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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 A For the 2009 D Employer identification number B Check if applicable Please WALL STREET MISSION use IRS Address change 42-0727509 label or Doing Business As E Telephone number print or Name change goodwill industries type. See Specific (712) 258-4511 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 16,661,402 Terminated tions. City or town, state or country, and ZIP + 4 SIOUX CITY, IA 51102 Amended return Application pending Name and address of principal officer Is this a group return for John Hantla affiliates? PO BOX 1438 SIOUX CITY, IA 51102 Γ Yes Γ No H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number 🕨 **Website: ►** www.goodwillscia.com M State of legal domicile IA L Year of formation 1923 Summary Part I Briefly describe the organization's mission or most significant activities BUILDING INDEPENDENCE, QUALITY OF LIFE, AND WORK OPPORTUNITIES Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) $\,$. $\,$. 798 Total number of employees (Part V. line 2a) . . . 795 Total number of volunteers (estimate if necessary) . 0 Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 $\,$. 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 6,155,905 6,277,178 Program service revenue (Part VIII, line 2g) . 7,620,645 7,896,061 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 123,421 -292,614 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 121,520 78,590 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 14,021,491 13,959,215 56,342 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 55.963 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 7.918.748 8.749.814 **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . . Ь Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 71,639$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 5,406,857 5,750,385 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 13,381,568 14,556,541 -597,326 19 Revenue less expenses Subtract line 18 from line 12 . 639.923 t Assets or | nd Balances | **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 18,326,553 21,058,047 Total liabilities (Part X, line 26) . . 2,922,268 4,580,880 22 15,404,285 16,477,167 Net assets or fund balances Subtract line 21 from line 20 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 ***** 2010-08-16 Here Signature of officer John Hantla President
Type or print name and title Date Check if Preparer's identifying number signature Patty Albenesius Paid empolyed 🕨 🛘 Preparer's Firm's name (or yours King Reinsch Prosser & Co LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 522 4th Street Suite 200 Phone no (712) 258-5550 Sioux City, IA 51101 May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Build independence, quality of life, and work opportunities

2	Did the organization u the prior Form 990 or				ar which were not listed on	┌ Yes ┌ No	
	If "Yes," describe thes) 165 p 110	
3				it changes in how it	conducts, any program		
	services?					┌ Yes ┌ No	
	If "Yes," describe thes	e changes on Sch	iedule O				
4		d 501(c)(4) organı	zations and section	on 4947(a)(1) trusts	ee largest program services s are required to report the m service reported		
4a	(Code) (Expenses \$	8,776,044	ıncludıng grants of \$) (Revenue	\$ 5,813,581)	
	others having a hard time	e finding employment	Goodwill accepts clot	hing and other household	e-job training to people with disa d donated goods from the public a supporting and growing critical cor	and sells these donations in	
4b	(Code) (Expenses \$	723,577	ıncludıng grants of \$) (Revenue	\$ 429,413)	
	Contract Services - Contr	numity and racility bas		creates employment and	d job-training opportunities for pe		
	or other challenges to em	ariety of work expenier	nce and training enviro	onments, including custo	and local government, and other dial services, groundskeeping, ma strative support services		racts
4c	or other challenges to em offer opportunities in a va	ariety of work expenier	nce and training environces, switchboard ope	onments, including custo	dial services, groundskeeping, ma	anufacturing, packaging and asse	racts
4c	or other challenges to emoffer opportunities in a vadocument management, (Code Workforce Development I workforce development Sbased programs Goodwil provided to 10,593 individually couchers, service learning Services were provided to to each participant with smaintenance of employmedicaid waiver program provided to 121 individual) (Expenses \$ Program ServicesIndiviervices - such as empliances in 2009 These significant projects, Thanksgiving 2,098 individuals in 2 ervices delivered over its the expected resignificant projects, and five sessions of its in 2009 These services and pre-	2,125,643 duals achieve greater loyment training and communities and far ervices are "soft toucking Dinner, Christmas \$2009 These services ean extended period of sult of programs and far extended period of sult of programs and sult of prog	including grants of \$ levels of self-sufficiency education, work experier inlies and promote indepentation and mature and usually shoe and Mitten parties, encompass education and fitime Maintenance and services in this category tamp where the participation of job placements	dial services, groundskeeping, ma strative support services	\$ 1,653,067) Goodwill's family strenghtening an des, transitional housing, and yout who need it most Basic Services went including such things as store HUD apartment residencies Internager or direct service worker assindent functioning level, or sextended sheltered employmentialist Placement focused services and direct job placement programs,	nd oth- vere signed nt, were , as
4c	or other challenges to emoffer opportunities in a various document management, (Code Workforce Development is based programs Goodwill provided to 10,593 individually vouchers, service learning Services were provided to each participant with significant with significant with significant with significant waiver program provided to 121 individual well as temporary placers) (Expenses \$ Program ServicesIndiviervices - such as empliances in 2009 These significant projects, Thanksgiving 2,098 individuals in 2 ervices delivered over its the expected resignificant projects, and five sessions of its in 2009 These services and pre-	2,125,643 duals achieve greater loyment training and communities and far ervices are "soft toucking Dinner, Christmas \$2009 These services ean extended period of sult of programs and far extended period of sult of programs and sult of prog	including grants of \$ levels of self-sufficiency education, work experier inlies and promote indepentation and mature and usually shoe and Mitten parties, encompass education and fitime Maintenance and services in this category tamp where the participation of job placements	dial services, groundskeeping, mastrative support services) (Revenue and economic success through Gence, employment retention services endence and dignity for people we provided without case managemes Samaritan fund distributions, and dicareer services with a case manaenhancement of skills or indepersions area of service also includes ants receive social development signer through job development and	\$ 1,653,067) Goodwill's family strenghtening an ies, transitional housing, and yout itho need it most Basic Services we ent including such things as store HUD apartment residencies Inter lager or direct service worker ass indent functioning level, or s extended sheltered employment ikills Placement focused services in direct job placement programs, it service worker is assigned to ea	nd ith- vere ensive signed nt, were , as
4c	or other challenges to emoffer opportunities in a various document management, (Code Workforce Development is based programs Goodwill provided to 10,593 individual provided to each participant with significant with significan) (Expenses \$ Program ServicesIndiviervices - such as emplifying programs strenghten duals in 2009 These soft projects, Thanksgiving 2,098 individuals in 2009 Trees delivered over its the expected rest, and five sessions of Is in 2009 These services and preliplacement focused projects.) (Expenses \$ If its in 2009 These services and preliplacement focused projects.)	2,125,643 duals achieve greater loyment training and communities and fair ervices are "soft toucking Dinner, Christmas \$2009 These services an extended period of sult of programs and fiveek-long summer cices have an expected placement phases of sograms and services 426,262 cludes Camp for 2,46	including grants of \$ levels of self-sufficiency education, work experier illes and promote indeping in nature and usually shoe and Mitten parties, encompass education and firme Maintenance and services in this category camp where the participal outcome of job placem supported employment supported employment supported including grants of \$ on including grants of \$ on individuals, many with	dial services, groundskeeping, mastrative support services) (Revenue and economic success through Gace, employment retention service endence and dignity for people without case managemes Samantan fund distributions, and dicareer services with a case man enhancement of skills or independents area of service also includes ants receive social development significant from through job development and ervices. A case manager or direct 56,342.) (Revenue and disadvantaging condition, Tha	\$ 1,653,067) Goodwill's family strenghtening and sees, transitional housing, and yout the need it most Basic Services went including such things as store. HUD apartment residencies Internager or direct service worker assendent functioning level, or sextended sheltered employment iskills Placement focused services will direct job placement programs, it service worker is assigned to each service worker is assigned to each service worker is assigned to each service worker.	nd hth- vere ensive signer nt, were , as
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Part TV	Checklist	of Requir	ed Sche	dules
4: I L T L T	CHECKHSL	UI KEYUII	eu Stile	uuies

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		Νο
9	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		No
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		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	♦ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		Į
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		No
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 U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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 U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		Νο
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, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		No
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		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

rt V	Statements	Regarding	Other	TRS F	ilinas	and '	Tax	Comi	oliance
	ota to illoiles	itegai aiiig	•					~~	J.:

			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0						
С	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 calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο			
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b					
l a	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)?	4a		No			
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						
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo			
c	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?						
ā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?						
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	file Form 8282?	7c		Νo			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal						
	benefit contract?	7e		Νo			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g					
"	required?	7h					
3	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					
•	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?	9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b					
LO	Section 501(c)(7) organizations. Enter						
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
l1	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)						
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the						
	year 12b						

PO BOX 1438

SIOUX CITY, IA 51102 (712) 258-4513

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

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a L	Enter the number of voting members of the governing body 1a 16 Enter the number of voting members that are independent 1b 15			
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
2	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
ill	vende code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11				
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Vupon request Describe in Schedule Owhether (and if so, how), the organization makes its governing documents, conflict of			
	interest policy, and financial statements available to the public. See Additional Data Table		.n.w.+·-	. b -
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nizatior	1 F

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees 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, or 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 i	not compen	ffice	ficer, director, trustee or key employee							
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forr	n 990 (2009)			Page 8
1b	Total	0		72,873
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►3			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0			
		F	orm 99 0	0

Form 99								Page 9
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
its i	1a	Federated camp	paigns 1a	5,980				
ig ja	ь	Membership du	es 1b					
કે. a∰	С	Fundraising eve	ents 1c					
≢ੂ≅	d	Related organiz	ations 1d					
ě,Œ	e	Government grants	s (contributions) 1e	416,313				
er s	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	5,854,885				
^듩	g		butions included in					
Contributions, gifts, grants and other similar amounts	h	imes ra-rr \$ _	285,315 3 1a-1f	▶	6,277,178			
<u>a</u>				Business Code				
æn	2a	CONTRIBUTED GOO	ODS PROD	525,100	4,944,931	4,944,931		
æ	ь	RESPITE, ADULT DA	AY CAR	623,990	1,015,070	1,015,070		
Program Service Revenue	С	SALVAGE		900,099	868,650	868,650		
Ser.	d	work experience		624,310	637,997	637,997		
Ē	e	CONTRACTS		624,310	429,413	429,413		
Š	f	All other progra	im service revenue					
Δ	g	Total. Add lines	s 2a-2f	▶	7,896,061			
	3	Investment inc	ome (ıncludıng dıvıdend	ds, interest				
			ar amounts)	⊢	123,098			123,098
	4		tment of tax-exempt bond p	· · · •				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	25,855	(II) F elsolial				
	ь	Less rental						
	_c	expenses Rental income	25,855					
	d	or (loss) Net rental incor	me or (loss)		25,855			25,855
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	2,284,975	1,500				
	ь	Less cost or other basis and	2,702,187					
		sales expenses Gain or (loss)	-417,212	1,500				
	c d		s)		-415,712			-415,712
ds	8a	Gross income fi	rom fundraising					
Other Revenue		\$	reported on line 1c)					
높			а					
ŧ	Ь		penses b					
O	c 9a		loss) from fundraising	events F				
	Ja	See Part IV, lin	rom gaming activities e 19 a					
	b c		penses b loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold b					
	С	_	loss) from sales of inve	entory ►				
		Miscellaneous	s Revenue	Business Code				
	11a	E-STORE SALE	S	454,110	44,362	44,362		
	ь	CAFETERIA SE	ERVICE	812,900	1,231	1,231		
	С							
	d	All other revenu	ı		7,142	7,142		
	e	Total. Add lines	s 11a-11d	· · · · •	52,735			
	12	Total revenue.	See Instructions	▶[13,959,215	7,948,796	ı	-266,759

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).								
			(B)	(C)	(D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	56,342	56,342					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	700,460	293,404	407,056				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	6,562,264	5,918,658	598,055	45,551			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	160,903	139,863	20,682	358			
9	Other employee benefits	543,521	501,066	42,022	433			
10	Payroll taxes	782,666	682,313	96,174	4,179			
11	Fees for services (non-employees)				_			
а	Management							
ь	Legal	51,802		51,802				
_	Accounting	48,700		48,700				
٦	Lobbying	17,317		17,317				
d	Professional fundraising See Part IV, line 17	17,317		17,317				
e		42.722		42.722				
f	Investment management fees	43,732		43,732				
g	Other							
12	Advertising and promotion	97,621	48,528	49,093				
13	Office expenses	1,263,856	979,900	263,525	20,431			
14	Information technology							
15	Royalties							
16	Occupancy	2,019,403	1,828,764	190,639				
17	Travel	678,609	595,459	82,656	494			
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	105,381		105,381				
22	Depreciation, depletion, and amortization	541,493	278,227	263,266				
23	Insurance							
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	contract services	812,512	669,109	143,210	193			
ь	miscellaneous	46,585	39,477	7,108	-			
c	memBERSHIP DUES AND SUP	23,374	20,416	2,958				
d								
e								
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	14,556,541	12,051,526	2,433,376	71,639			
26	Joint costs. Check here F 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	1,,550,511	22,001,020	2, 33,37 0	. 1,033			

Pa	rt X	Balance Sheet								
					(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing			431,678	1	127,298			
	2	Savings and temporary cash investments			2,254,297	2	2,075,752			
	3	Pledges and grants receivable, net			205,506	3	240,008			
	4	Accounts receivable, net			385,128	4	370,305			
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	ervables from current and former officers, directors, trustees, key employees, and est compensated employees. Complete Part II of							
		Schedule L			5					
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	4958(f)(1)) and							
		Schedule L				6				
Assets	7	Notes and loans receivable, net	•			7				
Ŝ	8	Inventories for sale or use			433,126	8	533,896			
⋖	9	Prepaid expenses and deferred charges			201,051	9	145,293			
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	17,259,351						
	ь	Less accumulated depreciation	10b	6,399,621	8,784,795	10c	10,859,730			
	11	Investments—publicly traded securities			4,747,487	11	5,859,127			
	12	Investments—other securities See Part IV, line 11	636,432	12	604,585					
	13	Investments—program-related See Part IV, line 11		13						
	14	Intangible assets		14						
	15	Other assets See Part IV, line 11	247,053	15	242,053					
	16	Total assets. Add lines 1 through 15 (must equal line 34)			18,326,553	16	21,058,047			
	17	Accounts payable and accrued expenses .	653,086	17	723,241					
	18	Grants payable			18					
	19	Deferred revenue				19				
	20	Tax-exempt bond liabilities				20				
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified								
Lie		persons Complete Part II of Schedule L		•		22				
	23	Secured mortgages and notes payable to unrelated third parties	•		2,143,821	23	3,474,639			
	24	Unsecured notes and loans payable to unrelated third parties				24				
	25	Other liabilities Complete Part X of Schedule D			125,361	25	383,000			
	26	Total liabilities. Add lines 17 through 25			2,922,268	26	4,580,880			
Fund Balances		Organizations that follow SFAS 117, check here ▶	lete li	ines 27						
สม	27	Unrestricted net assets			15,303,821	27	16,155,878			
Ba	28	Temporarily restricted net assets		100,464	28	321,289				
F	29	Permanently restricted net assets			29	_				
Ē		Organizations that do not follow SFAS 117, check here ► ┌ an	d com	plete						
ō		lines 30 through 34.								
	30	Capital stock or trust principal, or current funds	•			30				
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31				
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32				
Net	33	Total net assets or fund balances			15,404,285		16,477,167			
ı —	34	Total liabilities and net assets/fund balances			18,326,553	34	21,058,047			

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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			
3а	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?	3a		No
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	3b		

Form **990** (2009)

Employer identification number

OMB No. 1545-004

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization WALL STREET MISSION

42-0727509 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ∏ Туре I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

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

Provide the following information about the supported organization(s)

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou cnecked the	box on line 5,	7, or 8 of Part 1	.)			
	ection A. Public Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	4,536,03	1 4,316,320	4,597,693	6,155,905	6	,277,178	25,883,127
2	grants ") 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	4 526 02	1 1 216 220	4 507 602	6 455 005		277.470	25 002 127
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	4,536,03	1 4,316,320	4,597,693	6,155,905		,277,178	25,883,127
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							
6	(f) Public Support. Subtract line 5							25,883,127
-	from line 4							
	ection B. Total Support endar year (or fiscal year							
-	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
7	A mounts from line 4	4,536,031	254,876	4,597,693	6,155,905	6	,277,178	25,883,127
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	192,334	254,876	274,448	245,194		148,953	1,115,805
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
LO	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	69,564	13,112	11,155	94,227		52,735	240,793
l1	Total support (Add lines 7 through 10)							27,239,725
L2	Gross receipts from related activiti	es, etc (See ins	tructions)			12		35,635,127
13	First Five Years If the Form 990 is check this box and stop here		·	, thırd, fourth, or fi	fth tax year as a !	501(c)(3	3) organız	ation,
<u>5</u> 14	ection C. Computation of Pub Public Support Percentage for 2009			11 column (f))		44		05.030.00
	-	•		column (1))		14		95 020 %
L5 .c-	Public Support Percentage for 2008				14 := 22 ::e2:	15		94 590 %
гоа	33 1/3% support test—2009. If the and stop here. The organization qua				ine 14 is 33 1/3%	or more	, cneck ti	nis box ► ▼
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization mee	e organization did n qualifies as a p — 2009. If the org tion meets the "f	not check the box ublicly supported anization did not o acts and circums	on line 13 or 16 organization :heck a box on lin :ances" test, chec	e 13, 16a, or 16b ck this box and st	and line	: 14 Explain	▶┌
_	organization							► □
Ь	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza supported organization	tion meets the "f	acts and circums	ances" test The	organization qual	ıfıes as a	a publicly	▶ □
18	Private Foundation If the organizat instructions	ion aid not check	k a box on line 13,	16a, 16b, 17a or	1/b, check this l	oox and	see	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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. 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 A (Form 990 or 990-EZ) 2009

DLN: 93493228037590

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

FSe fth FSe	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 3 ection 501(c)(4), (5), or (6) organizations Complete Part III	rt II-B Do 3 5a (reg a	not co irding	mplete Part	, then
WA	ALL STREET MISSION 42-	.072750	9		
ar	t I-A Complete if the organization is exempt under section 501(c) or is a sec	tion 52	7 org	<u>janizatio</u>	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	,			
2	Political expenditures	F	\$		
3	Volunteer hours		_		
Pai	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	>	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	>	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No
4a	Was a correction made?			☐ Yes	∏ No
b	If "Yes," describe in Part IV				
Pai	t I-C Complete if the organization is exempt under section 501(c) except sec	ction 50)1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activi	ties 🕨	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527	ı			
	exempt funtion activities	F	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	-	\$		
4	Did the filing organization file Form 1120-POL for this year?		· —	┌ Yes	┌ No
_					

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
A R	Check If the filing organization belongs to	an affiliated group x A and "limited control" provisions apply		
_	Limits on Lobbying E (The term "expenditures" means a	Expenditures	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	17,317	
c	Total lobbying expenditures (add lines 1a and 1	b)	17,317	
d	Other exempt purpose expenditures		14,539,224	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	14,556,541	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	877,827	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)	219,457	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
	Subtract line 1 f from line 1 c. If zero or less, ente	ar - 0 -	0	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total		
2a	Lobbying non-taxable amount		726,114	819,078	877,827	2,423,019		
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,634,529		
c	Total lobbying expenditures		3,260	2,129	17,317	22,706		
_d	Grassroots non-taxable amount		181,529	204,770	219,457	605,756		
е 	Grassroots ceiling amount (150% of line 2d, column (e))					908,634		
f	Grassroots lobbying expenditures							

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\ <u>\</u>		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

DLN: 93493228037590

OMB No 1545-0047

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

	me of the organization L STREET MISSION		Emp	loyer identification	number	•
			42-0	727509		
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		Funds	or Accounts. Co	mplete	e if the
		(a) Donor advised funds	(b) Funds and other	accoun	ts
	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
ļ	Aggregate value at end of year					
;	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		onor advı		Yes	∏ No
)	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			r purpose	Yes	┌ No
Pa	rt III Conservation Easements. Complete	<u>if the organization answered "Yes"</u>	to Forn	n 990, Part IV, lın	e 7.	
2	Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication of the last day of the tax year	Preservation of a	a certifie	cally importantly la d historic structure onservation	nd area	
				Held at the End	of the \	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	rred. released. extinguished. or termina	ted by th	e organization durin	a	
	the taxable year 🕨	, , , , , , , , , , , , , , , , , , ,	·	-	-	
ļ	Name to the first of the second secon					
	Number of states where property subject to conserva					
•	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ndling of	violations, and	Yes	┌ No
•	Staff and volunteer hours devoted to monitoring, insp	-				
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easemer	nts during	; the year 🟲 \$		
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of s	ection	Г	Yes	┌ No
)	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financi			5	
ar	Complete of the organization answered		, or Otl	ner Similar Ass	ets.	
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	rch in fu			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
<u>!</u>	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		for finan	cıal gaın, provıde th	e	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

a F b F c F 4 Pro Pa 5 Du as:	sing the organization's accession and other ems (check all that apply) Public exhibition Scholarly research	records, check any		ie fol	lowing	that a	re a sıgnıfıca	nt u	se of its col	lectioi	า	
b			-1									
4 Pro Pa 5 Du as:	Scholarly research		d	Γ	Loan	orexc	:hange progr	ams				
4 Pro Pa 5 Du as:			e	Γ	Othe	r						
Pa 5 Du as:	Preservation for future generations											
as	ovide a description of the organization's co ort XIV	llections and expla	ın hov	v the	y furthe	erthe	organızatıon	's ex	empt purpo	se in		
	uring the year, did the organization solicit o sets to be sold to raise funds rather than t			,					ıılar	Г	Yes	┌ No
Part I	V Escrow and Custodial Arrange Part IV, line 9, or reported an am						n answere	Y" b	es" to Forr	n 990),	
	the organization an agent, trustee, custod cluded on Form 990, Part X?	ıan or other ınterme	diary	for c	ontribu	utions	or other ass	ets i	not	Γ	Yes	┌ No
b If'	"Yes," explain the arrangement in Part XIV	and complete the	follow	ing t	able		Γ			A mou	ınt	
c Be	eginning balance							1c				
_	dditions during the year						<u> </u>	1d				
	istributions during the year							1e				
_	nding balance						<u> </u>	1f				
	d the organization include an amount on Fo	orm 990. Part X. line	e 217				<u>L</u>			Г	Yes	┌ No
	"Yes," explain the arrangement in Part XIV									,		,
Part V			n ans	were	ed "Ye	s" to	Form 990.	Par	t IV. line 1	0.		
		(a)Current Year		Prior `			vo Years Back		Three Years Ba) Four Y	ears Back
1a Be	eginning of year balance											
b Co	ontributions											
c In	vestment earnings or losses											
d Gr	rants or scholarships											
	ther expenditures for facilities and programs											
f Ad	dministrative expenses											
g En	nd of year balance											
2 Pro	ovide the estimated percentage of the year	r end balance held a	a s									
a Bo	oard designated or quasi-endowment 🕨	%										
b Pe	rmanent endowment 🕨 %											
c Te	erm endowment 🕨 %											
	e there endowment funds not in the posses	ssion of the organiza	ation 1	thata	are hel	dand	administered	l for	the			
	ganızatıon by								_		Yes	No
(i)	unrelated organizations			•		•		•	-	3a(i)		
) related organizations							•		3a(ii)		<u> </u>
	"Yes" to 3a(II), are the related organization escribe in Part XIV the intended uses of the	·				•		•		3b		<u> </u>
Part V						an p	art Y line	10				
raitv	Investments—Land, buildings	, and Equipme	III. <u>J</u>		Cost or		(b)Cost or ot		(c) Accumula	tod T		
	Description of investment				s (invest		basis (othe		depreciation		(d) Bo	ook value
1a Land			•				2,403			\dashv		2,403,160
b Build			•				13,088	,513	5,264	1,665		7,823,848
c Leas	sehold improvements		•									
d Equ	ipment		•				1,592	,503	1,134	1,956		457,547
	er						175	,175				175,175
Total. A	dd lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colur	nn (B)	, line	10(c).))		•	•		1	.0,859,730

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III		(h) Pook volue
(a) Descrip	CIOII	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	

i cili	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,959,215
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,556,541
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-597,326
4	Net unrealized gains (losses) on investments	4	1,448,456
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	221,752
9	Total adjustments (net) Add lines 4 - 8	9	1,670,208
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,072,882
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	15,407,671
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	1,448,456
3	Subtract line 2e from line 1	3	13,959,215
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	13,959,215
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	14,556,541
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
- а	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	14,556,541
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	14,556,541
Par	t 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, 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

Ident if ier	Return Reference	Explanat ion
Part XI, Line 8 - Other Adjustments		DISTRIBUTION FROM PHEASANT ACRES APARTMENTS,
		INC DISSOLUTION OF WAR EAGLE DEVELOPMENT INC

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

DLN: 93493228037590

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection

artie of the organization						Employer Identification number				
WALL STREET MISSION					42-0727509					
Part I General Inform	nation on Grants	and Assistance								
 Does the organization main the selection criteria used Describe in Part IV the org 	to award the grants o	or assistance?			,	,	∀Yes			
Form 990, Part I\	V, line 21 for any r	ecipient that receive	d more than \$5,000.	. Check this box if no	Complete if the orga one recipient receiv	ed more than \$5,00	0. Use			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	· ,	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance			

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

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
The 10th annual Homeless Veterans stand down was hosted by Goodwill Industries on 9/25/09 in Sioux Falls, SD service providers hosted booths to meet the needs of 235 homeless veterans Services available included health screenings, housing and shelter referrals, employment and job training assistance, transportation vouchers, and personal hygiene services Veterans were also given winter clothing. A full hot breakfast and lunch meal were provided	235		7,241		
The Samaritan fund provides cash assistance to less fortunate individuals for specific basic needs such as housing, utilities, and medical	125	49,101			
See Addıtıonal Data Table					

Supplem	ental Information. Complete t	this part to provide the information required in Part 1, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493228037590

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Inspection

	Name of the organization WALL STREET MISSION						Employer identification number					
Part I	Excess Benefit Trai						40h					
1	(a) Name of disq			(b) Descrip			(c) Corrected Yes No					
sect	er the amount of tax impos tion 4958				s during the	e year under \$						
3 Ente	er the amount of tax, If any	, on line 2, abov	e, reimbursed by t	he organization . .		· · F \$						
Part II	Loans to and/or I Complete if the organiz			0. Part IV. line 26. o	r Form 990)-EZ. Part V. line 38a						
(a) Name	e of interested person and purpose	(b) Loan to or from the organization?	(c) O riginal principal amount		(e) In default?	(f) Approved	(g) Written agreement?					
		To From		Y	res No	Yes No	Yes No					
Total . Part III		 Ice Benefitti	📂 \$	Persons								
raitill	Complete if the orga				line 27.							
(a	a) Name of interested pers	on (E	-	reen interested perso rganization	^(c)	Amount of grant or type	of assistance					
Part IV	Business Transact Complete if the orga				line 28a 1	28h or 28c						
(a)	Name of interested perso	(b) betw n pe	Relationship een interested rson and the rganization	(c) A mount of transaction		scription of transaction	(e) Sharing of organization' revenues? Yes No					
Dale Jans		Directo	pr	1,944,908	construc	s is an owner in a tion company which eet Mission contracted	No					

with to build a new retail store

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493228037590

Open to Public

Inspection

OMB No 1545-0047

WALL STREET MISSION

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.

NonCash Contributions

Department of the Treasury ► Attach to Form 990. Internal Revenue Service Name of the organization

Employer identification number

42-0727509

Pa	Tible Types of Property							
		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of d rever	etermı	nıng	
	Ant Walls of ant	applicable		1 g				
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests			160.160				
4	Books and publications	X		168,168	cost			
5	Clothing and household goods	X		5,079,367	cost			
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts	•						
	Other \blacktriangleright (ADVERTISING)	X	9	,				
26	Other►(SUPPLIES)	X	23	9,401	cost			
27	camp Other ► (<u>supplies</u>)	Х	6	4,135	cost			
	O ther ▶ ()							
29	Number of Forms 8283 receive for which the organization comp		- .		29			
30~	During the year, did the organiz	ation recov	e by contribution any prope	arty reported in Part I. linco	1 - 28 that it	$\overline{}$	Yes	No
50 a	must hold for at least three yea							
	for exempt purposes for the ent			on, and which is not require	u to be useu			No
						30a		No
ъ 31	 If "Yes," describe the arrangem Does the organization have a gi 			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e tnira part	ies or related organizations		ion-casn	32a		Νo
b	If "Yes," describe in Part II							
33	If the organization did not repor describe in Part II	rt revenues	ın column (c) for a type of p	roperty for which column (a) is checked,			

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.

Ident if ier	Return Reference	Explanation
Method for Determining Number of	Part I, Column (b)	WALL STREET MISSION IS REPORTING THE NUMBER OF
Contributors		CONTRIBUTIONS RECEIVED

Schedule M (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228037590

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Employer identification number Name of the organization WALL STREET MISSION 42-0727509

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The 990 was reviewed by the director of accounting and chairman of the board
Form 990, Part VI, Section B, line 12c		Potential conflicts of interest are brought to management and the Board on a timely basis
Form 990, Part VI, Section B, line 15		THE compensation of the PRESIDENT, other officers, and key employees IS REVEWED BY THE EXECUTIVE COMMITTEE In addition, THE GOODWILL INDUSTRIES INTERNATIONAL EXECUTIVE SALARY AND COMPENSATION SURVEYs and other benchmark data from Goodwill Industries international is USED BY THE EXECUTIVE COMMITTEE and/or staff IN DETERMINING COMPENSATION
Form 990, Part VI, Section C, line 19		GOODWILL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
		THE EXECUTIVE COMMITTEE ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT

SCHEDULE R (Form 990)

Department of the Treasury

Part II

sIOUX CITY, IA 51102 47-0809171

sIOUX CITY, IA 51102 42-1486899

pO BOX 1438

goodwill community rehabilitation services

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

(f)

Direct controlling

entity

DLN: 93493228037590

2009

Open to Public Inspection

Name of the organization
WALL STREET MISSION

Employer identification number

(e)

Public charity status

(if section 501(c)(3))

42-0/2/509

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Name, address, and EIN of disregarded entity

Name, address, and EIN of related organization

(b) Primary activity (c)
Legal domicile (state or foreign country)

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one

(c)

Legal domicile (state

or foreign country)

(d) Total income

(d)

Exempt Code section

501(c)(3)

(e) End-of-year assets (f) Direct controlling entity

WAR EAGLE DEVELOPMENT INC TO OPERATE A LOW PO BOX 1438 INCOME APARTMENT ΙA N/A 501(c)(4) COMPLEX SIOUX CITY, IA 51102 23-7068488 INDEPENDENCE VILLAGE INC TO OPERATE A HUD PO BOX 1438 FINANCED APARTMENT ΙA 501(c)(4) N/A COMPLEX SIOUX CITY, IA 51102 42-1250096 PHEASANT ACRES APARTMENTS INC TO OPERATE A HUD PO BOX 1438 FINANCED APARTMENT ΙA 501(c)(4) N/A COMPLEX SIOUX CITY, IA 51102 42-1110664 FOREST ACRES INC TO OPERATE A HUD PO BOX 1438 FINANCED APARTMENT ΙA 501(c)(3) N/A 11A COMPLEX SIOUX CITY, IA 51102 36-3671316 PLEASANT HILLS INC to operate a HUD PO BOX 1438 FINANCED APARTMENT ΙA 501(c)(3) N/A 11a **COMPLEX** siOUX CITY, IA 51102 42-1340088 PRAIRIE HAVEN INC to OPERATE A HUD pO BOX 1438 FINANCED APARTMENT ΙA 501(c)(3) N/A 11a **COMPLEX**

To operate NISH contracts

(b)

Primary activity

or more related tax-exempt organizations during the tax year.)

ΙA

12 N/A

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line	34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(3)

(4)

Part V	Transactions With Related Organizations (Complete	if the organization answered '	'Yes" on Form 990.	Part IV. line 34, 35, or 36.)
	Transactions with Related organizations (complete	ii die organizacion anomerca	103 011 101 111 330,	Tare 14, mile 31, 33, or 30.)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		165	140
1 [During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1 c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
е	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
n	n Sharing of facilities, equipment, mailing lists, or other assets	1m		No
	Sharing of paid employees	1n		No
o	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1р		No
Ī				
a	O ther transfer of cash or property to other organization(s)	1 q		No
r	O ther transfer of cash or property from other organization(s)	1r	Yes	
			<u> </u>	
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			
	(b) Transaction	((c)	
			involve	ed
(1)	NAR EAGLE DEVELOPMENT INC		12	1,752
(2) F	PHEASANT ACRES APARTMENTS INC		10	0 000
-	R R		10	0,000

(5)(6)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID:

Software Version:

EIN: 42-0727509

Name: WALL STREET MISSION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
WAR EAGLE DEVELOPMENT INC PO BOX 1438 SIOUX CITY, IA51102 23-7068488	TO OPERATE A LOW INCOME APARTMENT COMPLEX	IA	501(c)(4)		N/A
INDEPENDENCE VILLAGE INC PO BOX 1438 SIOUX CITY, IA51102 42-1250096	TO OPERATE A HUD FINANCED APARTMENT COMPLEX	IA	501(c)(4)		N/A
PHEASANT ACRES APARTMENTS INC PO BOX 1438 SIOUX CITY, IA51102 42-1110664	TO OPERATE A HUD FINANCED APARTMENT COMPLEX	IA	501(c)(4)		N/A
FOREST ACRES INC PO BOX 1438 SIOUX CITY, IA51102 36-3671316	TO OPERATE A HUD FINANCED APARTMENT COMPLEX	IA	501(c)(3)	11A	N/A
PLEASANT HILLS INC PO BOX 1438 siOUX CITY, IA51102 42-1340088	to operate a HUD FINANCED APARTMENT COMPLEX	IA	501(c)(3)	11a	N/A
PRAIRIE HAVEN INC pO BOX 1438 sIOUX CITY, IA51102 47-0809171	to OPERATE A HUD FINANCED APARTMENT COMPLEX	IA	501(c)(3)	11a	N/A
goodwill community rehabilitation services pO BOX 1438 sIOUX CITY, IA51102 42-1486899	To operate NISH contracts	IA	501(c)(3)	12	N/A

Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099-MISC)	compensation from the organization and related organizations
BRUCE ODSON director	1 00	Х			<u> </u>			0	0	0
jan pOULSON chairman	1 00	х		Х				0	0	0
ROBERT DUNKER SECRETARY/TREASURER	1 00	Х		Х				0	0	0
JOHN B ANDERSON director	1 00	х						0	0	0
rhea geary director	1 00	Х						0	0	0
RICHARD WALLER director	1 00	х						0	0	0
DAN PECAUT vice chairman	1 00	Х		Х				0	0	0
DALE JANS director	1 00	Х						0	0	0
BRUCE ZOOK director	1 00	Х						0	0	0
ED ARSHEM director	1 00	Х						0	0	0
JAMES A BRYGGER director	1 00	Х						0	0	0
MIKE GUNSCH director	1 00	Х						0	0	0
SCOTT WILSON director	1 00	Х						0	0	0
norma de la o director	1 00	Х						0	0	0
col brian miller director	1 00	Х						0	0	0
scott eldridge director	1 00	Х						0	0	0
JOHN HANTLA PRESIDENT	40 00			Х				125,924	0	20,476
JANICE L KING VICE PRESIDENT of contra	40 00			Х				78,313	0	10,387
HARLIN VERMEER VICE PRESIDENT OF FIN &	40 00			Х				100,263	0	6,301
ROBERT D WILLIAMS VICE PRES OF PROGRAM SER	40 00			Х				102,462	0	6,376
BETTY DURFEE VICE PRES OF DEVELOPMENT	40 00			Х				64,490	0	7,901
n PAUL KELLEN vICE pres OF dEVELOPMENT	40 00			Х				77,015	0	4,621
VILAY KEOKENCHANH VICE PRESIDENT OF RETAIL	40 00			х				79,055	0	16,811

Software ID: Software Version:

EIN: 42-0727509

Name: WALL STREET MISSION

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
CONTRIBUTED GOODS PROD	525,100	4,944,931	4,944,931		
RESPITE, ADULT DAY CAR	623,990	1,015,070	1,015,070		
SALVAGE	900,099	868,650	868,650		
work experience	624,310	637,997	637,997		
CONTRACTS	624,310	429,413	429,413		