

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section A-M including organization name (GOSPELINK, INC.), address (P.O. BOX 211388, ROYAL PALM BEACH, FL), and financial details.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

SCANNED AUG 25 2008

Main table with 21 rows detailing revenue (lines 1-12), expenses (lines 13-17), and net assets (lines 18-21). Includes a 'RECEIVED' stamp from OGDEN, UT dated AUG 12 2008.

Handwritten numbers: 617 and 18

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

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 \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a	0	0		
22 b Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	0	0		
23 Specific assistance to individuals (attach schedule)	23	0	0		
24 Benefits paid to or for members (attach schedule)	24	0	0		
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	128,734	56,251	58,585	13,898
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0	0	0	0
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	193,795	94,608	83,389	15,798
27 Pension plan contributions not included on lines 25a, b, and c	27	0			
28 Employee benefits not included on lines 25a - 27	28	4,002	1,959	1,801	242
29 Payroll taxes	29	11,207	5,043	5,604	560
30 Professional fundraising fees	30	0			
31 Accounting fees	31	2,800		2,800	
32 Legal fees	32	0			
33 Supplies	33	24,862	16,276	4,292	4,294
34 Telephone	34	7,343	2,937	1,469	2,937
35 Postage and shipping	35	32,894	17,645	1,525	13,724
36 Occupancy	36	26,950	13,475	8,085	5,390
37 Equipment rental and maintenance	37	0			
38 Printing and publications	38	3,105	1,553	155	1,397
39 Travel	39	1,660	415	1,245	
40 Conferences, conventions, and meetings	40	0			
41 Interest	41	0			
42 Depreciation, depletion, etc. (attach schedule)	42	7,027	3,514	2,108	1,405
43 Other expenses not covered above (itemize):					
a See attached statement	43a	2,406,668	2,285,929	59,022	61,717
b -----	43b	0	0	0	0
c -----	43c	0	0	0	0
d -----	43d	0	0	0	0
e -----	43e	0	0	0	0
f -----	43f	0	0	0	0
g -----	43g	0	0	0	0
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	2,851,047	2,499,605	230,080	121,362

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 16,500, (ii) the amount allocated to Program services \$ 8,250,
 (iii) the amount allocated to Management and general \$ 825, and (iv) the amount allocated to Fundraising \$ 7,425

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.

What is the organization's primary exempt purpose? ► <u>FUNDING NATIONAL MISSIONARIES WORLDWIDE</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a GOSPELINK FUNCTIONS AS AN INTERMEDIARY TO LOCATE AND ASSIST NATIONAL MISSIONARIES PRIMARILY THROUGH FINANCIAL SPONSORSHIPS. AT 12/31/07 THERE WERE 1,023 PREACHERS BEING SPONSORED IN 9 COUNTRIES THROUGHOUT THE WORLD. (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,638,343
b GOSPELINK PROVIDES SHORT TERM MISSION TRIPS FOR INDIVIDUALS TO WORK WITH THE NATIONAL MISSIONARIES AND ASSIST WITH VARIOUS MINISTRY OPPORTUNITIES. 147 INDIVIDUALS PARTICIPATED WITH THE TRIPS IN 2007. (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	378,805
c GOSPELINK ASSISTS THE NATIONAL MISSIONARIES THROUGH VARIOUS TRAINING PROGRAMS. ONE OF THESE PROGRAMS IS A BIBLE COLLEGE IN ZAMBIA WHICH IS TO HELP TRAIN THE NATIONALS. THE PROGRAM IS STILL UNDER DEVELOPMENT. (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	235,951
d GOSPELINK ENDEAVORS TO HELP THE NATIONAL MISSIONARIES WITH MANY SPIRITUAL AND PHYSICAL NEEDS. ONE WAY TO PROVIDE FOR SOME OF THESE PRACTICAL NEEDS IS TO HELP THEM OBTAIN BIBLES, CHURCH ROOFS, ETC AS WELL AS HELPING THEM RAISE THEIR OWN CROPS. GOSPELINK IS WORKING ON A PROJECT IN MALAWI SPECIFICALLY FOCUSED UPON MEETING THESE PRACTICAL NEEDS. (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	246,506
e Other program services (attach schedule) (Grants and allocations \$ <u>0</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	0
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	2,499,605

Part IV Balance Sheets (See the instructions.)

				(A)		(B)
				Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
Assets	45	Cash—non-interest-bearing		3,030	45	5,487
	46	Savings and temporary cash investments		761,003	46	709,102
	47 a	Accounts receivable	47a	0		
	b	Less: allowance for doubtful accounts	47b	0	47c	0
	48 a	Pledges receivable	48a	0		
	b	Less: allowance for doubtful accounts	48b	0	48c	0
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a	0
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51 a	Other notes and loans receivable (attach schedule)				
	b	Less: allowance for doubtful accounts	51b	0	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54 a	Investments—publicly-traded securities.	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b	Investments—other securities (attach schedule).	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55 a	Investments—land, buildings, and equipment: basis	55a	0		
	b	Less: accumulated depreciation (attach schedule)	55b	0	55c	0
	56	Investments—other (attach schedule)		0	56	0
	57 a	Land, buildings, and equipment: basis	57a	51,268		
b	Less: accumulated depreciation (attach schedule)	57b	25,677	57c	25,591	
58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/> DEPOSITS)		1,950	58	1,950	
59	Total assets (must equal line 74). Add lines 45 through 58		796,511	59	742,130	
Liabilities	60	Accounts payable and accrued expenses		315	60	17
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		0	64b	0
	65	Other liabilities (describe <input type="checkbox"/>)		0	65	0
66	Total liabilities. Add lines 60 through 65		315	66	17	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		205,013	67	161,440
	68	Temporarily restricted		591,183	68	580,673
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		796,196	73	742,113	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.		796,511	74	742,130	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.) N/A

a Total revenue, gains, and other support per audited financial statements		a	
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify):	b4	0	
Add lines b1 through b4		b	0
c Subtract line b from line a		c	0
d Amounts included on Part I, line 12, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2	0	
Add lines d1 and d2		d	0
e Total revenue (Part I, line 12). Add lines c and d		e	0

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

a Total expenses and losses per audited financial statements		a	
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify):	b4	0	
Add lines b1 through b4		b	0
c Subtract line b from line a		c	0
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2	0	
Add lines d1 and d2		d	0
e Total expenses (Part I, line 17). Add lines c and d		e	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name LEWIS NELMS Str 220 ROYAL PALM BE City ROYAL PALM BE/ ST FL ZIP 33411	Title PRESIDENT Hr/WK 40	70,706	3,920	0
Name DAVID BERTH Str 220 ROYAL PALM BE City ROYAL PALM BE/ ST FL ZIP 33411	Title DIR OF OPERA Hr/WK 40	52,545	1,563	0
Name AL HAYWOOD Str 220 ROYAL PALM BE City ROYAL PALM BE/ ST FL ZIP 33411	Title TREASURER Hr/WK 2	0	0	0
Name JACK WEIGHT Str 220 ROYAL PALM BE City ROYAL PALM BE/ ST FL ZIP 33411	Title SECRETARY Hr/WK 2	0	0	0
Name JOHN BEILER Str 220 ROYAL PALM BE City ROYAL PALM BE/ ST FL ZIP 33411	Title DIRECTOR Hr/WK 2	0	0	0
Name ROB JONES Str 220 ROYAL PALM BE City ROYAL PALM BE/ ST FL ZIP 33411	Title DIRECTOR Hr/WK 2	0	0	0
Name JEFF DODGE Str 220 ROYAL PALM BE City ROYAL PALM BE/ ST FL ZIP 33411	Title DIRECTOR Hr/WK 2	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 4 columns: Question, Yes, No. Rows include: 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings (5); 75 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? (75b, X); 75 c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? (75c, X); 75 d Does the organization have a written conflict of interest policy? (75d, X).

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)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Multiple rows for listing former officers/directors/trustees.

Part VI Other Information (See the instructions.)

Table with 4 columns: Question, Yes, No. Rows include: 76 Did the organization make a change in its activities or methods of conducting activities? (76, X); 77 Were any changes made in the organizing or governing documents but not reported to the IRS? (77, X); 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? (78a, X); 78 b If "Yes," has it filed a tax return on Form 990-T for this year? (78b, N/A); 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (79, X); 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (80a, X); 80 b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt; 81 a Enter direct and indirect political expenditures. (81a); 81 b Did the organization file Form 1120-POL for this year? (81b, X).

Part VI Other Information (continued)

Table with columns for question ID, question text, and Yes/No columns. Includes questions 82a through 91b regarding organizational activities, financials, and foreign accounts.

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No X

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No X

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No X

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a					
b					
c					
Totals						0

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a					
b					
c					
Totals						0

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: Lewis C. Nelson Date: July 7, 2008

Type or print name and title: Lewis C. Nelson, President

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2007

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

GOSPELINK, INC.

Employer identification number

58-2390166

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
WILLIE HUNTER, 220 ROYAL PALM BEACH BL ROYAL PALM BEACH, FL 33411	REPRESENTATIVE	67,890		
Total number of other employees paid over \$50,000 ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DEAN KERSHNER, 783 COMPTON RD SILVER CREEK, GA 30173	REPRESENTATIVE	57,665
LOU MANCARI, 3013 CARDINAL PLACE LYNCHBURG, VA 24503	REPRESENTATIVE	52,423
ALLEN SCROGGS, 412 LITTLE RIVER RD CANTON, GA 30114	REPRESENTATIVE	54,000
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services ▶		0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

(HTA)

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
<p>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.)</p> <p>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.</p>	1	X
<p>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.)</p>		
<p>a. Sale, exchange, or leasing of property?</p>	2a	X
<p>b. Lending of money or other extension of credit?</p>	2b	X
<p>c. Furnishing of goods, services, or facilities?</p>	2c	X
<p>d. Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, 990</p>	2d	X
<p>e. Transfer of any part of its income or assets?</p>	2e	X
<p>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.)</p>	3a	X
<p>b. Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	X
<p>c. 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.</p>	3c	X
<p>d. Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d	X
<p>4 a. Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.</p>	4a	X
<p>b. Did the organization make any taxable distributions under section 4966?</p>	4b	X
<p>c. Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c	X
<p>d. Enter the total number of donor advised funds owned at the end of the tax year ►</p>	N/A	
<p>e. Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►</p>	N/A	
<p>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. ►</p>	N/A	
<p>g. Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. ►</p>	N/A	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction 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 benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)
- 11 b A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
					0
					0
					0
					0
					0
					0
Total					0

- 14 An organization organized and operated to test for public safety Section 509(a)(4). (See page 8 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	2,471,992	2,120,508	1,531,365	1,053,204	7,177,069
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 organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	20,933	8,682	3,791	2,704	36,110
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's 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					0
23 Total of lines 15 through 22	2,492,925	2,129,190	1,535,156	1,055,908	7,213,179
24 Line 23 minus line 17	2,492,925	2,129,190	1,535,156	1,055,908	7,213,179
25 Enter 1% of line 23	24,929	21,292	15,352	10,559	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 144,264
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 345,872
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 7,213,179
d Add. Amounts from column (e) for lines	18 36,110	19			
	22	26b	345,872		26d 381,982
e Public support (line 26c minus line 26d total)					26e 6,831,197
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 94.70%
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:				
	(2006)	(2005)	(2004)	(2003)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2006)	(2005)	(2004)	(2003)	
c Add: Amounts from column (e) for lines.	15	16			27c 0
	17	20	21		27d 0
d Add: Line 27a total and line 27b total					27e 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part 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)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 29 through 35 regarding racial nondiscrimination policies, financial aid, and organizational compliance.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	0	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	0	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	0	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part II, Line 42 (990) - Depreciation, Depletion, etc.

		7,027	3,514	2,108	1,405
Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	EQUIPMENT	6,976	3,488	2,093	1,395
2	IMPROVEMENTS	51	26	15	10
3		0			
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Part II, Line 43 (990) - Other Expenses

2,406,668

2,285,929

59,022

61,717

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	MISSIONARY SUPPORT	1,289,808	1,289,808		
2	MISSION TRIP INT'L TRAVEL	263,921	263,921		
3	MISSION TRIP COSTS	114,884	114,884		
4	INT'L BIBLE COLLEGE	223,195	223,195		
5	INT'L AGRICULTURAL COSTS	246,506	246,506		
6	REPRESENTATIVE COMMISSIONS	245,673	147,368	36,851	61,454
7	MEALS AND ENTERTAINMENT	525	52	210	263
8	DUES AND SUBSCRIPTIONS	754		754	
9	CONTINUING EDUCATION	387	155	232	
10	CASUAL LABOR	20,915		20,915	
11	PROMOTION	100	40	60	
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Gospelink, Inc.
 Form 990
 ID # 58-2390166
 Year Ended 12/31/07
 Statements

Equipment and Leasehold Improvements -

<u>Category</u>	<u>Basis</u>	<u>Accumulated Depreciation</u>	12/31/2007		<u>Method</u>	<u>Life</u>	<u>Current Depreciation</u>
			<u>Book Value</u>	<u>Value</u>			
Equipment Improvements	49,224 2,044	25,401 276	23,823 1,768		Straight Line Straight Line	5 / 10 yrs 40 yrs	6,976 51
Totals Part IV, Line 57	51,268	25,677	25,591				7,027
Total Part II, Line 42							