OMB No 1545-1150

990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

2017

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•	Do not enter socia	l security number	s on this form as ıt	may b	e made public	1/(/
	► Information abo	ut Form 990-FZ a	nd its instructions	ıs at w	ww.irs aov/fo	rm990.

Open to Public Inspection

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Number sharings Number sh		heck if applicable C Name of organization			- ' '					
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Post	∐и	ame change Number and street (or P O box if mail is not delivered to street address) Room/suite			E Telephone num	iber				
Manameted resum City or treem, state or previous, country, and 27 are treeps possal code For previous previous For pr	∐ ir	ııtıal returr	า							
Application perhang RARDIN, KY 42048-0019	F	ınal return	n/terminated							
Q Accounting Method	□ A	mended r	eturn	City or town, state or province, country, and ZIP or toreign postal code	F Group Exempting	on				
Webste: NATM. GOSPELLIPE, ORG Soriolity Soriolit		pplication	pending							
Tax-exempt status (check only one) -	G A	ccount	ng Method	X Cash	H Check ► 🛛 if the	e organization is not				
K Form of organization Copporation Trust Association Other	ΙV	Vebsite	: ► <u>www.</u>	GOSPELLIFE.ORG	required to attach S	chedule B				
Add lines 5b, 6c and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets \$69,289	JT	ax-exe	mpt status (check only one) - X 501(c)(3)	(Form 990, 990-EZ,	or 990-PF)				
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I	KF	orm of	organization							
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I	L A	dd lines	s 5b, 6c and 7	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al assets					
Check if the organization used Schedule Q to respond to any question in this Part I	(Par	t II, colu								
Check if the organization used Schedule Q to respond to any question in this Part I	Pa	rt I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see t	he instructions for F	Part I)				
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions food \$ of the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 7 of the sum of such gross sales of inventory, less returns and allowances 7 of the sum of such gross sales of inventory, less returns and allowances 7 of the sum of such gross sales of inventory, less returns and allowances 7 of the sum of such gross sales of inventory (Subtract line 7b from line 7a) 7 of the sum of such gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 of the sum of such gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 of the sum of such gross profit or for members 9 of the sum of such gross profit or for members 9 of the sum of such gross profit or for members 9 of the sum of such gross profit or for members 1 of the gross profit or for members 1										
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	For	Paperv	vork Reducti	on Act Notice, see the separate instructions.		Form 990-EZ (2017)				

For	n 990-EZ (2017) GOSPEL LIFE GLOBAL MISS	TONS			81-4	4991	129 Page 2
_	art II Balance Sheets (see the instructions for Part II)						
نا	Check if the organization used Schedule O to res	nond to any question	n in this Par	tli .			
_	Check if the organization used Schedule O to les	porta to arry question	Till tills Fal		ginning of year	i i i	(B) End of year
22	Cook sawmen and investments			(A) DC	31,660	22	24,520
	Cash, savings, and investments		• • • • • •		31,000	23	. 0
	Land and buildings		• • • • • •			24	0
	Other assets (describe in Schedule O)		• • • • • •			25	
	Total assets		• • • • • •		31,660	26	24,520
	Total liabilities (describe in Schedule O)		• • • • • •		-	27	0
	Net assets or fund balances (line 27 of column (B) must agree		• • • • • • • • • • • • • • • • • • •	- JUN	31,660	21	24,520
P	art III Statement of Program Service Accomplishme						Expenses
	Check if the organization used Schedule O to re-			irt III	<u> </u>	(Req	uired for section
Wh	at is the organization's primary exempt purpose? SENDING DI	SCIPLES TO GLOR	IFY GOD			5016	c)(3) and 501(c)(4)
as	scribe the organization's program service accomplishments for eac measured by expenses. In a clear and concise manner, describe th sons benefited, and other relevant information for each program title	e services provided, the	ogram service e number of	es,			nizations, optional for
28	SENDING DISCIPLES TO GLORIFY GOD				_		
					<u>-</u>		
	(Grants \$) If this amount in	cludes foreign grants, cl	neck here		▶ 🗍	28a	0
29							
	(Grants \$) If this amount in	cludes foreign grants, cl	heck here		▶ □	29a	
30							
•							
					_		
	(Grants \$) If this amount in	cludes foreign grants, cl	heck here		▶ □	30a	
31	Other program services (describe in Schedule O)					<u> </u>	
٠.		cludes foreign grants, cl			▶ □	31a	
32	Total program service expenses (add lines 28a through 31a)					32	0
	art IV List of Officers, Directors, Trustees, and Key Empl				ed - see the inst	ruction	ns for Part IV)
<u>. </u>	Check if the organization used Schedule O to respond						
_	Oncorn the organization about the second		(c) Reporta	ble	(d) Health benefits		
	(a) Name and title	(b) Average hours per week	compensat		contributions to emp		(e) Estimated amount of
	(a) Name and the	devoted to position	(Forms W-2/10		benefit plans, and		other compensation
	CHILD HUMOURNS	 	(if not paid, e	enter -u-)	deferred compensa	HON	
-	SHUA HUTCHENS	0.00		,		٦	0
OF	FICER	0.00				7	<u>_</u>
			 				
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Form 990-EZ (2017)

Page 3

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
_	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	• • •	· · ·	<u>. L.</u>
	,		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	22		v
	detailed description of each activity in Schedule O	33	-	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		Х
	change on Schedule O (see instructions)	34	-	_^
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	┢──	Λ
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	335		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	550		
30	duning the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	<u> </u>		-
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
-	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	,	١.	
	section 4911 ▶, section 4912 ▶, section 4955 ▶		,	1
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u> </u>	X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	Ι΄.	, ,	.
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line	:		
	40c reimbursed by the organization		. .	-,
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		X
4.4	transaction? If "Yes," complete Form 8886-T	400		
41	List the states with which a copy of this return is filed The organization's books are in care of JOSHUA HUTCHENS Telephone no 502-4	94 1	400	
42 a		74-1	405	
h	Located at ► 28 BREWERS HWY, HARDIN, KY At any time during the calendar year, did the organization have an interest in or a signature or other authority over	Т	Yes	No
U	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country	_		_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			└
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a	-	X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b	\vdash	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	-	 ^ -
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
AC -	explanation in Schedule O	440 45a	\vdash	Х
	Did the organization have a controlled entity within the meaning of section 312(b)(13)?	734	 	 **
U	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			, .,
	Form 990-EZ (see instructions)	45b		X

Form 9	990-EZ (2017) GOSPEL LIFE GLOI	BAL MISSIONS		83	1-4499129	F	age 4
	•					Yes	No
46	Did the organization engage, directly or indirectly, in		ties on behalf of or in opp	position			اــــــا
D	to candidates for public office? If "Yes," complete S		<u> </u>	· · · · · · · · · · · · · · · · · · ·	46	<u> </u>	<u> </u>
Par	All section 501(c)(3) organizations of All section 501(c)(3) organizations		one 47 - 49h and 59	and complete t	he tables for	lines	
	50 and 51.	musi answei questi	0115 47 - 430 and 52	z, and complete t	ne tables for	111163	
	Check if the organization used Sch	edule O to respond	to any question in t	his Part VI			.П
	Onote in the original and the original a		<u>,,,</u>			Yes	No
47	Did the organization engage in lobbying activities o	r have a section 501(h) e	lection in effect during the	e tax			
	year? If "Yes," complete Schedule C, Part II				47		<u> </u>
48	Is the organization a school as described in section	170(b)(1)(A)(II)? If "Yes,	" complete Schedule E		48		Х
49 a	Did the organization make any transfers to an exen	npt non-charitable related	organization?		49a		L
b	If "Yes," was the related organization a section 527						
50	Complete this table for the organization's five highes				Э у		
	employees) who each received more than \$100,000	O of compensation from the	e organization If there is				
		(b) Average	(c) Reportable	(d) Health benefits, contributions to employe	e (e) Estimate	d amou	nt of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferre compensation	ed other cor	mpensat	lion
		devoted to position	(1 011113 47-271033 141100)		_		
NON	F.						
					1		
					1		
f	Total number of other employees paid over \$100,00						
51	Complete this table for the organization's five highes			received more than			
	\$100,000 of compensation from the organization If	there is none, enter "Non	e "				
	(a) Name and business address of each independent contra	etor	(b) Type of service	•	(c) Compensatio	n	
NON	E						
							
		_					
	Table of the state						
	Total number of other independent contractors each						
52	Did the organization complete Schedule A? Note:	, , .			. ► 🏻 Yes	П	No
Linda	completed Schedule A						140
	correct, and complete Declare that Thave examined this rec				owicage and being	,	
uoe,	JOSHUA HUTCHENS Owhu		and of the property of the pro	11/26/201	8		
Sig		- (/ 		Date			
Her	1 .						
	Type or print name and title	1					
	Print/Type preparer's name	Preparer s/signature	Date	Check	if PTIN		
Pai	d ALAN NEWCOMB	11/10/11/2	11-26-20	18 self-employe	ed P000985	507_	
Pre	parer Firm's name > BILLS TAX SERVI	CE OF CENTRALIA		Firm's EIN ▶ 2	7-05290	29	
Use	Only Firm's address ➤ 501 W BROADWAY					/	
	Centralia IL 62	801		Phone no 6	18-532-7223		
May	the IBS discuss this return with the preparer shown a	above? See instructions			. ▶ 🏻 Yes	П	No

Form 990-EZ (2017)

SCHEDULE A

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.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name	Name of the organization Employer identification number							
GOS	GOSPEL LIFE GLOBAL MISSIONS 81-4499129						29	
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The	he organization is not a private foundation because it is (For lines 1 through 12, check only one box)							
1	X	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)	(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ))		()
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						
		hospital's name, city, and state						
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						
		section 170(b)(1)(A)(ıv). (Complete Part II)						
6		A federal, state, or local government	ocal government or governmental unit described in section 170(b)(1)(A)(v).					
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public						
		described in section 170(b)(1)(A)(vi). (Complete Part II)						
8		A community trust described in section	on 170(b)(1)(A)(vi). (Complete Part II)				
9		An agricultural research organization	described in secti	on 170(b)(1)(A)(ix) ope	rated in co	njunction w	rith a land-grant coll	ege
		or university or a non-land-grant colle-	ge of agriculture (s	ee instructions) Enter the	e name, cit	y, and state	of the college or	
		university						
10		An organization that normally receives						SS
		receipts from activities related to its ex	xempt functions - s	ubject to certain excepti	ons, and (2) no more t	han 33 1/3% of its	
		support from gross investment income	and unrelated bus	siness taxable income (le	ess section	1511 tax) fro	om businesses	
		acquired by the organization after Jui						
11		An organization organized and opera						
12		An organization organized and operat						
		of one or more publicly supported org						
		Check the box in lines 12a through 12						
	а	Type I. A supporting organization						ving
		the supported organization(s) the	power to regularly	appoint or elect a major	rity of the d	irectors or t	trustees of the	
		supporting organization You mu	•					
	b	Type II. A supporting organizatio						
		control or management of the sup			rsons that o	control or m	anage the supporte	a
		organization(s) You must comp						
	С	Type III functionally integrated						with,
		its supported organization(s) (see						
	d	Type III non-functionally integr						
		that is not functionally integrated					and an attentivenes	5
		requirement (see instructions) Yes					was II. Twas III	
	е					a Type I, I	ype II, Type III	
		functionally integrated, or Type III						[
	'	Enter the number of supported organic Provide the following information about			• • • • •		• • • • • • • •	
	<u>g</u>	Name of supported organization	(ii) EIN	(III) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	v	, realine or supported organization	(11)	(described on lines 1-10	listed in you	- 1	support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
(A)								
(B)						_		
(C)								
(C)								
(D)								
					 			
(E)								
=		<u> </u>						

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2017

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

Employer identification number

GOSPEL LIFE GLOBAL MISSIONS 81-4499129 01. Description of other expenses (Part I, line 16) AMOUNT DESCRIPTION ACCOUNTING FEES 215 15 GOVT FEES ADV AND PROMO 545 108 INFO TECH 30,351 TRAVEL MISSION SUPPLIES 25,411 521 BANK FEES