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## Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2009 calendar year, or tax year beginning 2009, and ending 20 Check if applicable Please use IRS C Name of organization HEART & SEOUL GOSPEL MINISTRY D Employer Identification number 6-0989989 Doing Business As Address change label or Number and street (or PO box if mail is not delivered to street address) print or E Telephone number Name change type. BOX 5459 (623)787-3672 Initial return See City or town, state or country, and ZIP + 4 Specific Terminated G Gross Instruc-GLENDALE AZ 85312-5459 receipts \$ 161,583 Amended return tions. Name and address of principal officer Yes No H(a) Is this a group return for affiliates? Application pending H(b) Are all affiliates included? Yes No Tax-exempt status X 501(c)(3 4947(a)(1) or 527 ) **(**insert no.) If "No." attach a list, (see instructions) J Website: ▶ N/A H(c) Group exemption number ▶ K Form of organization 2006 M State of legal domicile. AZ X Corporation Trust Association Other > L Year of formation Part I Briefly describe the organization's mission or most significant activities. PROVIDE A CHRISTIAN BROADCAST RADIO STATION TO THE PHOENIX ТО ACTIVITI METROPOLITAN AREA GOVERNANCE Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 2 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 15 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 7b Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** REVENUE Contributions and grants (Part VIII, line 1h) ..... 160,006 160,006 Program service revenue (Part VIII, line 2g) . . . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,711 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 11 1,577 Total evenue Total 161,717 161,583 12 Grants and similar amounts paid (Party), column (A), lines 1-3) 13 Benefits raid to pyrocmembers (PartiX), column (A), line 4)
Salaries other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . 14 EXPENSES 15 Professional fundraising fees (Part IX, Column (A), line 11e) 16,587 16a Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 777 131,902 17 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 777 148,489 19 Revenue less expenses Subtract line 18 from line 12 . . 160,940 13,094 NOR TOR End of Year Beginning of Current Year BALANC Total assets (Part X, line 16) . . . 322,176 341,108 20 Total liabilities (Part X, line 26) .... 21 7,082 12,619 ŅĒ 315,094 22 Net assets or fund balances Subtract line 21 from line 20 328,489 Part II Signature Block 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 knowle Sign Signature of officer Here SOOIN HUGHES PRESIDENT Type or print name and title Date Checkif Preparer's Preparer's identifying number (see instr.) self-5-13-10 signature employed ▶ Paid THE NOTEBOOK FIN Preparer's PO BOX 1509 if self-employed). Use Only LITCHFIELD PARK, AZ 85340 Phone no. ▶ (602) 795-8531 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

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Form	990 (2009) HEART & SEOUL GOSPEL MINIS 86-0989989	Page 2
Par	† III Statement of Program Service Accomplishments	
1	- 1	
	TO PROVIDE A CHRISTIAN BROADCAST RADIO STATION TO THE PHOENIX	
	METROPOLITAN AREA	
2	_	_
	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
	services?	X No
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$	)
4D	(Code) (Expenses \$	)
	· · · · · · · · · · · · · · · · · · ·	
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	<u> </u>
		-
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4-	Total warmen comiting sympacts & C	

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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	3	<u> </u>	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
•	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the		<del>                                     </del>	
•	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١Ť	<del>  -</del>	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>	<del> </del>	
•	complete Schedule D, Part III	8		X
_	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	–	<del> </del>	<u> </u>
9	-			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9		X
40	complete Schedule D, Part IV	-		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		l x
	If "Yes," complete Schedule D, Part V	<u> </u>		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or			v
	X as applicable	11	ļ	X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI, XII, and XIII	12	ļ	<u>X</u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ŀ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	İ		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	l		
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
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Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's		i	
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			Ì
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $N/A$	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	<u> </u>	<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $N/A$	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			ļ
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			
	complete Schedule L, Part I	25b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		İ	
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	00-		· ·
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	201		v
_	Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member)	200		v
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
٥,		31	1	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		1
J	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			Ī
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
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Statements Regarding Other IRS Filings and Tax Compliance

Form 990 (2009)

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		:	
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Ì	
	Statements, filed for the calendar year ending with or within the year covered by this return 0	1		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? $N/A$	2b	ļ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 <b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		1	
	this return?	3a		<u>X</u>
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		Ì	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1.		.,
	account)?	4a		X
b	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.	-	1	v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Prohibited Tax Shelter Transaction?	- SC		
0a		6a	,	Х
b	solicit any contributions that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contributions or	- <del>- 0</del>		11
J	gifts were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).	05		
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
-	and services provided to the payor?	7a	1	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $N/A$	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-	
	required to file Form 8282?	7c	ļ ;	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e	1	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		-	
а	Did the organization make any taxable distributions under section 4966?	9a		_X_
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	F i	1	

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

			1			Yes	No
1a	Enter the number of voting members of the governing body	1a	ļ	4			
b	Enter the number of voting members that are independent	1b	<u> </u>	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	onshi	o with				
	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or unc						
	supervision of officers, directors or trustees, or key employees to a management company or of	ther p	erson? .	L	3		X
4	Did the organization make any significant changes to its organizational documents since the pri	or Fo	rm 990 was file	ed?	4		Χ
5	Did the organization become aware during the year of a material diversion of the organization's	asse	s?		5		X
6	Does the organization have members or stockholders?				6		Χ
7a	Does the organization have members, stockholders, or other persons who may elect one or mo	re m	embers				
	of the governing body?				7a		X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other	er pei	sons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertain	aken	during				
	the year by the following:						
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9a		X
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Intern	al Re	venue Code )				
				_		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		•	· <u> </u>	10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of		•			i	
	affiliates, and branches to ensure their operations are consistent with those of the organization?			L	10b		_X
11	Has the organization provided a copy of this Form 990 to all members of its governing body be	fore f	ling the				
	form?				11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		•	. —	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that	t cou	d give N	J/A			
	rise to conflicts?			. · ·	2b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy	y? If "	Yes," N	I/A			
	describe in Schedule O how this is done		• • • • • • • • • • • •	[1	i2c		
13	Does the organization have a written whistleblower policy?			· ·	13		X
14	Does the organization have a written document retention and destruction policy?		•		14		Χ
15	Did the process for determining compensation of the following persons include a review and ap		-			1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberat	ion a	nd decision	-			
a	The organization's CEO, Executive Director, or top management official?		• • • • • • • • • • • • • • • • • • • •	· · · · · ·	15a	X	
b	Other officers or key employees of the organization?	• • •		, [1	5b	X	,
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	anger	nent				
	with a taxable entity during the year?	• • •		. [1	l6a		X
Þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to			_ / _ [		1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps	to sa	eguard N	J/A		1	
0 *	the organization's exempt status with respect to such arrangements?		·	1	6b		
	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ AZ						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-1	(501(c)(3)s o	nly)			
	available for public inspection, Indicate how you make these available. Check all that apply						
	Own website Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docume	ents, c	onflict of inter	est			
••	policy, and financial statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the boo	oks ar	a records of t	ne			
	organization ► SEE ATTACHMENT #1						

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

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

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

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

Check this box if the organization (A)	(B)			((				(D)	(E)	(F)
Name and Title	Average	Po	sition			at apply)		Reportable	Reportable	Estimated
	hours per week	TRUSTEE OR	- RUST - F UF - OZAL	OFFICER	E\$₽ LO> E E	H-GHEST	F O R M & R	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
			L			<u> </u>				
	:									
	ļ									
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		}								

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Part	VII Section A. Officers	Directors	, Truste	es, K	ey Em	ploye	es, and	Highe	est Compensated E	mployees (continue	d)		
	(A)	(B)			(C	<b>;</b> )			(D)	(E)		(F)	
	Name and title	Average	Po	sition	(check	all tha	at apply)		Reportable	Reportable	1	imated	
		hours	ITD	I T N R	O F F	K E E M Y P	H C E I O M	F O	compensation	compensation	1	ount of	
		per week	DUR	SU	F	Ϋ́Р	GMP	R M E	from the	from related organizations	1	other pensation	,
		WOOK	-RUSTEE C	STITUE	CER	LOYEE	-GTEST	E R	organization	(W-2/1099-MISC)	1	om the	•
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		1			ļ	1							
1b	Total	• •						. ▶			l		
2	Total number of individuals	(ıncludıng	but not l	limited	to the	se list	ed abov	e) wh	o received more that	s \$100,000 in report	able con	npensatio	n
	from the organization >											1 1	
											F	Yes N	No.
3	Did the organization list any							yee, c	or highest compensa	ted		11.	. ,
	employee on line 1a? If "Yes	•									. 3	-	<u>X</u>
4	For any individual listed on l												
	the organization and related	organizat	ons gre	ater th	an \$15	50,000	? If "Yes	," con	nplete Schedule J to	r sucn		.	v
_	individual					•					4	<del>                                     </del>	<u>X</u> _
5	Did any person listed on line										5	.	X
Castle	services rendered to the org		ii Yes,	com	piete 3	scriedo	ile o lor	sucii	person	,		1 1 4	
	n B. Independent Contracto  Complete this table for your		ot comp	oncate	d indi	nond	ont contr	actor	that received more	than \$100,000 of	_ <del>_</del>	<del></del> _	
1			si comp	CIBAL	eu mue	spend	enii comi	acions	s that received more	(nan \$100,000 or			
	compensation from the orga		_					· —	(B)			C)	
	Name and	(A) d business	addraes						Description of s	ervices		ensation	
	ivaine and	, Duali 1699	auures					<del> </del>	Description of S	5	201110		
	<u> </u>							<del> </del>					
	· · · · · · · · · · · · · · · · · · ·			-					<del></del> ,	<del></del>	<del></del>		
								<u> </u>		<del></del>			_
2	Total number of independen	nt contract	ors (ınclı	uding	but no	t limite	ed to tho	se list	ed above) who rece	ved more than			
	\$100,000 in compensation f			_									

Pari	t VIII	Statement of Revenue						
<del></del>					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D)  Revenue excluded from tax under sections
						revenue	revenue	512, 513, or 514
CIT		Federated campaigns	1a					
OFE		Membership dues	1b					
TSR	С	Fundraising events	1c					
R G S	d	Related organizations	1d		}			
BAN	е	Government grants (contributions)	1e					
UNLTSR		All other contributions, gifts, grants, &						
i S R		similar amounts not included above .	1f	160,006	-			
0 A A N N M S D T	g	Noncash contributions included in lines 1a-1f	\$				-	
5 <sup>5</sup> T	h	Total. Add lines 1a-1f			160,006			
P				Business Code				
R OS	2a				[			
GΕ	b						·	
RRR	С							
AVE	d							
CE	е							_
EN	f	All other program service revenue						
E	g	Total. Add lines 2a-2f	_	. •				
	3	Investment income (including dividends,	ıntere	st, and				1
		other similar amounts) .						
	4	Income from investment of tax-exempt b	ond p	roceeds				
	5	Royalties		<b>.</b> . •				
		(ı) Real		(II) Personal				
	6a	Gross Rents .			1			
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)	•					
		(ı) Securitie	es	(II) Other				
	/a	Gross amount from sales of assets other than		i				
		inventory			;			
	b	Less cost or other basis						
_		and sales expenses .						
0	С	Gain or (loss) .						
H	d	Net gain or (loss)		<b>_</b>				
E	8a	Gross income from fundraising						
R		events (not including \$			Ì			
_		of contributions reported on line 1c)						
R E		See Part IV, line 18	а					
v	ь	Less direct expenses	b					
Ε	С	Net income or (loss) from fundraising even	ents	<u>. ▶</u>			••••	***************************************
N	9a	Gross income from gaming activities See	•					
U E		Part IV, line 19	а			-		
_		Less direct expenses	b			:		
	С	Net income or (loss) from gaming activities	es .	<u>&gt;</u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·
	10a	Gross sales of inventory, less			1			
	ĺ	returns and allowances	а					
	ь	Less cost of goods sold	b					
	င	Net income or (loss) from sales of inventor	ory.					
		Miscellaneous Revenue		Business Code				
		CARTRIDGE RECYCLE PRO			883			
	b	CREDIT CARD DISCOUNT	<u>s_</u>		694		_	
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶	1,577			
	12	Total revenue. See instructions		. •	161,583			

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (B) Program service expenses (D) Fundraising Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . . . . . . . Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .... Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits .... 10 Payroll taxes 11 Fees for services (non-employees) Management . Legal 100 Accounting c Professional fundraising services See Part IV, line 17 16,587 Investment management fees Advertising and promotion . 60,381 12 52,157 13 Office expenses 14 Information technology 13,445 15 Royalties 16 Occupancy ..... 46 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials . 19 Conferences, conventions, and meetings . . . . . . 20 Interest ..... ..... .. ..... ... Payments to affiliates ...... 21 22 Depreciation, depletion, and amortization . . . . 3,558 23 Insurance . . 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) UTILITIES 2,215 c All other expenses . . . . . 25 Total functional expenses. Add lines 1 through 24f 148,489 Joint costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

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Part X **Balance Sheet** (A) (B) Beginning of year End of year 301,505 Cash -- non-interest bearing 25 2 316,739 2 Savings and temporary cash investments 3 Pledges and grants receivable, net ......... 3 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete A S S E T S Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges . . 8,030 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D. 48,875 **b** Less accumulated depreciation 10b 32,561 16,314 10c 16,314 11 Investments -- publicly traded securities 11 12 12 Investments -- other securities. See Part IV, line 11 13 Investments -- program-related See Part IV, line 11 . 13 14 14 Intangible assets . . . 15 Other assets See Part IV, line 11 4,357 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 322,176 16 341,108 Accounts payable and accrued expenses 7,082 17 12,619 18 Grants payable ..... 18 19 19 Deferred revenue L 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D B L L 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties E S 24 Unsecured notes and loans payable to unrelated third parties . 24 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 7,082 26 12,619 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. N E T 27 Unrestricted net assets . . . . 315,094 328,489 U N D 28 Temporarily restricted net assets 28 29 Permanently restricted net assets . 29 ASSETS B A L Organizations that do not follow SFAS 117, check here ▶ │ and complete lines 30 through 34. Ā 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Ċ o 32 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances . . . 315,094 33 328,489 34 Total liabilities and net assets/fund balances 322,176 341,108

Par	t All Financial Statements and Reporting		
		Ye	s No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain		1
	ın Schedule O.	1	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	X	
b	Were the organization's financial statements audited by an independent accountant?	TX	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		
	audit, review, or compilation of its financial statements and selection of an independent accountant? 2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in	1	
	Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on		1
	a consolidated basis, separate basis, or both		
	Separate basis Consolidated basis Both consolidated and separate basis		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A 3b		
JVA	09 99012 99011 TWF 33421 Copyright Forms (Software Only) - 2009 TW Form	990	(2009)

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

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

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

OMB No. 1545-0047 2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions. ·

Inspection **Employer Identification number** 

HEA	R.	C & SEOU	L GOSPEL MI	NISTRY			_	8	6-098	9989			
Par	t I	Reason	for Public Char	ity Status (All organ	izations m	ust comple	ete this pa	rt.) See ins	structions.				
The o	rga	nization is not a	private foundation be	ecause it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1	X	A church, conv	ention of churches, or	association of churche	es describe	ed in <b>sect</b>	ion 170(b)	(1)(A)(l).					
2	П	A school descri	bed in section 170(b	)(1)(A)(II). (Attach Sche	edule E)								
3	П	A hospital or a	cooperative hospital s	service organization des	scribed in	section 1	70(b)(1)(A	)(III).					
4	П	A medical resea	arch organization ope	rated in conjunction wi	th a hospit	al describe	ed in <b>sect</b>	ion 170(b)	(1)(A)(III).	Enter the	hospit	al's na	me,
	_	city, and state.				<u> </u>							
5		•	n operated for the ben ). (Complete Part II )	efit of a college or univ	ersity own	ed or opei	rated by a	governme	ntal unit d	escribed	ın s <b>ect</b>	lon	
6	П	A federal, state	, or local government	or governmental unit d	lescribed ii	n section	170(b)(1)(	A)(v).					
7		-	n that normally received (1)(A)(vi). (Complete	es a substantial part of i Part II)	ts support	from a go	vernmenta	al unit or fr	om the ge	neral pub	olic des	cribed	ın
8	П	A community tr	ust described in secti	on 170(b)(1)(A)(vi). (C	omplete Pa	art II)							
9		receipts from a support from gi	ctivities related to its e	es. (1) more than 33 1/3 exempt functionssubjue and unrelated busing the 30, 1975 See section	ect to certa ess taxable	ain excepti e income (	ions, and ( less sectio	(2) no mor n 511 tax)	e than 33	1/3 % of	-		
10 11		An organization purposes of on	n organized and opera ne or more publicly su	ated exclusively to test that detection at the description of the opported organizations of the type of supporting	benefit of, described i	to perform	n the funct 509(a)(1) c	ons of, or or section (	509(a)(2)	See sect	lon		
		a ∏ Type I	<b>b</b> Type		Гуре III-Fu					Type III-C	)ther		
е		By checking thi	is box, I certify that the	e organization is not co gers and other than on	ntrolled di	rectly or in	directly by	one or mo	ore disqua	lified			
f		If the organizati		determination from the	IRS that it	t is a Type	I, Type II	or Type III	supportin	g			Г
g		Since August 1 following perso		nization accepted any o	gift or cont	ribution fro	om any of	the					-
		(i) A person w	ho directly or indirect	ly controls, either alone	or togethe	er with per	sons desc	rıbed ın (ıı	)			Yes	No
		and (III) bel	low, the governing bo	dy of the supported org	ganization	7				[	11g(l)		Χ
		(ii) A family me	ember of a person des	scribed in (i) above?						[	11g(il)		Χ
		(III) A 35% con	trolled entity of a pers	on described in (i) or (i	ı) above? .	. <b></b>	•				11g(iil)		X
h		Provide the foll	owing information abo	out the supported organ	nızatıon(s).	· <u>-</u>							
(I) N		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	ın col. (İ) lı	-	organizatio		organizatio organiza			Amour support	
				L	Yes	No	Yes	No	Yes	No			
							1						
		<del>.</del>		-						<b> </b>	+		
Tota						1	1		1	1	1		

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

#### Form 4562

# Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury
Internal Revenue Service (99)

See sep

▶ See separate Instructions.
▶ Attach to your tax return.

Attachment Sequence No. **67** 

Name(s) shown on return Business or activity to which this form relates Identifying number HEART & SEOUL GOSPEL MINISTRY FOR FORM 990 86-0989989 Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I \$250,000 2 Total cost of section 179 property placed in service (see instructions) . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions)...... 3 \$800,000 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, 250,000 see instructions 5 (a) Description of property (b) Cost (busn. use only) 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7.... 9 Tentative deduction Enter the smaller of line 5 or line 8 ... 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 ........... 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 250,000 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11... 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property ) (See instructions ) 3,558 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . Section B -- Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year placed in (c) Basis for depr (d) Recovery (e) (f) Method (g) Depreciation (a) Classification of property (business/investment use period Convention deduction service only -- see instructions) 19a 3-year property b 5-year property C 7-year property 10-year property 15-year property е 20-year property 25-year property 25 yrs S/L 27 5 yrs MM S/L Residential rental property ММ S/L 27 5 yrs 39 yrs MM S/L Nonresidential real ММ S/L Section C -- Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40-year 40 yrs MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28. 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions 3,558 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

DOOKS ARE	IN CARE OF
ATTACHMENT 1: FORM 990 PAGE 6, PART VI,	SECTION C, LINE 20
OPEN TO PUBLIC	
INSPECTION For calendar year 2009 or tax period beginning	
Name of Organization HEART & SEOUL GOSPEL MINISTRY	Employer Identification Number 86-0989989
Part VI - Line 91a	00-0363363
Individual Name	
Street Address	
J.S. Address	
Zip code City  or  Foreign Address	State
City	
Province or State	
Country	· · · · · · · · · · · · · · · · · · ·
Postal code	
Phone Number	· · · · · · · · · · · · · · · · · · ·
Fax Number	

2009 DETAIL STATEMENTS	
EART & SEOUL GOSPEL MINISTRY	PAGE 1
6-0989989	PAGE
STATEMENT #1 - OTHER EXPENSES (990-EO PG 1 LINE 17)	
CARTRIDGE RECYCLE INCOME	
CREDIT CARD DISCOUNTS	
TOTAL CARRIED TO 990-EO PG 1 LINE 17	777
STATEMENT #2 - PROFESSIONAL FUNDRAISING (990 EO PG 10 LINE 11E)	
10TH ANNIVERSARY EVENT525	
PRAISE TEAM	
SEAWEE RESALE	
THE MASTERS COLLEGE	
TOTAL CARRIED TO 990 EO PG 10 LINE 11E	16,587
DUES AND SUBSCRIPTIONS 300 SMALL EQUIPMENT PURCHASES 1,672 INSURANCE 748 LICENSES AND PERMITS 50 OFFICE POSTAGE EXPENSE 802 RENT 41,248 EQUIPMENT REPAIR EXPENSE 526 SECURITY MONITORING FEE 436 COMPUTER SUPPLIES 1,670 OFFICE SUPPLIES 1,413 CONTRACTED LABOR 758	50 157
TOTAL CARRIED TO 990 EO PG 10 LINE 13	52,157
STATEMENT #4 - INFORMATION TECHNOLOGY (990 EO PG 10 LINE 14)	
AIRTIME FEES	
INTERNET EXPENSES4,394	
TELEPHONE	
	13,445

JVA