

PHOENIX GOSPEL MISSION, INC.

INCOME TAX RETURNS

DECEMBER 31, 2009

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)

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

B Check if applicable: C Name of organization PHOENIX GOSPEL MISSION, INC. D Employer identification number 86-6057771 E Telephone number (602) 272-5643 F Name and address of principal officer: JEROLD D SANDVIG P.O. BOX 6708 PHOENIX, AZ 85005-6708 G Gross receipts \$ 12,844,167. H(a) Is this a group return for affiliates? Yes X No H(b) Are all affiliates included? Yes No I Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 J Website: WWW.PHOENIXRESCUEMISSION.ORG K Form of organization: X Corporation L Year of formation: 1954 M State of legal domicile: AZ

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... TO RESCUE LIVES, TO SAVE LIVES, TO CHANGE LIVES, TO SERVE LIVES. SEE SCHEDULE O FOR MORE DETAIL. 2-7a Activities & Governance. 7b Net unrelated business taxable income. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

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 knowledge. Sign Here: Signature of officer Jerry D. Sandvig, Date Aug. 3, 2010, Type or print name and title PRESIDENT & C.E.O.

Paid Preparer's Use Only: Preparer's signature, Date 7/29/2010, Check if self-employed, Preparer's identifying number 34-1884125, Firm's name (or yours if self-employed) CBIZ MHM, LLC, EIN 34-1884125, address, and ZIP + 4 3101 N. CENTRAL AVE., STE 300 PHOENIX, AZ 85012, Phone no. 602-264-6835

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: TO RESCUE LIVES, TO SAVE LIVES, TO CHANGE LIVES, TO SERVE LIVES. SEE SCHEDULE O FOR MORE DETAIL.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 4,524,979. including grants of \$ 18,637.) (Revenue \$ 30,212.) HOMELESS EMERGENCY SERVICES CONSIST OF ON-SITE HOT MEALS THREE TIMES A DAY, 365 DAYS A YEAR, TO MEN, WOMEN AND CHILDREN. SHOWERS, CLEAN CLOTHING, CHAPEL SERVICES, AND COUNSELING ARE AVAILABLE TO ANYONE IN NEED. EMERGENCY SHELTER BEDS ARE ACCESSIBLE FOR 90 MEN EVERY NIGHT. CASEWORKERS IN THE SHELTER ASSIST MEN WITH SPIRITUAL NEEDS AS WELL AS DAY AND PERMANENT EMPLOYMENT. THE MISSION PROVIDED THIS NUMBER OF SERVICES AND ITEMS TO MEN, WOMEN AND CHILDREN IN NEED IN 2009: 294,975 MEALS; 37,394 SHOWERS; 29,971 CHAPEL ATTENDEES; 42,885 BED NIGHTS OF MEN'S SHELTER; 72,965 BIBLES AND TRACTS DISTRIBUTED; AND 2,321 CLIENT REFERRALS.

4b (Code:) (Expenses \$ 2,799,872. including grants of \$) (Revenue \$) FAMILY AND COMMUNITY OUTREACH HELPS FAMILIES AND INDIVIDUALS, BOTH ON-SITE AND OFF-SITE, WITH BASIC NEEDS BY PROVIDING ITEMS SUCH AS FOOD BOXES, CLOTHING, DISPOSABLE DIAPERS, AND FURNITURE. SPECIAL YEARLY EVENTS FOR EASTER, BACK TO SCHOOL, THANKSGIVING AND CHRISTMAS PROVIDE WORKING POOR FAMILIES WITH NEW CLOTHING AND HOLIDAY MEALS. OUTREACH TO THE HOMELESS IN LOCAL AREA PARKS CONSISTS OF DELIVERING FOOD, WATER, BIBLES AND ENCOURAGEMENT. FOR 2009, THE OUTREACH PROGRAM DISTRIBUTED 53,675 FAMILY FOOD BOXES.

4c (Code:) (Expenses \$ 906,270. including grants of \$) (Revenue \$) THE ADDICTION RECOVERY PROGRAM IS A STRUCTURED, ONE-YEAR CHRIST-CENTERED PROCESS FOR UP TO 21 MEN THAT HELPS THEM CHANGE THEIR LIVES BY DEALING WITH THEIR ADDICTIONS USING CHRISTIAN PRINCIPLES. THE PROGRAM INCLUDES COUNSELING, EDUCATION EVALUATION AND ADVANCEMENT, AND BIBLE STUDIES, AS WELL AS JOB SEARCH AT THE COMPLETION OF THE PROGRAM. UPON GRADUATION, MEN HAVE THE TOOLS TO HOLD A JOB IN ORDER TO RE-ENTER SOCIETY AS A CONTRIBUTING MEMBER IN THE LOCAL COMMUNITY AND CHURCH. FOR 2009, THERE WERE 9 GRADUATES OF THE ADDICTION RECOVERY PROGRAM.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 8,231,121.

Part IV Checklist of Required Schedules

Table with 20 rows of questions and Yes/No columns. Questions cover various organizational requirements and reporting obligations. Some rows (11-12) have shaded cells in the Yes/No columns.

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
23 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? <i>If "Yes," complete Schedule J.</i>	23	X
24 a 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, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>	24a	X
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	
25 a 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? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I.</i>	25b	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? <i>If "Yes," complete Schedule L, Part II.</i>	26	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? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
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? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 12a regarding IRS filings and tax compliance.

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.

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policies, whistleblower policies, compensation review, and joint venture investments.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed.
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

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

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 did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL REICHERT CHAIR	10.00	X		X				0	0	0
PAUL SENSEMAN, JR. DIRECTOR	1.00	X						0	0	0
DAN HULSIZER TREASURER	10.00	X		X				0	0	0
MIKE KUZARA SECRETARY	5.00	X		X				0	0	0
KEN BECKEMEYER DIRECTOR	1.00	X						0	0	0
RICHARD DODGE DIRECTOR	1.00	X						0	0	0
BERT HAYENGA DIRECTOR	1.00	X						0	0	0
JILL HULSIZER DIRECTOR	1.00	X						0	0	0
KARLA PHILLIPS DIRECTOR	1.00	X						0	0	0
DENNIS PICKERING DIRECTOR	1.00	X						0	0	0
JIM SCARP DIRECTOR	1.00	X						0	0	0
TERRY STINES DIRECTOR	1.00	X						0	0	0
KEVIN J BIESTY DIRECTOR	1.00	X						0	0	0
CARL JOHNSON VICE CHAIR	5.00	X		X				0	0	0
BOB PICKERING DIRECTOR	1.00	X						0	0	0
LAURIE FICARRA DIRECTOR	1.00	X						0	0	0

Part VIII Statement of Revenue

86-6057771

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	54,122.			
	b	Membership dues	1b				
	c	Fundraising events	1c	10,204.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,675,602.			
	g	Noncash contributions included in lines 1a-1f: \$		4,486,793.			
	h	Total. Add lines 1a-1f			12,739,928.		
Program Service Revenue			Business Code				
	2a	SERVICE FEES	624200	30,212.	30,212.		
	b						
	c						
	d						
	e						
	g	Total. Add lines 2a-2f			30,212.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		42,612.			42,612.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)			0.		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			0.		
	8a	Gross income from fundraising events (not including \$ 10,204. of contributions reported on line 1c). See Part IV, line 18	a	30,197.			
	b	Less: direct expenses	b	17,905.			
c	Net income or (loss) from fundraising events			12,292.		12,292.	
9a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities			0.			
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory			0.			
		Miscellaneous Revenue	Business Code				
11a	OTHER INCOME		900099	1,218.			1,218.
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			1,218.			
12	Total Revenue. See instructions			12,826,262.	30,212.		56,122.

Name of organization PHOENIX GOSPEL MISSION, INC.

Employer identification number
86-6057771

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	[REDACTED] [REDACTED] [REDACTED]	\$ 391,452.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	[REDACTED] [REDACTED] [REDACTED]	\$ 283,458.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	[REDACTED] [REDACTED] [REDACTED]	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	[REDACTED] [REDACTED] [REDACTED]	\$ 714,171.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	[REDACTED] [REDACTED] [REDACTED]	\$ 1,853,146.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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).

Do not include amounts reported on lines 6b, 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 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	18,637.	18,637.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	313,642.		196,340.	117,302.
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.			
7 Other salaries and wages	2,694,591.	2,085,640.	341,949.	267,002.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits	406,571.	293,245.	72,468.	40,858.
10 Payroll taxes	218,757.	155,662.	37,760.	25,335.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	27,853.		27,853.	
c Accounting	32,310.		32,310.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	104,271.			104,271.
f Investment management fees	0.			
g Other	150,330.	79,206.	64,685.	6,439.
12 Advertising and promotion	1,110,465.	14,757.	19,680.	1,076,028.
13 Office expenses	266,954.	219,374.	12,800.	34,780.
14 Information technology	71,369.	33,363.	278.	37,728.
15 Royalties	0.			
16 Occupancy	280,035.	257,695.	10,629.	11,711.
17 Travel	138,736.	119,372.	13,461.	5,903.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	17,797.	2,921.	13,698.	1,178.
20 Interest	106,351.	93,963.	6,828.	5,560.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	184,356.	135,296.	46,902.	2,158.
23 Insurance	58,398.	42,892.	5,361.	10,145.
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.)				
a <u>DONATED SUPPLIES</u>	4,598,094.	4,596,030.		2,064.
b <u>POSTAGE</u>	88,170.	3,301.	3,430.	81,439.
c <u>REPAIRS AND MAINTENANCE</u>	85,066.	64,626.	6,883.	13,557.
d <u>BANK CHARGES</u>	109,722.	586.	2,727.	106,409.
e <u>PURCHASE OF SMALL EQUIPMENT</u>	9,760.	9,273.	441.	46.
f All other expenses	78,566.	5,282.	4,180.	69,104.
25 Total functional expenses. Add lines 1 through 24f	11,170,801.	8,231,121.	920,663.	2,019,017.
26 Joint Costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	200,764.	1	1,110,907.
	2	Savings and temporary cash investments	4,222,729.	2	1,504,381.
	3	Pledges and grants receivable, net	2,519,306.	3	2,127,629.
	4	Accounts receivable, net	16,660.	4	0.
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	283,882.	8	180,273.
	9	Prepaid expenses and deferred charges	61,769.	9	64,148.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,560,458.		
	10b	Less: accumulated depreciation	1,536,450.		
	10c		3,168,851.	10c	3,024,008.
	11	Investments - publicly traded securities	403,551.	11	180,835.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	4,104.	14	1,953.
15	Other assets. See Part IV, line 11	505,950.	15	5,672,067.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	11,387,566.	16	13,866,201.	
Liabilities	17	Accounts payable and accrued expenses	333,558.	17	1,213,296.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	Secured mortgages and notes payable to unrelated third parties	1,586,681.	23	1,543,443.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	132,726.	25	119,400.
	26	Total liabilities. Add lines 17 through 25	2,052,965.	26	2,876,139.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,400,037.	27	2,566,715.
	28	Temporarily restricted net assets	6,934,564.	28	8,423,347.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	9,334,601.	33	10,990,062.
	34	Total liabilities and net assets/fund balances	11,387,566.	34	13,866,201.

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: 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?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in 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 a consolidated basis, separate basis, or both:
 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 in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,368,052.	8,153,159.	11,541,408.	11,805,904.	12,739,928.	51,608,451.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,368,052.	8,153,159.	11,541,408.	11,805,904.	12,739,928.	51,608,451.
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).						0.
6 Public support. Subtract line 5 from line 4.						51,608,451.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	7,368,052.	8,153,159.	11,541,408.	11,805,904.	12,739,928.	51,608,451.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,461.	52,178.	119,122.	77,211.	42,612.	323,584.
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.)	475.	107.	5,005.	530.	1,218.	7,335.
11 Total support. Add lines 7 through 10						51,939,370.
12 Gross receipts from related activities, etc. (see instructions)					12	311,101.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.36%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.13%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 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, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 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 line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2009

Name of the organization
PHOENIX GOSPEL MISSION, INC.

Employer identification number
86-6057771

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization PHOENIX GOSPEL MISSION, INC.

Employer identification number
86-6057771

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	GROCERIES _____ _____ _____	\$ 391,452.	VAR
2	GROCERIES _____ _____ _____	\$ 283,458.	VAR
4	GROCERIES _____ _____ _____	\$ 714,171.	VAR
5	GROCERIES _____ _____ _____	\$ 1,853,146.	VAR
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization PHOENIX GOSPEL MISSION, INC.

Employer identification number 86-6057771

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues included in Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of Investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	18,000	1,018,741		1,036,741
b Buildings		2,625,492	732,551	1,892,941
c Leasehold improvements				
d Equipment		898,225	803,899	94,326
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,024,008

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
CONSTRUCTION IN PROGRESS	5,662,208.
COMPENSATION INSURANCE DEPOSIT	9,859.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,672,067.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
CAPITAL LEASE OBLIGATION	26,346.
DEFERRED COMPENSATION	93,054.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	119,400.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows and 2 columns. Row 1: Total revenue (Form 990, Part VIII, column (A), line 12) 12,826,262. Row 2: Total expenses (Form 990, Part IX, column (A), line 25) 11,170,801. Row 3: Excess or (deficit) for the year. Subtract line 2 from line 1 1,655,461. Row 10: Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 1,655,461.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e). Row 1: Total revenue, gains, and other support per audited financial statements 12,826,562. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12: 300. Row 3: Subtract line 2e from line 1 12,826,262. Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 12,826,262.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e). Row 1: Total expenses and losses per audited financial statements 11,171,101. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25: 300. Row 3: Subtract line 2e from line 1 11,170,801. Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 11,170,801.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X

FIN 48 WAS ADOPTED IN 2009 AND DID NOT HAVE A SIGNIFICANT IMPACT ON THE MISSION'S FINANCIAL STATEMENTS. THE MISSION EVALUATES THEIR UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF THEIR POLICIES AND PROCEDURES, REVIEW OF THEIR REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS.

Part XIV Supplemental Information *(continued)*

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GOLF TOURNAMENT			(add col. (a) through col. (c))
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts	32,709.			32,709.
2	Less: Charitable contributions	10,204.			10,204.
3	Gross income (line 1 minus line 2)	22,505.			22,505.
Direct Expenses					
4	Cash prizes				
5	Noncash prizes	2,460.			2,460.
6	Rent/facility costs	9,554.			9,554.
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	5,891.			5,891.
10	Direct expense summary. Add lines 4 through 9 in column (d)				(17,905)
11	Net income summary. Combine line 3, column (d), and line 10				4,600.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	Revenue				
1	Gross revenue				
Direct Expenses					
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

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

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility

13a		%
13b		%
- b An outside facility

13b		%
-----	--	---

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

Name ▶ -----

Address ▶ -----

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

15a

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

17a

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASSISTANCE TO INDIVIDUALS	1,214	18,637.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I

QUESTION 1: ASSISTANCE IS PROVIDED TO ANYONE WHO ASKS UNLESS THE ORGANIZATION CAN NOT PROVIDE DUE TO LACK OF FUNDS OR MATERIALS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

2009

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PHOENIX GOSPEL MISSION, INC.

Employer identification number
86-6057771

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications	X		7,672.	THRIFT SHOP VALUE
5 Clothing and household goods	X		440,116.	THRIFT SHOP VALUE
6 Cars and other vehicles	X	1	2,495.	COMPARABLE SALES
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory	X	4,312	3,841,834.	FEEDING MANUAL
20 Drugs and medical supplies	X	20	6,784.	10% OF RETAIL VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GOLF EVENT)	X	4	1,104.	COMPARABLE SALES
26 Other ▶ (MISCELLANEOUS)	X	256	186,788.	THRIFT STORE VALUE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

PHOENIX GOSPEL MISSION, INC.

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

86-6057771

ATTACHMENT 1

FORM 990, PART I

QUESTION 1: THE MISSION'S PURPOSE IS TO PROVIDE PHYSICAL CARE, MENTAL SUPPORT AND SPIRITUAL GUIDANCE TO MEN, WOMEN AND CHILDREN WHO ARE DESTITUTE, HOMELESS, OR AT RISK OF BECOMING HOMELESS; TO PROVIDE EMERGENCY SHELTER AND TRANSITIONAL HOUSING; TO PROVIDE HUMAN SERVICES AND CARE FOR PHYSICAL AND MENTAL NEEDS THROUGH ASSISTANCE, MEALS, SHOWERS, CLOTHING, COUNSELING, REFERRAL, TEACHING, OUTREACH, JOB TRAINING, ADDICTION RECOVERY, AFTERCARE, MEDICAL AND DENTAL SERVICES, AND OTHER SUCH SERVICES AS NEEDED TO ASSIST IN MAINTAINING AN ACCEPTABLE LIVING STANDARD AND LEVEL OF PHYSICAL HEALTH. PROVIDE PROGRAMS DESIGNED TO RETURN THOSE NEEDING AND DESIRING ASSISTANCE TO SOCIETY AS PRODUCTIVE CITIZENS. ACT AS AN ADVOCATE ON THEIR BEHALF. INFORM AND EDUCATE THE PUBLIC REGARDING THE UNIQUE NEEDS OF THE POOR, THE NEEDY AND THE HOMELESS. INFORM AND EDUCATE THE PUBLIC REGARDING THE SERVICES OF THE MISSION IN SUCH A WAY AS TO INVOLVE THE PUBLIC IN THE WORK AND TO CREATE CHANNELS OF MINISTRY AND SERVICE TO THE PUBLIC AND BETWEEN THE PUBLIC AND THE POOR, THE NEEDY AND THE HOMELESS.

FORM 990, PART VI

SECTION A, QUESTION 2: DAN HULSIZER AND JILL HULSIZER, FAMILY RELATIONSHIP. BOB PICKERING AND DENNIS PICKERING, FAMILY RELATIONSHIP.

SECTION B, QUESTION 11: AN ELECTRONIC COPY OF THE FORM 990 IS PROVIDED TO THE CHAIR OF THE FINANCE COMMITTEE FOR REVIEW PRIOR TO BEING FILED.

Name of the organization

PHOENIX GOSPEL MISSION, INC.

Employer identification number

86-6057771

ATTACHMENT 1 (CONT'D)

SECTION B, QUESTION 12C: THE POLICY IS REDISTRIBUTED ANNUALLY FOR CONFIRMATION OF ANY POSSIBLE CONFLICT OF INTEREST THAT MAY HAVE BECOME A RISK. IF THERE IS ANY RISK, IT IS ADDRESSED AT THAT TIME. ON AN ONGOING BASIS, IF ANY CONFLICT OF INTEREST IS RECOGNIZED, IT IS INVESTIGATED AND DEALT WITH ACCORDINGLY THROUGH ADMINISTRATION.

SECTION B, QUESTION 15: THE COMPENSATION FOR EXECUTIVE DIRECTOR WAS SET BY THE BOARD OF DIRECTORS WITH A BINDING FIVE YEAR CONTRACT THAT SPELLS OUT THE COMPENSATION FOR EACH YEAR. AS PART OF THE REVIEW PROCESS, THE BOARD OF DIRECTORS COMPARED SALARY AND BENEFIT INFORMATION TO SURVEY RESULTS PROVIDED AND PREPARED BY THE LOS ANGELES MISSION. THE RESULTING COMPENSATION WAS BASED ON THIS INFORMATION, AND THE CURRENT CONTRACT BECAME EFFECTIVE AS OF JANUARY OF 2007.

SECTION C, QUESTION 19: DOCUMENTS ARE AVAILABLE UPON REQUEST, EITHER ELECTRONICALLY OR HARD COPY

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (iii) annuities or (iv) rent from a controlled entity
b Gift, grant, or capital contribution to other organization(s)
c Gift, grant, or capital contribution from other organization(s)
d Loans or loan guarantees to or for other organization(s)
e Loans or loan guarantees by other organization(s)
f Sale of assets to other organization(s)
g Purchase of assets from other organization(s)
h Exchange of assets
i Lease of facilities, equipment, or other assets to other organization(s)
j Lease of facilities, equipment, or other assets from other organization(s)
k Performance of services or membership or fundraising solicitations for other organization(s)
l Performance of services or membership or fundraising solicitations by other organization(s)
m Sharing of facilities, equipment, mailing lists, or other assets.
n Sharing of paid employees
o Reimbursement paid to other organization for expenses
p Reimbursement paid by other organization for expenses
q Other transfer of cash or property to other organization(s)
r Other transfer of cash or property from other organization(s).

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Table with columns: (a) Name of other organization, (b) Transaction type (a-t), (c) Amount involved. Rows 1-6.

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization PHOENIX GOSPEL MISSION, INC.	Employer identification number 86-6057771
	Number, street, and room or suite no. If a P.O. box, see instructions. 1801 S. 35TH AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHOENIX, AZ 85009-6706	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ► JEROLD D. SANDVIG,

Telephone No. ► 602 272-5643 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2009 or
- tax year beginning _____, _____, and ending _____, _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.