

2007

Open to Public Inspection

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning January 1, 2007, and ending December 31, 2007

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Great Heritage Ministries, INC.
Number and street (or P.O. box, if mail is not delivered to street address): P.O. BOX 401290
Room/suite:
City or town, state or country, and ZIP + 4: REDFORD, MI 48240-1290

D Employer identification number: 38 3368400
E Telephone number: (248) 346-2955
F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [] Accrual
Other (specify)

I Website: www.greatheritage.org E-mail: greatheritage.org@juno.com

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) [X] 501(c) (3) (insert no.) [] 4947(a)(1) or [] 527

K Check [X] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 20,786

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Table with 9 columns: Line number, Description, Sub-line, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

Table with 3 columns: Line number, (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Total assets, Total liabilities, and Net assets or fund balances.

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <u>religious teaching and benevolent outreach</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>Breakfast And A Word - a monthly spiritual service at The Westin Hotel - Southfield which drew over 1450 people over 9 months serving people of all backgrounds, races, class, age and gender. A hot breakfast was served each month with an inspirational religious program. Donations were received but there was no admission charged.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	26,409
29	<u>Worship at Heartline - a weekly worship and teaching service was held at Heartline, a residential facility for women. These women fell into four categories: recently released from prison, homeless, substance abusers and those being sheltered from abusive relationships. We ministered to about 100 women over 9 months, serving communion monthly.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	100
30	<u>Meals on Wheels - In conjunction with the Detroit Area Agency on Aging, we assisted in delivering meals on wheels by car to the elderly and shut in on special holidays.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	50
31	<u>Other program services (attach schedule) . . . Attached</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	720
32	Total program service expenses. Add lines 28a through 31a	32	27,279

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of 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	(E) Expense account and other allowances
<u>Min. Sylvia Rose</u> <u>29100 Pointe O Woods, #207, Southfield, MI 48034</u>	<u>President / 30 hours</u>	<u>0</u>	<u>0</u>	<u>\$30 Weekly gas all</u>
<u>Dorothy M. Duiguid</u> <u>16600 W. Outer Drive, #203, Dearborn Hgts, MI 48127</u>	<u>Director / 0 hrs</u>	<u>0</u>	<u>0</u>	
<u>Ruth Webb</u> <u>743 Beaubien St., #302, Detroit, MI 48226</u>	<u>Director / 0 hrs</u>	<u>0</u>	<u>0</u>	
<u>Wanda Craig</u> <u>6122 W. Outer Drive, Detroit, MI 48235</u>	<u>Director / 0 hrs</u>	<u>0</u>	<u>0</u>	

Part V Other Information (Note the statement requirement in General Instruction V.)			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	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 unpaid at the start of the period covered by this return?	38a	✓	
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved . . . <u>Schedule attached</u>	38b		991.00
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a		N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0
- b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0
- d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶ 0
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

	Yes	No
40b		✓
40c		
40d		
40e		✓

- 41** List the states with which a copy of this return is filed. ▶ Michigan
- 42a** The books are in care of ▶ Sylvia Rose Telephone no. ▶ (248) 208-7073
 Located at ▶ 29100 Pointe O Woods, #207, Southfield, MI ZIP + 4 ▶ 48034-1227

- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .
- If "Yes," enter the name of the foreign country: ▶ _____
- See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .
- If "Yes," enter the name of the foreign country: ▶ _____

	Yes	No
42b		✓
42c		✓

- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

Please Sign Here

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.

Signature of officer: *Sylvia Rose* Date: 8/8/08

Type or print name and title: Sylvia Rose, Pastoral Leader

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____

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

EIN: _____ Phone no.: () _____

Return of Organization Exempt from Income Tax – 2007
Great Heritage Ministries, Inc. 38-3368400

6. Special events and activities (attach schedule).

SPECIAL EVENT: Word On The Water Cruise – a celebration of the 10th anniversary of the ministry.

Gross Receipts: \$3696.00

Less Contributions: \$636.00

Gross Revenue: \$3060.00

Less Direct Expenses: 3298.00

Net Loss: (238.00)

Part III Statement of Program Service Accomplishments

31- Other program services (attach schedule)

Communion Services for the Elderly

On numerous occasions, GHM has held communion services and special programs within the Dearborn Heights Co-Op for senior living. It is a way of touching and serving those seniors who are not able to regularly attend worship services.

Program Service Expenses \$100.00

Benevolence

On two occasions GHM gave donations to families who had suffered loss through death.

Program Service Expenses \$200.00

World Outreach through Joyce Meyer Ministries:

Monthly donations were given to Joyce Meyer Ministries to provide teaching to the poor, food for the hungry and shelter for women in the country and areas throughout the world that we could in no other way afford to reach.

Program Service Expenses \$420.00

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38. (b) Loans from officers, directors, trustees, and key employees (attach schedule)

Sylvia Rose, President and Pastoral leader

Original amount: \$991.00

Balance Due: \$991.00

Date of notes: 10/19/2007 - \$500.00
12/10/2007 - \$491.00

Repayment terms: when possible

Interest rate: 0%

Purpose of loan: to pay expenses of December event, *The Word...At Night! A Christmas Celebration of Jesus* Event was canceled