE A CHRISTIAN BROADCAST RADIO STATION TO THE PHOENIX	
	METROPOLITAN AREA	
	INDICOLOGITATE ARCHIT	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990–EZ? Yes	2
	If "Yes," describe these new services on Schedule O	_
	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	Nec Yes	2
	If "Yes," describe these changes on Schedule O	
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
a	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	
lb	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	
		****
_		
łC	(Code) (Expenses \$) (Revenue \$)	
		****
4d	Other program services (Describe in Schedule O)	

Page 3

Part	IV Checklist of Required Schedules			
			Yes	No
٠1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	<u> </u>		
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<del>-</del> -		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h)			21
4				X
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	_		
	or similar amounts as defined in Revenue Procedure 98–19? If "Yes," complete Schedule C, Part III N/A	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the			
	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX,	:		
	or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule			
	D, Part VI	11a		X
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			T
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			† <u> </u>
	If "Yes," complete Schedule G, Part III	19		X
202	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers	<u> </u>		† <u></u>
	that operate one or more hospitals must attach audited financial statements (see instructions) . N/A	20b		
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Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III .	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $N/A$	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		ŀ	
	any tax-exempt bonds? . N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . $N/A$	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			
	complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an	1		
	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			1
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١,,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	١		١,,
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			,,
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		1,7	
	Note. All Form 990 filers are required to complete Schedule O	38	X	ı

art	Check if Schedule O contains a response to any question in this Part V				П
•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0			•
С	Did the organization comply with backup withholding rules for reportable payments to vendors at	nd reportable			
	gaming (gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	returns? N/A	2b	:	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc	ctions)			
3 <b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	N/A	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of	•			
	a financial account in a foreign country (such as a bank account, securities account, or other fina	ncial account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finan	cial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	N/A	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and d	d the organization			١
	solicit any contributions that were not tax deductible?	• • •	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contril				
_	gifts were not tax deductible?	N/A	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).	£			•
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	tor goods	7a		
_	and services provided to the payor?	NI / 7		<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	N/A	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was	7c		X
	required to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year 7d	 I	70		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	ofit contract?	7e		Х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of		7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re		7g		X
g h	If the organization received a contribution of gashies interiorisal property, and the organization men of the observation of cars, boats, airplanes, or other vehicles, did the organization file a Forr		7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				1
•	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization	<del>-</del> -			
	business holdings at any time during the year?	, 	8		Х
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		Х
10	Section 501(c)(7) organizations. Enter.			_	
а	Initiation fees and capital contributions included on Part VIII, line 12				-
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		]		
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				Į
	against amounts due or received from them )				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	orm 1041?	12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u></u>	<u></u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	•	13a	<u> </u>	X
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which	1			
	the organization is licensed to issue qualified health plans	-	-		
C	Enter the amount of reserves on hand		-	<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	I	X

JVA

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part			No" res	ponse	to
	line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See	instructions			
<u>,</u>	Check if Schedule O contains a response to any question in this Part Vi				
Section	on A. Governing Body and Management				
			<del></del>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a	2	_[		
b	Enter the number of voting members included in line 1a, above, who are independent  1b	2	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a	ny other			
	officer, director, trustee, or key employee?		2		_X
3	Did the organization delegate control over management duties customarily performed by or under the direct	supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?	•	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	of the			
	governing body?		7a		_X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during t	he year			
	by the following				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Section	on B. Policies (This Section B requests information about policies not required by the Internal Revenue C	Code)			
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters	3,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b		X
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	form?	11a		Χ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?	. N/A	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done	N/A	12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		Χ
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	sion?			
а	The organization's CEO, Executive Director, or top management official .		15a	X	
b	Other officers or key employees of the organization		15b	Χ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard				
	the organization's exempt status with respect to such arrangements?	N/A	16b		
<u>Secti</u>	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ AZ	<del></del>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr	)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	of interest			
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and record	rds of the			
	organization: ▶ See attachment #1				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

heck this box if neither the c	(B)			(C	;)			(D)	(E)	(F)
Name and Title	Average	Pos	Position (check all that apply)					Reportable	Reportable	Estimated
rane and me	hours per week (describe hours for related organiza- tions in Schedule		TRUSTEE NSTITUTIONAL	OFF-CER	KEY VEE	H-GHEST ED	F OR Mus	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	0)		[				- <del></del>			
					1					
								:		

Part	VIJ Section A. Officers	, Directors	s, Truste	es, K	ey En	ploye	es, and	Highe	est Compensated E	mployees (continued	<del>d)</del>		
	(A) (B) (C)								(D)	(E)	1	(F)	
•	Name and title	Average	1	Position (check all that apply)					Reportable	Reportable		mated	
		hours per week	ITD	I T N R	O F	K E E M	H C E I O M	F O	compensation	compensation		ount o	f
		(describe	DUR	N R S U T S	O F F	Ϋ́Р	GMP	Ř	from the	from related organizations		ther ensati	ıon.
		hours for	VTC	TSTEE	C E	O Y E	I F F O	E R	organization	(W-2/1099-MISC)		m the	
		related	DEO	U E	R	E	SNY		(W-2/1099-MISC)	(11 2,1111	1	nızatıc	
		organiza- tions in	A O L R	0	İ		T E D				and	relate	d
		Schedule		N A			0			•	orgar	nizatio	ns
	<del></del>	O)		L l l l l l l l l l l l l l l l l l l l									
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		Ì			1								
					1		ļ						
1b	Sub-total		٠.	·	•			<b>•</b>					
С	Total from continuation sh	eets to Pa	art VII, S	ectio	n A			•	,				
d	Total (add lines 1b and 1c							<u> </u>			L		
2	Total number of individuals	(including	but not	limited	to the	ose lis	ted abov	e) wh	o received more tha	n \$100,000 in reporta	able com	pensa	ation
	from the organization ▶												T
•	B 14		<i>u</i>		<b>A</b>					to d anomicus		Yes	No
3	Did the organization list any on line 1a? If "Yes," comple						-	уее, с	or nignest compensa	ieu employee	3		Х
4	For any individual listed on						 nensatio	n and	Lother compensation	from the	"	-	1
-	organization and related org										4	ĺ	Х
5	Did any person listed on lin		_										
_	services rendered to the org										5		Х
Sectio	n B. Independent Contracto								· · · · · · · · · · · · · · · · · · ·				
1										than \$100,000 of			
compensation from the organization													
		(A)						1	(B)	ľ	(0		
	Name and business address							<u> </u>	Description of s	ervices	Compe	nsatio	n
													_
								<del>↓</del>			_		
							_	<del>-</del>					
	<del></del>							├					
	Total number of independe	nt contract	ore (incl	udina	but n	at limit	ed to the	Se liet	ted above) who rece	ived more than			
2	\$100,000 in compensation			_	Dut 110	or milli	54 10 til	, GG 1131	iod above, who lede				
JVA	10 99078 TWF 41345		ht Forms		are Onl	y) - 201	0 TW			<del> </del>	Form	990	(2010

Pan	ÁIII	Statement of Revenue					
•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512, 513, or 514
c G P	1a	Federated campaigns 1a					
$0 \in H$	l .	Membership dues 1b					
NTE		Fundraising events . 1c	17,115				<b>‡</b>
RGS		Related organizations 1d					<u> </u>
R G S I R M B A	l .	Government grants (contributions) . 1e					
UNL		- · · · · · · · · · · · · · · · · · · ·					
UTSR	T	All other contributions, gifts, grants, & similar amounts not included above	143,121				
OAA		Noncash contributions included in lines 1a-1f \$	113,121				
N NM S D T		Total. Add lines 1a-1f	<b>•</b>	160,236			[
S P		Tour not into it in	Business Code	100,230			<u> </u>
R	2a		- Dubiness Gode			:	
റട I	b						-
GE RRR				<u> </u>			<u> </u>
ΔVE	_		<del></del>			<del></del>	
MIV	e						
ΕN	f	All other program service revenue					
U E		Total. Add lines 2a-2f					-
	<u>g</u> 3	Investment income (including dividends, intere	et and				<u> </u>
	٦	other similar amounts)		1,270			
	4	Income from investment of tax-exempt bond p	vrocoods •	1,270			
	5	Royalties	Nocecus -				
		(i) Real	(II) Personal				
	62	Gross Rents .	(II) I CISOTIAI				
	ŀ	Less rental expenses					
		Rental income or (loss)					
		Nisk was shall we also as of the same	. •				
	<b>"</b>	(i) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less. cost or other basis and sales expenses .	· · · · · · · · · · · · · · · · · · ·				
0	c	Gain or (loss)					
T	l	Net gain or (loss)	<b>•</b>				
H	l .	Gross income from fundraising		· · · · · · · · · · · · · · · · · · ·			
R		events (not including \$	<u>'</u>				
		of contributions reported on line 1c)					
R		See Part IV, line 18 a					
E	b	Less direct expenses b					
Ė	c	Net income or (loss) from fundraising events	•				
N	9a	Gross income from gaming activities. See					
U		Part IV, line 19 a					
_	b	Less direct expenses <b>b</b>					
	С	Net income or (loss) from gaming activities	<b>•</b>				
	10a	Gross sales of inventory, less					
		returns and allowances a					
	ь	Less cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of inventory .					
		Miscellaneous Revenue	Business Code				
	ı	CREDIT CARD DISCOUNTS		587			
	ь	CARTRIDGE RECYCLE INCO		42			
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d .	•	629			
	12	Total revenue. See instructions	<u> </u>	162,135			

Part IX s

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

· _	All other organizations must complete column (			olumns (B), (C), and	· ·
Do not	include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b, 8b,	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)		<del></del>		
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management		<u> </u>		
þ	Legal				
C	Accounting .				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	38,764			38,764
f	Investment management fees .				
g	Other				
12	Advertising and promotion				
13	Office expenses	48,217		48,217	
14	Information technology	46,924		46,924	
15	Royalties				
16	Occupancy ,				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		:		
19	Conferences, conventions, and meetings	614	614		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,480			
23	Insurance	764		764	
24	Other expenses Itemize expenses not covered above.				
	(List miscellaneous expenses in line 24f If line 24f				
	amount exceeds 10% of line 25, column (A) amount,				
	list line 24f expenses on Schedule O )				
а	ELECTRICITY	2,355		2,355	
ь		<u> </u>			
C					
d				<u> </u>	
e					
f	All other expenses		-		<del></del>
25	Total functional expenses. Add lines 1 through 24f	148,118	614	98,260	38,764
26	Joint costs. Check here ▶ If following SOP 98-2	110,110	V. T	70,200	20,707
20	(ASC 958-720) Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			1	
	Educational campaign and futful alsing solicitation	1	1	L	

Part X **Balance Sheet** (A) (B) Beginning of year End of year 25 1 25 Cash -- non-interest bearing 2 Savings and temporary cash investments 316,739 2 332,350 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations A S S E 6 of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 7 Inventories for sale or use 8,030 4,376 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c **b** Less accumulated depreciation 11 Investments -- publicly traded securities 11 12 Investments -- other securities See Part IV, line 11 12 13 Investments -- program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 324,794 336,751 17 Accounts payable and accrued expenses 12,619 17 3,994 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities B 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties E 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 12,619 26 Total liabilities. Add lines 17 through 25 26 3,994 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. N E T F U N D 27 Unrestricted net assets 328,489 353,502 28 Temporarily restricted net assets 28 29 Permanently restricted net assets . . . 29 ASSETS BALAN Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 O E 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 Total net assets or fund balances . 328,489 33 353,502 34 34 Total liabilities and net assets/fund balances 341,108 357,496

orm	m 990 (2010)				Pag	e 12
	Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>				
`			ł			
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		162,		
2		2		148,		
3		. 3	<u> </u>	<del></del>	017	
4	, , , , , , , , , , , , , , , , , , ,	4		328,	489	
5	· · · · · · · · · · · · · · · · · · ·	5				
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6		353,	502	
Pai	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					للل
					Yes	No
1	· · · · · · · · · · · · · · · · · · ·					
	If the organization changed its method of accounting from a prior year or checked "Other," explai	n				
	ın Schedule O					ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant	17	•	2a	X	<u> </u>
ь	- ···· • • • · · · · · · · · · · · · · ·	•		2b	Χ	<u> </u>
С	c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for	oversight of the		1		
	audit, review, or compilation of its financial statements and selection of an independent accountai			2c		X
	If the organization changed either its oversight process or selection process during the tax year, e	explain in				
	Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar were issued o	n			
	a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
За	Ba As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in				
	the Single Audit Act and OMB Circular A-133?			3a	<u> </u>	X
b	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo suc	ch audits	<u> N/A</u>	3 <b>b</b>		
JVA	A 10 99012 99011 TWF 41349 Copyright Forms (Software Only) - 2010 TW			Form	990	(2010)

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

HEART & SEOUL GOSPEL MINISTRY

**Employer identification number** 

HEA	\R'	r & seou	L GOSPEL MI	NISTRY				8	6-098	9989			
Pa	rt I	Reason	for Public Chari	ty Status (All organi	ızatıons mı	ust comple	ete this pai	t) See ins	tructions				
The o	orga	ınızatıon ıs not a	private foundation be	cause it is (For lines 1	through 1	1, check of	only one b	ox)					
1	X			association of churche		ed in sect	ion 170(b)	(1)(A)(I).					
2	Ц		• •	(1)(A)(II). (Attach Sche									
3	Ц	•	•	ervice organization des									
4			arch organization oper	ated in conjunction wil	th a hospit	al describe	ed in <b>sect</b> i	on 170(b)	(1)(A)(iii).	Enter the	hospiti	al's nai	me,
_		city, and state							-4-14 -1				
5	Ш		i operated for the bene i. (Complete Part II )	efit of a college or univ	ersity own	ea or oper	rated by a	governme	ntai unit d	escribea ir	Secu	on	
6	П	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		An organization	that normally receives	s a substantial part of r					om the ge	neral publi	c desc	ribed	ın
8	П	section 170(b)(1)(A)(vI). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vI). (Complete Part II )											
9	Н	•		s (1) more than 33 1/3			m contribu	tions, men	nbership f	ees, and g	ross		
	_	receipts from a	ctivities related to its ex	empt functionssubj	ect to certa	aın excepti	ions, and (	2) no more	e than 33	1/3 % of its	S		
				e and unrelated busine		•		•	from busi	nesses			
	_	acquired by the	e organization after Jur	ne 30, 1975 See <b>sectio</b>	on 509(a)(	<b>2).</b> (Comp	lete Part III	)					
10	Ц	An organization	organized and opera	ted exclusively to test f	or public s	afety See	section 5	509(a)(4).					
11		•		ted exclusively for the		•			•				
		•	• • •	ported organizations of							n		
		,		es the type of support			•	mies i ie i			L		
_		a Type I	<b>b</b> ∐ Type			•	integrated		$\Box$	Type III-Ot	ner		
е	Ц			organization is not co		-					on		
		509(a)(1) or sec	-	gers and other than on	c or more	publicly 30	apported o	garnzano	no accord		011		
f			. , . ,	determination from the	IRS that it	is a Tyne	I Type II (	or Tyne III	sunnortin	a			
•		organization, cl		acternimation nom the	into that it	. is a type	i, Type ii v	or type iii	oupporting	э ,			Г
g		_		ization accepted any g	gift or conti	ribution fro	m any of t	he					_
_		following perso	ns?										
			•	y controls, either alone	_	-	sons desc	ribed in (ii)	)			Yes	No
				dy of the supported org	ganization?	?					1g(i)		X
			ember of a person des	**							1g(ii)		X
		• •		on described in (i) or (ii	•	•		•		. [1	1g(iii)		X
<u>h</u>		Provide the foll	owing information abo	ut the supported orgai	nization(s) T		T						
<b>(I)</b> N	lam	e of supported	(ii) EIN	(III) Type of organization	(IV) Is the	organization	(V) Did yo	u notify the	(vi) i		(vII)	Amour	nt of
.,	org	ganization	, ,	(described on lines 1-9			organizatio	n in cot <b>(l)</b>	organizatio	ed in the	s	upport	
				above or IRC section (see instructions))	governing	document?	of your s	support?	1	S ?			
				(000	Yes	No	Yes	No	Yes	No			
										j			
							1						
										}			
						1					}		
							<del> </del>						
Tota	ai												

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

# Form **4562**

# **Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

2010

Department of the Treasury

Attachment

Internal Revenue Service (99)	See separate ir	nstructions.		► Attac	to you	ur tax return.			Sequence No 67
	RT & SEOUL GOSPEL MINISTRY FOR FORM 990						Identifying number 86-0989989		
Part I Election To Expended Note: If you have any I	n <b>se Certain F</b> isted property, co	Property Und Implete Part V b	der Se efore yo	<b>ction</b> u comp	<b>179</b> lete Part	:1			
1 Maximum amount (see instruction	ons)							1	
2 Total cost of section 179 property placed in service (see instructions)  2									
3 Threshold cost of section 179 pr	3								
4 Reduction in limitation Subtract					,			4	
5 Dollar limitation for tax year Sub					If married	d filing separat	telv.		
see instructions .			,			gp	,	5	500,000
6 (a) Description	of property		(b) Cos	t (busn	use onl	v) (c) Fled	ted cost		3007000
(2) 2000, p.10.	отрионо,		(-)	. (		,, (0, 2.00			
·		-							
7 Listed property Enter the amount	nt from line 29				7			-	
8 Total elected cost of section 179		mounts in colum	ın (c) line	es 6 an		_!		8	
9 Tentative deduction Enter the si			(0),	00 <b>0 u</b> m	<b>u</b> ,			9	
10 Carryover of disallowed deduction			n 4562		•	•		10	
11 Business income limitation Ente		•		۰۰ than عو	ero) or lu	ne 5 (see instri	uctions)	11	500,000
12 Section 179 expense deduction						(000		12	300,000
13 Carryover of disallowed deduction					<b>▶</b> 13	.			
Note: Do not use Part II or Part III b	-				- 10	<u> </u>			I
Part II Special Deprecia					OR (Do	not include lis	ted prop	erty )	(See instructions )
14 Special depreciation allowance							tou prop	J. 1,	(000 111011100110 )
during the tax year (see instructi		city (other than	noted pro	operty)	piacea ii	T GOT VICE		14	
15 Property subject to section 168(			•	•	•			15	
16 Other depreciation (including AC					•	•		16	
Part III MACRS Deprecia		clude listed prop	ortu ) (S	oo inetr	uctions )	<u> </u>		10	
Part III MACHS Deprecia	tion (bonot no	cidde listed prop	Section		ucilons )	<b>)</b>			<del></del>
17 MACRS deductions for assets p	laced in service i	n tay yeare heau			10			17	10,480
18 If you are electing to group any			_			· NOTE	•	-17	10,100
general asset accounts, check h		service during ti	ic tax yo	ai iiilo c	/IIC 01 111	lore .	⊾П		
	Assets Placed In	Service During	2010 T	av Vear	lisina t	he General D	enreciat	lon S	vstem
Occion D 7	(b) Month and	(c) Basis for o				Ι	r <del></del>		1
(a) Classification of property	year placed in service	(business/investmonly see instru	nent use		covery riod	(e) Convention	(f) Met	noa	(g) Depreciation deduction
19a 3-year property									
<b>b</b> 5-year property	1								
c 7-year property	1			-					
d 10-year property	1							•	
e 15-year property	1								
f 20-year property	1								
g 25-year property	1			25	yrs		S/I	_	
h Residential rental		•		27 5	5 yrs	MM	S/I		
property				27 5	5 yrs	ММ	S/I	_	
Nonresidential real				39	yrs	ММ	S/I		
property					•	ММ	S/I	_	
	sets Placed in S	Service During	2010 Tax	x Year l	Jsing th	<u> </u>	<del></del>		System
20a Class life							S/I		T
<b>b</b> 12-year	12 yrs S/L								
<b>c</b> 40-year	<u> </u>				yrs	ММ	S/I		
Part IV Summary (See inst	ructions )			.,,	<i>y</i> · =	1			<u> </u>
21 Listed property Enter amount fr								21	
22 Total. Add amounts from line 1:		h 17. lines 19 ar	nd 20 in 6	column	(g), and	line 21 Enter	here	<del></del> -	
and on the appropriate lines of								22	10,480
23 For assets shown above and pl				Γ					
enter the portion of the basis att	ributable to section	on 263A costs			23				

## 990 BOOKS ARE IN CARE OF

Attachment	<u>1:</u>	Form 990	Page	6, F	Part	VI,	Section	С,	Line 20		
Open to Public		-									
Inspection											
Name of Organization										Identification Number	
HEART & SE	OUL	GOSPEL M	INISTR	Y					86-09	89989	
Part VI - Line 20											
Individual Name		•									
or											
Business Name											
					•						
Street Address											
U S Address											
Zıp code			City _						State		
or											
Foreign Address											
City			<del></del>				·····				
Province or	State					<del></del>					
Country										<u></u>	
Postal code											
Phone Num	ber										
						•					
Fax Number	r										

## **2010 DETAIL STATEMENTS**

HEART & SEOUL GOSPEL MINISTRY

86-0989989	Page 1
. STATEMENT #1 - Professional fundraising (990 EO PG 10 Line 11e)	
10TH ANNIVERSARY EVENT. 6,745 PRAISE TEAM. 1,269 SEAWED RESALE. 540 THE MASTERS COLLEGE. 3,000 VOLUNTEER RETREAT. 1,870 BULK MAIL POSTAGE. 25,340	
TOTAL CARRIED TO 990 EO PG 10 Line 11e	38,764
STATEMENT #2 - Office expenses (990 EO PG 10 Line 13)  BANK SERVICE CHARGES	48,217
STATEMENT #3 - Information technology (990 EO PG 10 Line 14)  AIRTIME AND CD DIRECT COSTS	
TOTAL CARRIED TO 990 EO PG 10 Line 14	46,924

### Form **8868**

(Rev January 2011)

Application for Extension of Time To File an **Exempt Organization Return** Department of the Treasury

► File a separate application for each return.

OMB No 1545-1709

Internal Revenue Service • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part if unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers

Associated electronic fi	With Certain Personal Benefit Contracts, which must ling of this form, visit www irs gov/efile and click on e-	be sent to th -file for Char	e IRS in paper format (see instru rities & Nonprofits	ctions	s) For more detail	s on the					
Part I	Automatic 3-Month Extension of Time.	Only submit	original (no copies needed)		-						
 A corporation Part I only	on required to file Form 990-T and requesting an auto	matic 6-mo	nth extension check this box	and co	omplete	<b>•</b> []					
All other co tax returns	rporations (including 1120-C filers), partnerships, REN	MICs, and tre	usts must use Form 7004 to requ	est ar	n extension of time	to file income					
Туре от	Name of exempt organization		Employer Identification numb								
print	HEART & SEOUL GOSPEL MINISTRY 86-0989989										
File by the	Number, street, and room or suite no. If a P O box,	see instruct	ions								
due date for filing your	PO BOX 5459										
return See	City, town or post office, state, and ZIP code For a foreign address, see instructions										
instructions	GLENDALE AZ 85312-5459	GLENDALE AZ 85312-5459									
Enter the R	eturn code for the return that this application is for (file	e a separate	application for each return)			01					
Application	1	Return	Application			Return					
Is For		Code	Is For			Code					
Form 990		01	Form 990-T (corporation)	Form 990-T (corporation)							
Form 990-l	BL	02	Form 1041-A	Form 1041-A							
Form 990-l	EZ	03	Form 4720	09							
Form 990-I	PF	04	Form 5227	10							
Form 990-	T (sec 401(a) or 408(a) trust)	05	Form 6069		11						
Form 990-	T (trust other than above)	06	Form 8870		12						
Telephi  If the o  If this is for the who a list with the until I reque until I or the I	one No programment one No programment one No programment one No programment one No programment one No programment one of the standard one of the names and EINs of all members the extension is found one of the names of the name of the	ess in the Unit Group Exelection If it is for prequired to fination return  or, and	mption Number (GEN) part of the group, check this box file Form 990-T) extension of time	e ve Th	20	. If this is and attach					
3a If this a	application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, ent	er the tentative tax,								
less an	y nonrefundable credits. See instructions	3a	\$	0							
<b>b</b> If this a	application is for Form 990-PF, 990-T, 4720, or 6069,			_							
estimat	ted tax payments made Include any prior year overpa	3b	\$	0							
c Balanc	e due. Subtract line 3b from line 3a Include your pay	ment with th	nis form, if required, by using								
	(Electronic Federal Tax Payment System) See instruc			3c	\$	0					
Caution. If	f you are going to make an electronic fund withdrawal	with this Fo	rm 8868, see Form 8453-EO and	l Form	1 8879-EO						
for paymer	nt instructions										