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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)

OMB No. 1545-1150

**2009**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

**Open to Public Inspection**

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

**A For 2009 calendar year, or tax year beginning** , 2009, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions.	<b>C Name of organization</b> THE COLLECTIVE HEART	<b>D Employer identification number</b> 81-0642030
		Number & street (or P.O. box, if mail is not delivered to street addr ) Room/suite PO BOX 82926	<b>E Telephone number</b> (858) 270-2050
City or town, state or country, and ZIP + 4 SAN DIEGO CA 92138		<b>F Group Exemption Number</b> . . . ▶	

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

**I Website:** ▶ WWW.THECOLLECTIVEHEART.ORG

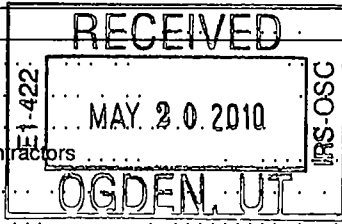
**J Tax-exempt status** (check only one) --  501(c)(3) ◀ (insert no.) 4947(a)(1) or 527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ** . . . ▶ \$ 46,560

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

<b>REVENUE</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	12,293
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	2,173
	4 Investment income . . . . .	4	6
	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less. cost or other basis and sales expenses . . . . .	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	32,088
b Less. direct expenses other than fundraising expenses . . . . .	6b	7,992	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	24,096	
7a Gross sales of inventory, less returns and allowances . . . . .	7a		
b Less. cost of goods sold . . . . .	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8 Other revenue (describe ▶ _____ )	8		
9 <b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	38,568	
<b>EXPENSES</b>	10 Grants and similar amounts paid (attach schedule) . . . . . #1	10	25,000
	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	24,571
	13 Professional fees and other payments to independent contractors . . . . .	13	2,874
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	
	15 Printing, publications, postage, and shipping . . . . .	15	145
	16 Other expenses (describe ▶ SEE ATTACHMENT #2 )	16	22,930
	17 <b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	75,520
<b>NET ASSETS</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-36,952
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	46,134
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20	
	21 <b>Net assets or fund balances at end of year</b> Combine lines 18 through 20 . . . . .	21	9,182



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	46,947	9,402
23	Land and buildings . . . . .		
24	Other assets (describe ▶ _____ )		
25	<b>Total assets</b> . . . . .	46,947	9,402
26	<b>Total liabilities</b> (describe ▶ SEE ATTACHMENT #3 )	813	220
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	46,134	9,182

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)

SCANNED JUL 14 2010

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**Part V Other Information** (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
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	X
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 outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	CA	
42a	The organization's books are in care of	SEE ATTACHMENT #7	
	Located at		
	Telephone no.		
	ZIP + 4		
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)?	42b	X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	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	43	<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(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
NONE				

**f** Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000.

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.

**Sign Here**  Loree K Oberle-Edwards | 4-14-2010  
 Signature of officer Date

LOREE OBERLE-EDWARDS CHIEF ADMIN OFFICER  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature  [Signature] Date 4/14/2010 Check if self-employed  Preparer's identifying no. (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 HRETAX GROUP INC 03926 EIN             
5252 BALBOA AVE STE 600 Phone no.             
SAN DIEGO, CA 92117 858-279-4747

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**  
**THE COLLECTIVE HEART**

**Employer identification number**  
**81-0642030**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  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.)
- 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)(iv)**. (Complete Part II.)
- 6  A federal, state, or local 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 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 exempt 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)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I
  - b  Type II
  - c  Type III-Functionally integrated
  - d  Type III-Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box \_\_\_\_\_
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

	Yes	No
<b>11g(i)</b>		<b>X</b>
<b>11g(ii)</b>		<b>X</b>
<b>11g(iii)</b>		<b>X</b>

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .			8,980	106,910	14,466	130,356
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .					32,088	32,088
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .			8,980	106,910	46,554	162,444
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.)						162,444

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .			8,980	106,910	46,554	162,444
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .					6	6
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .					6	6
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)			8,980	106,910	46,560	162,450

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3 % support tests -- 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3 % support tests -- 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if  
the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization  
**THE COLLECTIVE HEART**

Employer identification number  
**81-0642030**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ...  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		EUROPEAN WOR (event type)	BTS/BP INTEN (event type)	6 (total number)	(Add col. (a) through col. (c))	
1	Gross receipts	10,428	7,170	14,490	32,088	
2	Less: Charitable contributions					
3	Gross income (line 1 minus line 2)	10,428	7,170	14,490	32,088	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	3,409		4,583	7,992
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 7,992 )
11	Net income summary. Combine line 3, column (d), and line 10				24,096	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col. (c))
		1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary. Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	X
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	X
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	X

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility . . . . .	<b>13a</b>	%
<b>b</b> An outside facility . . . . .	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

<b>15a</b>	<b>Yes</b>	<b>No</b>
		X

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

**c** If "Yes," enter name and address of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information.

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions.

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

<b>17a</b>	<b>Yes</b>	<b>No</b>
		X

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC INSPECTION

For Calendar year 2009, or tax year period beginning

and ending

Name of Organization THE COLLECTIVE HEART		Employer Identification Number 81-0642030			
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
EDUCATION AND WELFARE	UNSTOPPABLE FOUNDATION PO BOX 877 LAGOURA HILLS CA 91376-0877	25,000			
		25,000			
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
		25,000			
Total		25,000			

**SCHEDULE OF OTHER EXPENSES**

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending
Name of Organization THE COLLECTIVE HEART	Employer Identification Number 81-0642030

Description of Other Expenses	Amount
BANK CHARGES	31
INSURANCE	2,150
INTEREST	16
INTERNET	308
LICENSES AND PERMITS	80
OFFICE SUPPLIES	91
TELECOMMUNICATIONS	239
OUTSIDE SERVICES	261
TRAVEL	49
WEB HOSTING	19,705
<b>Total</b>	<b>22,930</b>

**SCHEDULE OF OTHER LIABILITIES**

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 1, PART II, LINE 26

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending
Name of Organization THE COLLECTIVE HEART	Employer Identification Number 81-0642030

Description of Liability	Beginning of Year	End of Year
CREDIT CARD PAYABLE ROUNDING	813	219 1
Totals	813	220

**PRIMARY EXEMPT PURPOSE**

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
THE COLLECTIVE HEART	81-0642030	

Primary Purpose

THE MISSION OF THE COLLECTIVE HEART IS TO INSPIRE GLOBAL, COLLECTIVE TRANSFORMATION, UNITE HUMANITY AND PROMOTE SPIRITUAL, EMOTIONAL AND PHYSICAL WELL BEING BY SUPPORTING CHARITABLE, SPIRITUAL, EDUCATIONAL AND RESEARCH PROJECTS, USING EMOTIONAL EDUCATION, THE PRINCIPLES OF INTEGRATIVE COACHING AND OTHER BODIES OF TRANSFORMATIONAL WORK.

# PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending
Name of Organization THE COLLECTIVE HEART	Employer Identification Number 81-0642030

Part III - Statement of Program Service Accomplishments

Grants and allocations	25,000	Amount includes foreign grants	Program service expenses	25,000
Exempt Purpose Achievements				

THE COLLECTIVE HEART (TCH) PROVIDED FINANCIAL SUPPORT, THROUGH VARIOUS FUND RAISING EVENTS, IN ALIGNMENT WITH THE UNSTOPPABLE FOUNDATION. THESE MONIES WERE SPECIFICALLY USED TO BUILD A FOUR ROOM SCHOLL HOUSE, PIT LATRINES, AND TEACHER HOUSING FOR THE COMMUNITY OF KATIKUMA, UGANDA WHICH WILL ACCOMMODATE 90 CHILDREN PLUS 3 TEACHERS AND A HEAD MISTRESS. TCH ALSO USED THE RESOURCES OF OUR VOLUNTEERS TO DEVELOP A FOUNDATIONAL PROGRAM OF TRANSFORMATIONAL EDUCATION TO DELIVER TO THE TEACHRS OF THIS SCHOOL.

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

ATTACHMENT 6: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION For calendar year 2009 or tax period beginning , and ending

Name of Organization THE COLLECTIVE HEART Employer Identification Number 81-0642030

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (if not paid, enter 0)	(D) Cont to Employee Ben. Plans & Def Comp.	(E) Expense Account & Other Allowances
DEBBIE FORD 7407 HILLSIDE DRIVE LA JOLLA, CA 92037	CHAIRMAN 0.00	0	0	0
RITA PARKER WOODWARD 421 REDMOND ROAD SOUTH ORANGE, NJ 07079-1349	PRESIDENT 0.00	0	0	0
LOREE OBERLE-EDWARDS 4048 SIOUX AVENUE SAN DIEGO, CA 92117-5727	CHIEF ADMIN OFFICER 0.00	0	0	0
SWEE WONG 7 DEER POND LANE HOLMDEL, NJ 07733	VICE PRESIDENT 0.00	0	0	0
TAYLOR STILWELL 235 WEST DANA STREET MOUNTAIN VIEW, CA 94041	SECRETARY 0.00	0	0	0
TAYLOR STILWELL 235 WEST DANA STREET MOUNTAIN VIEW, CA 94041	TREASURER 0.00	0	0	0
TED BRASSFIELD 25147 GREENBROOKE DR SOUTHFIELD, MI 48034	DIRECTOR 0.00	0	0	0
ADRIANA PEDRIN 1517 PICKET FENCE DRIVE CHULA VISTA, CA 91915	DIRECTOR 0.00	0	0	0
ALISHA SCHWARTZ 520 NORTH OCEAN BLVD #9 POMPANO BEACH, FL 33062	DIRECTOR 0.00	0	0	0
CONNIE VIVEROS 2161 DEODARA DRIVE LOS ALTOS, CA 94024	DIRECTOR 0.00	0	0	0
DENISE MULLINS 137 E ST LUCIA LANE SANTA ROSA BEACH, FL 32459	EXECUTIVE DIRECTOR 0.00	16,665	0	0
BETH BENNETT 3639 MIDWAY DRIVE #308 SAN DIEGO, CA 92110	CHIEF FINANCIAL OFF 0.00	7,906	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 7 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning _____, and ending _____
Name of Organization THE COLLECTIVE HEART	Employer Identification Number 81-0642030
Part V - Line 42a	

Individual Name ..... BETH BENNETT  
or  
Business Name:

Street Address ..... 3639 MIDWAY DRIVE #B308

U S Address  
Zip code 92110-5254 City SAN DIEGO State CA  
or

Foreign Address  
City .....  
Province or State .....  
Country .....  
Postal code .....  
Phone Number ..... (619) 223-3609  
Fax Number .....

2009 DETAIL STATEMENTS

THE COLLECTIVE HEART  
81-0642030

PAGE 1

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STATEMENT #1 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)

POST OFFICE BOX.....	99
POSTAGE.....	46

TOTAL CARRIED TO 990 EZ PG 1 LINE 15..... 145

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STATEMENT #2 - PROFESSIONAL FEES (990-EZ PG 1 LINE 13)

ACCOUNTING SERVICES.....	2,486
OTHER.....	388

TOTAL CARRIED TO 990-EZ PG 1 LINE 13..... 2,874

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