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## Form **990**

# **ORIGINAL**

**Return of Organization Exempt From Income Tax** 

200

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calen	dar year,	or tax year beginning	, 2009	, and endin	ıg		. •
В	Check if a	applicable		С				D Employer Ide	ntification Number
	Addr	ess change	Please use IRS label	KOREA GOSPEL MISSION	INC.			95-182	1806
	h(	e change	or print or type.	P.O. BOX 47765				E Telephone nui	
	$\vdash$	•	See specific	PHOENIX, AZ 85068-7765	5			·	
	$\vdash$	al return	Instruc-	·					
	H Tern	nination	tions.						
	Ame	nded return		<u> </u>				G Gross receipts	
	Appl	ication pending	F Name a	and address of principal officer				a group return for a	ffiliates? Yes X No
			SAME A	AS C ABOVE				affiliates included? attach a list (see ii	Yes No
ī	Tax-e	exempt statu	ıs X 501	(c) (3 ) ◄ (insert no )	4947(a)(1) or	527	11 190,	allacii a iist (see ii	is(ructions)
J	_	site: N/		· · · · · · · · · · · · · · · · · · ·			H(c) Group	exemption number	▶
ĸ		f organization	X Corpora	ation Trust Association Othe	x. Þ	Year of Format			legal domicile CA
Pa		Summa	j i i State 0	riegar domiche CA					
Га					ant actuation P	TIANCULT	CM /EDII	CAMTONAT	
	1 0	rielly descri	ibe the org	ganization's mission or most signific	cant activities <u>F</u>	AWARTT	2M/FDO	CALTONAT _	
e S	_								
Activities & Governance	_								
ē	_								
ŏ				if the organization discontinued its		posed of mo	ore than 2	1 .	
8				ibers of the governing body (Part V				3	5
69				it voting members of the governing	body (Part VI, lin	e 1b)		4	0
viti				yees (Part V, line 2a)				5	0
ξţ				eers (estimate if necessary)				6	0
•	7a I	otal gross u	inrelated b	ousiness revenue from Part VIII, sol	lumn (C), line 12			7 a	
	<u> </u>	let unrelated	d business	s taxable income from Form 990 C	line BACO	7		7 t	0.
				1-1		1	Р	rior Year	Current Year
4.	<b>8</b> C	ontributions	1,585.	1,620.					
ž				ue (Part VIII, line 2g)	7 2010				
Revenue	10 Ir	nvestment ir	ncome (Pa	art VIII, column (A), lines 3, 4, and				1,234.	708.
æ	<b>11</b> C	ther revenu	ie (Part VI	III, column (A), lines 5, 60 86 90	Oc. and Tre			•	
	12 T	otal revenue	e – add III	nes 8 through 11 (must equal Part	VIII-column (AV. I	line 12)		2,819.	2,328.
				ounts paid (Part IX, column (A), line		,		52,500.	49,000.
		Benefits paid	02/000.	13/0001					
		•		<del>                                     </del>					
9		salaries, oth							
n3(	16a P	Professional							
Expenses	ЬΤ	otal fundrais	sing expei	nses (Part IX, column (D), line 25)					
ű				X, column (A), lines 11a-11d, 11f-2		1,647.	1,490.		
		-	-	nes 13-17 (must equal Part IX, colu			_	54,147.	50,490.
		· · · · · · · · · · · · · · · · · · ·		•	11111 (A), 11110 23)			-51,328.	-48,162.
	19 R	evenue less	s expense	s. Subtract line 18 from line 12			<del></del>	-31,320.	<del>                                     </del>
000							Begin	ining of Year	End of Year
Salai		otal assets					<u> </u>	392,830.	344,185.
Nat Assets or Fund Balancos	21 T	otal liabilitie	es (Part X	, line 26)				0.	0.
ΣĘ	<b>22</b> N	let assets oi	r fund bala	ances Subtract line 21 from line 20	1			392,830.	344,185.
Pa	rt II		ure Bloc						
					iding accompanying sch	nedules and stat	tements and	to the hest of my k	nowledge and belief, it is
		true, correct, a	and complete	I declare that I have examined this return, inclu Declaration of preparer (other than efficer) is	based on all information	of which propa	erer has any l	nowledge	
Sig	ın	$\triangleright$ $\mathcal{M}$	~ · · · ·	1 Holla Dies	1		1/	nou I	14 2010 /
He		Signature	of officer		<u></u>	<del>/</del>		te /	<del>/,                                    </del>
110		" {		· · · · ·				( /	
			I VAN		<u> </u>		TREAS	URER	
		Type or p	rint name and	d title	•	-		Γ.	
						Date		neck if	Preparer's identifying number (see instructions)
Pa		Preparer's	-		1	-1		elf- nployed ► [	
Pre		signature	<b>&gt;</b> 7	my tuns	an CPA	-5/14	110	<u> </u>	N/A
	rer's	Firm's name (	or KEV	ITAN PAY CONSULTING PC			/	L	
Us		yours if self-	501					n ► N/A	
On	ıy	employed), address, and		TTSDALE, AZ 85254	. 101				2-296-4116
		ZIP + 4		•			I Pr	поле по ► 602	
May	/ the IR	S discuss th	nis return i	with the preparer shown above? (se	ee instructions)				X Yes No

	n 990 (2009) KOREA GOSPEL MISSION INC.	95-1821806	Page <b>2</b>
Pai	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	*FVANCELISM/EDUCATIONAL		
	LVMODILISM/ LDOCATIONAL		
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		
3			X No
•		rices? Yes	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 and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	by expenses Section 50	01(c)(3)
	expenses, and revenue, if any, for each program service reported.	allocations to others, tr	ie totai
	enpended, and revended, in any, for each program service reported.		
			<del> </del>
4 a	a (Code:) (Expenses \$ 49,000. including grants of \$ 49,000.) (F	Revenue \$	1,620.)
	SUPPORT FOR ORPHANAGE IN SEOUL, KOREA; RELIGEOUS AND SECULAR EDUCA	ATTON FOR ORPHAN	NS ,
	EDUCATIONAL SCHOLARSHIPS, TRAINING FOR RURAL PASTORS, SUPPORT FOR	EVANCEL TOAT DAT	
		FANNGETICAT KAT	5.10
	BROADCASTS.	<del></del>	
	**		
4 b	o (Code:) (Expenses \$ including grants of \$) (F	Revenue \$	)
		•	· · · · · · · · · · · · · · · · · · ·
		. <b></b>	
		. <b></b>	
40	(Code:) (Expenses \$ including grants of \$) (F	kevenue \$	)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		<b></b>	
		· <b></b>	
		- <b></b>	
4 d	d Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
4e	e Total program service expenses ► 49,000.		

Form 990 (2009) KOREA GOSPEL MISSION INC.

Part IV Checklist of Required Schedules

			162	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		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 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, 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,' complete Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part $V$	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		Х
•	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			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12A	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u></u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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	Х	
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		<u> </u>
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_		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
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		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

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X

Part IV Checklist of Required Schedules (continued) Yes No 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 Х 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 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 X 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 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 Х b Is the organization 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 25b Х 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 X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III Х 27 28 Was the organization a party to a business transation with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions). X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 30 X X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 235 X 35 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 Х 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

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treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 1 a 0 Information Returns Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 0 calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х this return За b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3Ь 4a 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)? Х 4a **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. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5c Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Х solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6Ы Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е benefit contract? X 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b 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 other members or shareholders. 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

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12b

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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.

Section A. C	Soverning Body and Management				
		- <del></del>		Yes	No
	umber of voting members of the governing body	1a 5			
	umber of voting members that are independent	1 b	i	1	
2 Did any offi officer, dire	cer, director, trustee, or key employee have a family relationship or a business rector, trustee or key employee? SEE SCHEDULE $\Omega$	elationship with any other	2	X	
3 Did the organized of officers,	anization delegate control over management duties customarily performed by or i directors or trustees, or key employees to a management company or other persi	under the direct supervision on?	3	ļ	х
	anization make any significant changes to its organizational documents		4		Χ
•	rior Form 990 was filed?				
	anization become aware during the year of a material diversion of the organization	n's assets?	5		<u>X</u>
	ganization have members or stockholders?		6		X
governing b	ganization have members, stockholders, or other persons who may elect one or lody?	more members of the	7a		Х
<b>b</b> Are any dec	cisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7Ь		Х
8 Did the orgathe the following	anization contemporaneously document the meetings held or written actions unde g:	ertaken during the year by			
a The govern	ng body? .		8a	Х	
	uttee with authority to act on behalf of the governing body?		8ь	i	X
organization	officer, director or trustee, or key employee listed in Part VII, Section A, who can's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		Х
Section B. P	<b>Policies</b> (This Section B requests information about policies not	required by the Internal			
Revenue Code )			- т	<del></del>	
<b>10 a</b> Does the or	ganization have local chapters, branches, or affiliates?	Г	10a	Yes	No X
	• , , , , , , , , , , , , , , , , , , ,	of such chanters, affiliates	104		
	es the organization have written policies and procedures governing the activities of es to ensure their operations are consistent with those of the organization?		10Ь		
	anization provided a copy of this Form 990 to all members of its governing body		11		Х
	Schedule O the process, if any, used by the organization to review this Form 990	SEE SCHEDULE O	10-1	<del></del>	
	ganization have a written conflict of interest policy? If 'No,' go to line 13, directors or trustees, and key employees required to disclose annually interests.	that could awa rise	12a	Х	
to conflicts?	, directors of trustees, and key employees required to disclose annually interests	that could give rise	12b	Х	
<b>c</b> Does the or Schedule O	ganization regularly and consistently monitor and enforce compliance with the po how this is done SEE SCHEDULE O	licy? If 'Yes,' describe in	12c	х	
13 Does the or	ganization have a written whistleblower policy?		13		Х
14 Does the or	ganization have a written document retention and destruction policy?		14		Х
15 Did the proc persons, co	cess for determining compensation of the following persons include a review and mparability data, and contemporaneous substantiation of the deliberation and de-	approval by independent cision?			
a The organiz	ation's CEO, Executive Director, or top management official		15a		X
	rs of key employees of the organization		15b		X
If 'Yes' to In	ne 15a or 15b, describe the process in Schedule O. (See instructions )			ŀ	
16a Did the orga entity during	anization invest in, contribute assets to, or participate in a joint venture or similar g the year?	arrangement with a taxable	16a		Х
ın joint vent	the organization adopted a written policy or procedure requiring the organization ure arrangements under applicable federal tax law, and taken steps to safeguard	the organization's exempt	164		
Section C. D	respect to such arrangements?		16 b	<u>l</u>	
	es with which a copy of this Form 990 is required to be filed AZ				
<b>18</b> Section 610	4 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	aılable	e for p	ublic
Own we	ebsite Another's website X Upon request				
19 Describe in statements	Schedule O whether (and if so, how) the organization makes its governing document available to the public. SEE SCHEDULE O	nents, conflict of interest police	cy, an	d fina	ncıal
20 State the na	ame, physical address, and telephone number of the person who possesses the barries and LIEW 14828 N HANA MAUI DRIVE PHOENIX AZ 85022 6	ooks and records of the orga			

# 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

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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

|X| Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(c)		(D)	(E)	(F)				
Name and Title	Average hours		_			hat app		Reportable	Reportable	Estimated amount of other compensation
	per week	indiv or di	Instit	Officer	Fey .	High	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the
		Individual trustee or director	Institutional trustee	ଞ୍	Key employee	est co	Ę	( =	( , 00000)	organization and related
		trust	al tru		oyee	) mp				organizations
		ee	ıstee			Highest compensated employee				
DALLE VIAN LIEU			<u> </u>	ļ		<u> </u>	_			<del></del>
PAUL VAN LIEW PRESIDENT	0							0.	0.	0.
MAN JONG YOO	<del></del>			-				<u> </u>	0.	<u> </u>
VICE PRESIDENT	0							0.	0.	0.
SOOIN HUGHES									<u> </u>	
SECRETARY	0							0.	0.	0.
IRENE BETTS										
DIRECTOR	0		L					0.	0.	0.
NAOMI VAN LIEW									·	
TREASURER	0							0.	0.	0.
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Part VII   Section A. Officers, Directors, Trus	T	\ey	En		· ·	es,	an			
(A)	(B) (c) Average Position (check all that apply)						nnlv	(D)	(E)	(F)
Name and Title	hours per week			Officer		employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
					L.					
					1					
1 b Total							<b>&gt;</b>	0.	0.	0.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	sted	abo	ove)	wh	o re	ceived more than	\$100,000 in report	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it.  4 For any individual listed on line 1a, is the sum of re-	ndıvıdua	1	-		-			•		Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual	han \$15	0,00	00?	lf 'Y	es'	com	plet	e Schedule J for s	such	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens hedule	atioi <i>I for</i>	n fro suc	om a <u>h pe</u>	ny erso	unre n	elate	ed organization for	services	5 X
Complete this table for your five highest compensation from the organization.	ed inde	pend	dent	con	trac	tors	tha	t received more th	nan \$100,000 of	
(A) Name and business addres	s							(B) Description of	of Services	(C) Compensation
							-			
2 Total number of independent contractors (including	but not	limi	led i	to th	0000	liet	ed a	shove) who recent	ed more than	
\$100,000 in compensation from the organization.	_	1111111	i <del>c</del> u i	io in	iUSE	1150	<del>c</del> u â	above) who receiv	ed more man	

LI di	. Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues				
AND	g Noncash contribns included in lns 1a-1f. \$	1,620.			
픻	h Total. Add lines 1a-1f  Business Code	1,020.			
VEN.	2a				
22	b				
N. S	c	<del></del>			
M SE	d	<del> </del>			
GRA	f All other program service revenue	_			
8		<u> </u>			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds.</li> </ul>	708.			708.
	5 Royalties	<u> </u>			ļ
	(i) Real (ii) Personal  6a Gross Rents b Less: rental expenses c Rental income or (loss)				
	· · · · · · · · · · · · · · · · · · ·	•	· · · · · · · · · · · · · · · · · · ·		
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less. cost or other basis and sales expenses c Gain or (loss)	1			
	• • • • • • • • • • • • • • • • • • • •	-			
VENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
æ	See Part IV, line 18 a				
OTHER REVEN	b Less direct expenses b				
	c Net income or (loss) from fundraising events.  9 a Gross income from gaming activities See Part IV, line 19	<u> </u>			
	b Less: direct expenses b	]			
	c Net income or (loss) from gaming activities	<u> </u>			
	10 a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code	-			
	11a MISC REFUND b				
	c				
	d All other revenue.				ļ
	e Total. Add lines Tra-Tra	2 220	ļ <u>.</u>		700
	12 Total revenue. See instructions	2,328.	0.	0.	708.

Form **990** (2009)

Statement of Functional Expenses
Section 501(c)(4)

BAA

	All other organizations must comp	olete column (A) but are	•		I (D).
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	49,000.	49,000.	3	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				_
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	a Management				······································
	b Legal				
	c Accounting	1,300.		1,300.	<del></del>
	~	1,300.		1,300.	<del> </del>
	d Lobbying				
	e Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	g Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				•
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				·
22	Depreciation, depletion, and amortization				
23	Insurance				
	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.)				
i	BANK/BROKERAGE FEES	140.		140.	
i	PO BOX RENTAL	40.		40.	
	LICENSE FEES	10.		10.	
(	d				
1	f All other expenses				
	Total functional expenses. Add lines 1 through 24f	50,490.	49,000.	1,490.	0.
	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		25,000.		
	January and religiously solicitation				

	•		(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing	4,134.	1	265.
	2	Savings and temporary cash investments	388,563.	2	343,870.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
۸		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ŝ	7	Notes and loans receivable, net .		7	
ASSETS	8	Inventories for sale or use		8	
Ś	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. 10a			
	ĺ	Complete Part VI of Schedule D			
	t	Less accumulated depreciation 10b		10 c	
	11	Investments – publicly-traded securities	133.	11	50.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	392,830.	16	344,185.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue .		19	
Ļ	20	Tax-exempt bond liabilities		20	
AB	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
I L I T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	····		
- 1		of Schedule L		22	
S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<del></del>
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
N E T		Organizations that follow SFAS 117, check here and complete lines			
	l	27 through 29 and lines 33 and 34.			
Ş	27	Unrestricted net assets		27	
Ī		Temporarily restricted net assets		28	<del></del>
Q R	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ► X and complete			
FUZD		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
A	31	Paid-in or capital surplus, or land, building, and equipment fund	200 020	31	244 105
BALAZCES	32	Retained earnings, endowment, accumulated income, or other funds	392,830.	32	344,185.
Ĕ	33	Total net assets or fund balances.	392,830.	33	344,185.
<u> </u>	34	Total liabilities and net assets/fund balances	392,830.	34	344, 185.

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Form **990** (2009)

Form 990 (2009) KOREA GOSPEL MISSION INC.	95-1821806		_Pag	ge <b>1</b> 2
Part XI Financial Statements and Reporting				
	_		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
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?		2b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?		2c		
If the organization changed either its oversight process or selection process during the tax year, expla in Schedule O.	ın			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both:	ere issued on a			
Separate basis Consolidated basis Both consolidated and separate basis				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?		3a		Х

**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.

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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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

aille '	or the	e Organization							1		ion number		
		GOSPEL MISS								<u>821806</u>			
<u>Par</u>	<u>t I</u>	Reason for Pu	ıblic Charity Statu	s (All organizations	must o	comple	te this	part.)	<u>See ı</u>	nstruct	ions		
he d	orga	nization is not a pr	ivate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box )					
1		A church, convent	ion of churches or ass	ociation of churches des	cribed in	n section	170(b)	(1)(A)(i)					
2		A school describe	d in section 170(b)(1)(	A)(ii). (Attach Schedule	E)								
3		A hospital or coop	erative hospital service	e organization described	ın secti	ion 1 <b>70</b> (l	)(1)(A)(	iii).					
4		A medical researc	h organization operate	d in conjunction with a h	nospital	describe	d in <b>sec</b>	tion 17	0(b)(1)(A	A)(iii) Er	nter the hos	spital's	5
		name, city, and st	ate:										
5		An organization of 170(b)(1)(A)(iv). (	perated for the benefit Complete Part II)	of a college or university	y owned	or oper	ated by	a gove	nmenta	I unit des	scribed in s	section	n
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	닏	A community trust	described in <b>section</b> 1	1 <b>70(b)(1)(A)(vi).</b> (Comple	te Part	II.)							
9		from activities related investment income	ed to its exempt function	more than 33-1/3 % of its is – subject to certain exce ss taxable income (less omplete Part III)	eptions, i	and (2) r	o more f	than 33-	1/3 % of	its suppo	ort from gro	SS	fter
10		An organization oi	rganized and operated	exclusively to test for pu	ublic saf	ety See	section	ı 509(a)	(4).				
11	X	An organization of more publicly supplemental describes the type	rganized and operated ported organizations de of supporting organizer	exclusively for the bene lescribed in section 509( zation and complete lines	fit of, to a)(1) or s 11e th	perform section rough 11	the fun 509(a)(2 h.	ctions o 2). See	of, or ca <b>section</b>	rry out th <b>509(a)(3</b>	ne purpose <b>).</b> Check ti	s of or ne box	ne or that
		a Type I	<b>b</b> Type II			ctionally				дΧ	Type III-		
е	X			ganization is not control n one or more publicly s		_	_		or more ed in se	disquali ction 509			
f		. , , ,	received a written det	ermination from the IRS	that is a	a Type I	Type II	or Typ	e III sup	porting o	organizatio	n,	
g		Since August 17,	2006, has the organiza	tion accepted any gift o	r contrib	oution fro	m any	of the fe	ollowing	persons	?		
												Yes	No
		(i) a person who below, the g	o directly or indirectly o overning body of the si	controls, either alone or upported organization?	together	r with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)		X
		(ii) a family mer	nber of a person desc	ribed in (i) above?							11 g (ii)		<u>X</u>
		(iii) a 35% contro	olled entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		X
h		Provide the follow	ing information about t	he supported organization	ons								
	(0)	i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or (RC section (see instructions))	organizat (i) lister gove	Is the tion in col d in your erning ment?	(v) Did y the organ col your su	ization in	organizat	s the ion in col zed in the S ?	(vii) Amoun	t of Sup	port
					Yes	No	Yes	No	Yes	No			
IEA	RT	& SEOUL GOS	PEL MINISTRIES										
			86-0989969			Х	Х		х			3 r	000.
			00 0909909	<u> </u>	<del>                                     </del>		Λ		Λ				<del>, , , , , , , , , , , , , , , , , , , </del>
IAR	VES	ST FOUNDATIO	N, INC.				-	_					
		_	95-3236330	9		Х	Х		Х			46,0	00.
				- 111									
otal												49,C	00.

Pai	<b>† II</b> Support Schedule for (Complete only if you check	-			(b)(1)(A)(iv) ar	id 170(b)(1)(	A)(vi)		
Sec	tion A. Public Support	CO THE BOX OIT III	2 9, 7, 01 0 01 1 01		-	-			
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	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.								
4	Total. Add lines 1-through 3.								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).								
6	<b>Public support.</b> Subtract line 5 from line 4								
Sec	tion B. Total Support	· · · ·	,		Υ		·		
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	rities, etc (see in:	structions)			1:	2		
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501	(c)(3)		
Sec	tion C. Computation of Pu	<u>blic Support P</u>	ercentage			<del></del>			
14 15	Public support percentage for 20 Public support percentage from	•	• • •		•	14			
16	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pul	not check the bo	ox on line 13, and	the line 14 is 33	-1/3 % or more	, check this box ►		
ŧ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did	not check a box	on line 13, or 16a	a, and line 15 is 3	3-1/3% or more	e, check this box		
17 8	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a					
BAA					Sc	nequie A (Form	n 990 or 990-EZ) 2009		

Page 3 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 yr beginning in)▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 13 Total support. (add ins 9, 10c, 11, and 12) 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  $\blacktriangleright$ Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 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 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

Schedule	A (Forr	n 990	or 99	0-EZ)	2009	9 1	KORE	A G	<u>ios</u> f	<u> EL</u>	MIS	<u> </u>	<u>N IN</u>	<u>C.</u>					<u>95-1</u>	.821	306		Page
Part IV	<b>∫Sup</b> Part	plem	enta	l Inf	orma	atio	n. Co	omp	lete	this	s par	rt to	provi	de th	ne ex	plana	ations	requ	iired l	oy Pa	art II,	line 1	10;
	ı arı	. 11, 111	10 1	7 4 0	171	J, ai	110 1	arti	111, 11		12. 1	1001	ue ai	iy Ot	ilei e	adulti	Ulial I		iatioi	1. 56	- 1115	iructio	7115.
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#### Schedule F (Form 990)

### Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

Employer Identification number

	GOSPEL MISSION INC.	95-1821806
Part I	General Information on Activities Outside the United States. Complete if the	organization answered 'Yes'
	to Form 990, Part IV, line 14b.	_

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e, fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
KOREA	0	0	KOREAN ORPHANAGE AND	CASH GRANTS	3,000
			EDUCATION OF KOREAN		
			ORPHANS		
VARIOUS: CONGO, HAITI,	0	0	EVANGELICAL MISSIONS	MINISTRIES	46,000
PHILIPPINES					
					,
		-			
<del> </del>					
	<u> </u>				
Totals	0	0			49,000

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) (2009)

Page 2 (f) Method of valuation (book, FMV, appraisal, other) × Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed. (h) Description of non-cash assistance 95-1821806 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (g) Amount of non-cash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region KOREA GOSPEL MISSION INC (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F (Form 990) 2009

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2009

95-1821806 KOREA GOSPEL MISSION INC. Schedule F (Form 990) 2009

Page 3

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (g) Description of non-cash assistance Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III BAA

		KOREA GOSPEL	MISSION INC				95-1821806	Page 4
Part IV				Dark I lima i	2		- A	
	Complete this par	rt to provide the infor	mation required in	Part I, line	z, and any add	aitional inform	ation	-
PAI	RT I, LINE 2 - GF	RANTMAKERS EX	(PLANATION F	OR GRAI	NTS OUTS!	DE US		
THE	DIRECTORS A	RE VERY FAMIL	IAR WITH THE	DONEE	ORGANIZAT	CIONS AND	THEIR DIRECTORS,	AND
ARE	ABLE TO MON	ITOR THE USE	OF GRANTS AN	D RECEI	VE REPORT	S UPON RE	EQUEST.	
	·							
	<del></del>							
	<b></b>							

SCHEDULE		ئ	Grante and Ott	ner Accietance	o Organization	U		OMB No 1545-0047
(Form 990)			Governments ar	ments and Individuals in the United States	the United Sta	s, tes		2009
Department of the Treasury Internal Revenue Service		Complet	e if the organizatio	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.  Attatch to Form 990.	rm 990, Part IV, lines 2 0.	1 or 22.	<u> </u>	Open to Public 'Inspection
Name of the organization KOREA GOSPEL M	MISSION INC.						Employer identification number 95-1821806	ation number 6
	General Information on Grants and Assistance	ants and Assista	ance					
1 Does the organize the selection criter	ation maintain record	ls to substantiate the e grants or assistanc	e amount of the gra	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	rantees' eligibility for th	ne grants or assistance	e, and	Yes X No
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring	procedures for moni	toring the use of gr	the use of grant funds in the United States	States			<b>]</b>
Part II Grants an 990, Part IV an	<b>Grants and Other Assistance to Governments and Organizations</b> 990, Part IV, line 21 for any recipient that received more than \$5,C Part IV and Schedule I-1 (Form 990) if additional space is needed	ice to Governme y recipient that re orm 990) if addir	ints and Organi eceived more the	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	ed States. Complei this box if no one r	e if the organizati ecipient received	ion answered 'Ye more than \$5,00	ss' to Form 0. Use
1 (a) Name and address of organization or government	sss of organization ment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVEST FOUNDATION, INC 701 N. 1ST STREET PHOENIX, AZ 85002	''_ INC	95-3236330 501 (C) (3)	501 (C) (3)	46,000.	0.			EVANGELICAL MISSIONS
	1 1 1							

0 Schedule I (Form 990) 2009

TEEA3901L 02/10/10

3 Enter total number of other organizations

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

2 Enter total number of section 501(c)(3) and government organizations

Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III BAA

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95-1821806

KOREA GOSPEL MISSION INC.

Schedule I (Form 990) 2009

### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
KOREA GOSPEL MISSION INC.	95-1821806
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS	, DIRECT
PAUL VAN LIEW (DIRECTOR) AND NAOMI VAN LIEW (DIRECTOR) ARE MARR	IED.
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
NAOMI VAN LIEW REVIEWS FORM 990 BEFORE IT IS FILED.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEME	ENT OF CONFLICTS
DIRECTORS ARE AWARE OF THE CONFLICT OF INTEREST POLICIES AND CO	NSULT OR SEEK ADVICE
WHEN THEY HAVE ANY CONCERNS ABOUT PENDING ACTIONS OR EVENTS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
ALL DOCUMENTS REQUIRED TO BE AVAILABLE FOR PUBLIC INSPECTION AR	E MADE AVAILABLE (BY
MAIL, EMAIL, OR ANY REASONABLE METHOD) UPON REQUEST.	

TEEA4901L 07/17/09

Schedule <b>9</b> (Form 990) 2009	Page <b>2</b>
	Employer identification number 95-1821806
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