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SCANNED SEP 17 2010

932001 02-04-10

Department of the Treasury Internal Revenue Service

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)

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

Open to Public Inspection

<u>A</u>	For th	e 2009 calendar year, or tax year beginning and ending								
В	Check if applicat	Please use IRS C Name of organization	D Employer identific	cation number						
Г	Addr	ess label or THE COCDET MICCION								
Ē	Name	ge type Doing Business As	42-0	819319						
Ĕ	Initia	Number and street (or P.O. box if mail is not delivered to street address) Room/si								
Ē	Term	Checifal		255-1769						
Ē	Amer	ided tions Chinasan and TID 4	G Gross receipts \$	3,835,562.						
Ē	Appli		H(a) Is this a group re							
	pend	F Name and address of principal officer.HAROLD YOUTZY, JR.	for affiliates?	Yes X No						
			IA H(b) Are all affiliates inc							
ī	Tax-ex	tempt status: X 501(c) (3) ◀ (insert no.)		list. (see instructions)						
J	Webs	te: ► WWW.THEGOSPELMISSION.ORG	H(c) Group exemptio	n number						
K	Form o	forganization: X Corporation	ear of formation: 1947 N	State of legal domicile: IA						
Р	art I	Summary								
ď	1	Briefly describe the organization's mission or most significant activities: PROVIDE	CLOTHING, SHE	LTER,						
Governance		NUTRITION, AND PASTORAL SERVICES FOR THE HOM	ELESS AND THE	NEEDY						
ž.	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net as	ssets.						
Š	3	Number of voting members of the governing body (Part VI, line 1a)	. 3	15						
G	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15						
es	5	Total number of employees (Part V, line 2a)	5	46						
Ξ	6	Total number of volunteers (estimate if necessary)	6	476						
Activities &	7a	Total gross unrelated business revenue from Part VIII, column_(C), line 12	. 7a	0.						
_	<u> </u>	Net unrelated business taxable income from Form 990 Rine 34 EN/ED	7b	0.						
		9	Prior Year	Current Year						
Revenue	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) AUG 25 2010	2,801,085.	2,916,247.						
	9	ιση (ω)		101 - 10						
	10	, and the same that the same t	3,411.	481,762.						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e III	189,118.	3,007.						
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,993,614.	3,401,016.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,759.	24,831.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)								
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	472,241.	545,218.						
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)								
Ĕ	-	Total fundraising expenses (Part IX, column (D), line 25) 285,699.	1 400 602	1 744 720						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,492,693.	1,744,732.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,988,693.	2,314,781.						
- 5		Revenue less expenses. Subtract line 18 from line 12	1,004,921.	1,086,235.						
sts		Total access (Dark V. Ivan 40)	Beginning of Current Year 4,172,803.	End of Year						
SS	20	Total assets (Part X, line 16)		5,628,737.						
Net Assets or	21	Total liabilities (Part X, line 26)	1,474,298. 2,698,505.	1,843,507. 3,785,230.						
_	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	4,030,303.	3,703,230.						
Ŀ		<u> </u>	ints, and to the best of my knowled	ge and belief, it is true, correct,						
		Under penalties of perjury, I declare that I have plannined this return, including accompanying schedules and stateme and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	edge	1						
Sig	70	How Son V	18/16	12010						
He		Signature of pricer //	Date	/						
110		HAROL YOUTZY, JR., EXECUTIVE DIRECTOR								
		Type or print name and title								
_		Preparer's Date		er's identifying number						
Pa		signature M. Mart / New AUG 1 6 20 in		structions)						
	parer's	Firm's name (or HENTES CONNER & WILLTAMS PC	EIN ▶							
Us	e Only	self-employed), 800 FRANCES BLDG								
		address, and ZIP+4 SIOUX CITY, IA 51101	Phone no. ► (712)277-3931						
Ma	y the	RS discuss this return with the preparer shown above? (see instructions)	1 - 1 - 1 - 1	X Yes No						

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

Form 990 (2009) THE GOSPEL MISSION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X	
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		X
_4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
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	İ		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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		<u> </u>
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		<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	1	۱ ,,	
_	as applicable	11	Х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	İ		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	l		
•	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	x	
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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	.	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18_		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			₹.
00	complete Schedule G, Part III	19	\vdash	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 Form	990 (
		i Omit	(_000)

Form 990 (2009) THE GOSPEL MISSION
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
·	any tax-exempt bonds?	24c		
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24U		
256	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ł		
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
Zi	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	}		
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	21		A
20	instructions for applicable filing thresholds, conditions, and exceptions):	ł		
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
·	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	-12
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		-22
٥.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?		·	
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	-	·	
	If "Yes," complete Schedule R, Part V, line 2	35		х
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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
Ų,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O.	38	х	}
	1404017 W. T. ST. T. DOD THOSE BLO TOGETHOU CONTROLLE CO.		990 (2009)

	C. Customents regarding other mornings and rax compliance	 			
		! !		Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S Information Returns. Enter 0- if not applicable	1a 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reference to a reserve and a second reserve and reference to a reserve and a second reserve and a second reserve and a second reserve and a second reserve and a second reserve and a second reserve and a second reserve and a second reserve and a second reserve and a second reserve and a second reserve and a second reserve and a second reserve and a second reserve and a second reserve and	eportable gaming			
	(gambling) winnings to prize winners?		1c		
	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	2a 46	i		77
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns.		2b		X
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	· ·			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered to the property of the pro	a by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			v
	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country: ▶	account) r	<u>4a</u>		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and			
	Financial Accounts.	Dalik aliu			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		E2	ľ	х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	iction?	<u>5a</u> 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega		- 		
•	Tax Shelter Transaction?	ading i formbited	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible?		6a	1	х
	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	·			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services		Ī	
	provided to the payor?		7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	1 1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	personal			
	benefit contract?		7e		<u> </u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	· ·	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	_			
	at any time during the year?	ess business notalings	8		
	Sponsoring organizations maintaining donor advised funds.	•	°		
	Did the organization make any taxable distributions under section 4966?		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	••	9b		
	Section 501(c)(7) organizations. Enter:		25		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		ĺ	
	Section 501(c)(12) organizations. Enter			ŀ	
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
			Form	990 (2009)

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	2		
b	Enter the number of voting members that are independent 1b 1.	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_X_
6	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a_		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	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	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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		<u> X</u>
b	Other officers or key employees of the organization	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	<u> </u>	X
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	<u> </u>	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e tor		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ıncıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation		
	KIM HAGGERTY - 712-255-1769			
	500 BLUFF STREET PO BOX 3745, SIOUX CITY, IA 51102-3745	F	000	(2009)
		FORM	フラリ	70091

932006 02-04-10

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

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

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	,		Pos				Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Ė	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DICK SALEM										
PRESIDENT	1.00	X		X				0.	0.	0
MARGE DELZELL										
TREASURER	1.00	X		X			<u> </u>	0.	0.	0
GARRET VAN HOLLAND		1								
DIRECTOR	1.00	X			_	ļ.,		0.	0.	0
BILL BOUWMAN					ļ					
DIRECTOR	1.00	X						0.	0.	0
MERTON MARSHALL		1								
DIRECTOR	1.00	X	ļ		ļ			0.	0.	0
GEORGE WALL										
DIRECTOR	1.00	X			<u> </u>			0.	0.	0
HUBERT SCHULLER										
DIRECTOR	1.00	X						0.	0.	0
DUANE VANDER PLAS										
DIRECTOR	1.00	X			ļ	$ldsymbol{ldsymbol{ldsymbol{eta}}}$		0.	0.	0
PASTOR CLYDE PRITCHETT								_	_	_
SECRETARY	1.00	X	<u> </u>	X		_		0.	0.	0
DOUG OHLFEST	1								_	
VICE-PRESIDENT	1.00	X	_	X	_	igwdap		0.	0.	0
GORDON WINTERLIN	1									
DIRECTOR	1.00	X			-	_		0.	0.	0
JUDY VANDE ZANDSCHULP	1 00									
DIRECTOR	1.00	X	<u> </u>		<u> </u>	-		0.	0.	0
THOMAS FITCH	1 00	.,						,	•	
DIRECTOR WILLIAM SAUTTER	1.00	X	 			\vdash		0.	0.	0
DIRECTOR	1.00	v							_	^
BOB JENSEN	1.00	^				\vdash		0.	0.	0
DIRECTOR	1.00	v						0.	0.	^
HAROLD YOUTZY	1.00	^	\vdash			\vdash				0
EXECUTIVE DIRECTOR	40.00			x				74,751.	0.	23,010
MIXMICTOR OF BUILDING AND AND AND AND AND AND AND AND AND AND										

932007 02-04-10

Form **990** (2009)

Pai	Section A. Officers, Directors, Trustees, Key Employee			yee									
	(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable		(F) Estima	
	Name and the	hours	(cl				ı арр	ly)	compensation	compensation		amou	
		per week	Individual trustee or director	nstitutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	- 1	oth compen from organiz and re	sation the ation
		- 	Individu	Institutio	Officer	Key employee	Highest	Former		 	-	organiz	
													•
								_			-		
											+		
											-		
1b	Total .	<u> </u>	<u> </u>				┢		74,751.	0	+	23,	010.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d at	oove	e) wł	no re			•		0
3	Did the organization list any former officer,	director or tru	stee	, ke	, em	plo	yee,	or h	nighest compensated er	mployee on	-	Ye	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su		ام مد	mn	2000	***	2000	1 0+1	har componentian from	the organization	-	3	X
4	and related organizations greater than \$150	0,000? If "Yes,	°co	mple	ete S	Sche	edule	e J f	for such individual	_	L	4	x
5 	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched				rom	any	unr/	elat	ed organization for serv	ices rendered to		5	х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co the organization. NONE	mpensated inc	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of compe	nsat	ion from	1
	(A) Name and business	address							(B) Description of s	services	Co	(C) mpensa	tion
								:					
		······											
	· · · · ·												
											-		
2	Total number of independent contractors (i \$100,000 in compensation from the organic	_	ot lii	mite	d to		se li:	stec	i above) who received n	nore than			
	w. 55,000 in compensation nom the organia	Lation					<u>-</u>				F	orm 99 0) (2009)

	990 (2		SOSPEL MIS	SION		· · · · · · · · · · · · · · · · · · ·	42-0819	9319 Page 9
Pai	rt VIII	Statement of Rever	nue_		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total, Add lines 1a-1f	1b 1c 1d 1e 1s, and 1f 2, 9 1a-1f \$ 1, 1		2,916,247.			
	2 a			usiness Code				
Program Service Revenue	b							
Seg	С							
₹ ev	d		1					
Š.	е							ļ <u>-</u>
۵.		All other program service reve	enue <u> </u>					
		Total. Add lines 2a-2f	disade atende					
	3	Investment income (including other similar amounts)	dividends, interesi	, and	1,707.			1,707.
	4	Income from investment of ta	x-exempt bond pro	ceeds	1,707.			1,707.
	5	Royalties .	x oxompt bond pro	•				
ł			(i) Real	(ii) Personal				
	6 a	Gross Rents	2,230.			1		
	b	Less: rental expenses	4,601.					
	С	Rental income or (loss)	<2,371.>					
l	d	Net rental income or (loss) .			<2,371.	>		<2,371.
ł	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	9	10,000.				
	b	Less cost or other basis		29,945.				
	_	and sales expenses		<u> 80,945.</u>				1
	_	Gain or (loss) Net gain or (loss)	<u> </u>	80,033.	480,055.	480,055.		
	D Ω a	Gross income from fundraisin	a events (not		400,033.	400,033.		
Other Revenue	o u	including \$	of					
ję	b	Less direct expenses	. b					
0	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19	a					
		Less. direct expenses	b					
		Net income or (loss) from gan	r—	. •				
	10 a	Gross sales of inventory, less						
	L	and allowances	a		1			
		Less: cost of goods sold Net income or (loss) from sale	. b∟		1			
+	U	Miscellaneous Revenu		usiness Code			· · · · · · · · · · · · · · · · · · ·	
	11 a	VENDING MACHINE			2,942.			2,942.
		OTHER INCOME			2,436.		·	2,942. 2,436.
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>	5,378.			
l l		Total revenue. See instructions.		_	3,401,016.	480,055.	0	4,714.

Part JX | Statement of Functional Expenses

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

Do	All other organizations must comp not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	lotal 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	24,831.	24,831.		
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	74,752.		37,376.	<u>37,376.</u>
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 salanes and wages	428,022.	345,461.	40,764.	41,797.
8	Pension plan contributions (include section 401(k)	6 045	4 505	4 054	4 050
	and section 403(b) employer contributions)	6,847.	4,705.	1,064.	1,078.
9	Other employee benefits	1,045.	718.	165.	162.
10	Payroll taxes	34,552.	23,741.	5,370.	5,441.
11	Fees for services (non-employees)				
a	Management				
	Legal Accounting	12,259.		12,100.	159.
C	Lobbying	14,439.		12,100.	133.
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				· ·
g	<u></u>	11,469.	11,469.		
12	Advertising and promotion				
13	Office expenses	188,606.	71,780.	6,546.	110,280.
14	Information technology				
15	Royalties				
16	Occupancy	67,559.	55,700.	11,685.	174.
17	Travel	18,765.		9,150.	9,615.
18	Payments of travel or entertainment expenses				-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	41,644.	20.		41,624.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	117,267.	94,599.	22,668.	
23	Insurance	57,296.	51,513.	5,783.	
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		658,457.	658,457.		
b	<u> </u>	435,135.	435,135.		
С	PUBLIC AWARENESS	44,587.	258.	6,667.	37,662.
d		22,277.	22,277.		
е		21,168.	12,351.	8,817.	0.
	All other expenses	48,243.	6,097.	41,815.	331.
25	Total functional expenses Add lines 1 through 24f	2,314,781.	1,819,112.	209,970.	<u> 285,699.</u>
26	Joint costs. Check here J if following		į		
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	<u></u> !		<u>. </u>	Form 990 (2009)

Pa	rt X	Balance Sheet			
	_		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	325,160.	1	325,905.
	2	Savings and temporary cash investments	33,406.	2	29,140.
	3	Pledges and grants receivable, net	240,833.	3	163,478.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	-	employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
<u>s</u>	7	Notes and loans receivable, net	190,087.	7	
Assets	8	Inventones for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges	13,851.	9	19,526.
	10a	Land, buildings, and equipment, cost or other	_		
		basis Complete Part VI of Schedule D 10a 4,966,237.			
	ь	Less accumulated depreciation 10b 351,646.	2,838,157.	10c	4,614,591.
	11	Investments - publicly traded securities	37,836.	11	4,614,591. 38,711.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	41,043.
	15	Other assets. See Part IV, line 11	493,473.	15	41,043. 396,343.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,172,803.	16	5,628,737.
	17	Accounts payable and accrued expenses	376,757.	17	28,405.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	•
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abi		highest compensated employees, and disqualified persons. Complete Part II			
3		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,078,184.	23	1,790,831.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	19,357.	25	24,271.
	26	Total liabilities. Add lines 17 through 25	1,474,298.	26	1,843,507.
		Organizations that follow SFAS 117, check here X and complete	,		
es		lines 27 through 29, and lines 33 and 34.			
ů.	27	Unrestricted net assets	1,771,826.	27	3,217,619.
3ale	28	Temporarily restricted net assets	926,679.	28	567,611.
ğ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here and			
ğ		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	2,698,505.	33	3,785,230.
	34	Total liabilities and net assets/fund balances	4,172,803.	34	5,628,737.

Form **990** (2009)

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

· SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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

2009

Open to Public Inspection

Name of the organization

THE GOSPEL MISSION Employer identification number

		11111 001	PERE MISSION	_					7.0	2 0017	<u> </u>	
Part I	Reason	for Public Char	rity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions				
he organ	ization is not a	a private foundation	because it is: (For lines 1	1 through ¹	11, check	only one b	ox.)					
1 =	A church, co	nvention of churche	es, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)	· - —	-			
2			70(b)(1)(A)(ii). (Attach Sc									
з 🔲			ital service organization of			170(b)(1)	(A)(iii).					
4		-	operated in conjunction					(b)(1)(A)(ii	i). Enter ti	he hospital	's nam	ie.
. —	city, and stat	_	, ,					(-)(-)(-)(-	,			
5 🔲	•		benefit of a college or ur	niversity ov	vned or or	perated by	a governi	mental uni	t describe	ed in		
•	_	(b)(1)(A)(iv). (Compl				onatod by	a govom	mornar am	c docombe	, , , , ,		
e 🗀				l dooonbo	d .m	- 470/LV/	IV AV. A					
<u>6</u>		-	nent or governmental unit					6 41				_
7 📖	-	•	ceives a substantial part	or its supp	ort from a	governme	entai unit o	or trom the	generai p	oublic desc	ribea i	n
. —	•	b)(1)(A)(vi). (Comple	•									
8			section 170(b)(1)(A)(vi).									
9 [X]	_		ceives. (1) more than 33 1						=	_	-	
	activities rela	ted to its exempt fu	nctions - subject to certa	un excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support	from gross	ınvest	ment
	income and u	unrelated business t	taxable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon a	ifter June 3	;0, 197	' 5.
	See section	509(a)(2). (Complete	e Part III.)									
10 🖳	An organizati	on organized and o	perated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	1).				
11 📖	An organizati	on organized and o	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes o	of one	or
	more publicly	supported organization	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2	?). See se c	ction 509(a)(3). Che	ck the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.						
	a Type I	ь <u> </u>	☐ Type II d	: 🔲 Тур	e III - Func	tionally int	egrated		d 🗔	Type III - 0	Other	
e 🗀	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one or	r more disc	qualified p	persons oth	ner tha	n
	foundation m	anagers and other t	than one or more publicly	supporte	d organiza	tions des	cribed in s	ection 509	9(a)(1) or s	section 509)(a)(2).	
f		-	tten determination from t		_				` ` ` `		` / ` /	
	_	rganization, check t			,	H- 1, 1, 1	, , , ,					
g		•	organization accepted ar	ny aift or ce	ontribution	from any	of the follo	owing ner	sons?			
9			directly controls, either al								Yes	No
			supported organization?	one or tog	Cuici willi	porsons	icaci ibca i	iii (ii) ai ia (iii) DCIOW,	11g(i)	163	140
		•	· · · · · · · · · · · · · · · · · · ·			•						
		•	n described in (i) above?					•		11g(ii)		
	• •	•	a person described in (i) o	٠.						11g(iii)		
h	Provide the fe	ollowing information	about the supported org	ganization	(S).							
			(iii) Type of	L		l 			44.			
(i) Name	of supported	(ii) EiN	(iii) Type of organization		rganization			Torganizatio	ON IN COL. I	(vii) An	nount o	f
orga	anization		(described on lines 1-9	in col. (i) lis	document?		ion in col. support?	(i) organız U.S	ed in the	sup	port	
			above or IRC section			· · · · · · · · · · · · · · · · · · ·	1					
			(see instructions))	Yes	No	Yes	No	Yes	No			
]								
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932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4

(c) 2007

(d) 2008

(e) 2009

(f) Total

(b) 2006

(a) 2005

Section B. Total Support

Calendar year (or fiscal year beginning in)

the organization without charge

7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1					
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and eto-	n hara					▶ []

C	organization, check this box and stop here		▶ ∟
Sect	ion C. Computation of Public Support Percentage		
14 F	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	9
15 F	Public support percentage from 2008 Schedule A, Part II, line 14	15	9
16a 3	3 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore, o	check this box and

s	stop here. The organization qualifies as a publicly supported organization	
b 3	33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
а	and stop here. The organization qualifies as a publicly supported organization	▶[
17a 1	10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
а	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization	
n	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶[

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15	is 10%	or
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how	v the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	•	

18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see inst	ructions

Schedule A (Form 990 or 990-EZ) 2009

Page 2

Schedule A (Form 990 or 990-EZ) 2009 THE GOSPEL MISSION Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008(e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1655518. 2157445. 2628872. 2214075.10078950. include any "unusual grants.") 1423040 Gross receipts from admissions. merchandise sold or services performed, or facilities-furnished inany activity that is related to the 172,213. 824,385. organization's tax-exempt purpose 146,223. 145,557. 158,220. 202,172. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 2416247.10903335. 1569263. 2315665. 2801085. 6 Total, Add lines 1 through 5 1801075. 7a Amounts included on lines 1, 2, and <u>39,674</u>. 23,310 62,984. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 39,674 23,310. 62.984. c Add lines 7a and 7b 10840351 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007(d) 2008(e) 2009 (f) Total 2416247.10903335. 9 Amounts from line 6 1569263. 1801075 2315665. 2801085. 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 1,438 2,851 3,825 3,411 1,707 13,232. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,438 2,851 3,825 3,411 1,707 13,232. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital 189,118. 13,641 2,074. 14,102. 3,007. 221,942. assets (Explain in Part IV.) 1584342. 1806000. 2333592. 2993614. 2420961.11138509. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 97.32 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 96.83 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 .12 % .13 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright [X]$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form	990	or 990-EZ) 2009	THE GOS	SET WIS	SION	42-0819319 Page
Part IV	Sup	pler	nental I	Infor	mation. Comp	lete this part t	to provide the explana	ations required by Part II, line 10; Part II, line 17a or 17b;
	and F	Part I	II, line 12	Provid	de any other add	litional informa	ation. See instructions	
CHEDU	JLE .	<u>A,</u>	LIST	OF	UNUSUAL	GRANTS	RECEIVED:	
<u>FFORI</u>	DABL	E F	<u>iousi</u>	NG I	PROGRAM			
ATE:	01/	<u>01/</u>	<u> </u>		AMOUNT:	50000	0.	
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	•							
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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.

2009
Open to Public Inspection

Name of the organization

THE GOSPEL MISSION

Employer identification number

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		20 of 71000atter complete it the
	organization answered Tes to Form 550, Fait 14, Inte	(a) Donor advised funds	(b) Funds and other accounts
<u> </u>	Total number at end of year		
	Aggregate contributions to (during year)		
2 3			
4	Aggregate grants from (during year)		
5	Aggregate value at end of year Did the organization inform all donors and donor advisors in	wetten that the access hald in denot ad-	L
3	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
0	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	donor advisor, or for any other purpos	Yes No
Pai		nanization answered "Yes" to Form 990	
1	Purpose(s) of conservation easements held by the organizati		, raitiv, mie r.
	Preservation of land for public use (e.g., recreation or public use) Protection of natural habitat Preservation of open space	Preservation of an h	nistorically important land area
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the fori	m of a conservation easement on the last
	day of the tax year.		T
			Held at the End of the Tax Year
a	Total number of conservation easements	•	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, reveal by a reveal by	leased, extinguisned, or terminated by t	ne organization during the tax
4	Number of states where property subject to conservation ea		_
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements i	* * * * ***	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		L Yes
9	In Part XIV, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
D -	conservation easements.	6 Aut Historical Transcenses are	Other Circiler Assets
Pai	t III Organizations Maintaining Collections o	•	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, en	•	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
Ь	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, o	or research in furtherance of public servi	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X	•	
2	If the organization received or held works of art, historical tre		cial gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$. ► \$
b	Assets included in Form 990, Part X		. • \$

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Schedule D (Form 990) 2009

_		PEL MISSIO							<u> 19319</u>	
Pa	rt III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures,	or Othe	r Similar	Asse	ts (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	is, chec	k any of the	following that	at are a si	gnıficant us	e of its	collection	rtems
	(check all that apply):									
а	Public exhibition	C	ı 🔲	Loan or exc	hange progr	ams				
b	Scholarly research	•	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	n how t	hey further t	he organizat	ion's exer	npt purpos	ın Par	t XIV	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	inization's co	ollection?			E	Yes	No
Pa	rt IV Escrow and Custodial Arran	igements. Compl	ete if org	ganızation ar	nswered "Ye	s" to Foл	n 990, Part	IV, lıne	9, or	
	reported an amount on Form 990, Pa	urt X, line 21								
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contribution	s or other a	sets not	included			_
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:						
			_						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year					·	1e			
f	Ending balance				·		1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				<u> </u>		Yes	☐ No
	If "Yes," explain the arrangement in Part XIV					-	•			
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10										
		(a) Current year		Prior year	(c) Two year		(d) Three yea	rs back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions								,	
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs					ĺ				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	ar end balance held a	as		•				•	
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
С	Term endowment	%								
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administe	ered for th	ne organizat	ion		
	by	•					•		Γ¥	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations				•		• •		3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the	•					•		<u> </u>	
Pa	rt VI Investments - Land, Building				, Part X, line	10.				
	Description of investment	(a) Cost or o		ſ	or other		cumulated		(d) Book	value
	•	basis (investi			(other)	• •	reciation			
1a	Land			39	9,516.				399	,516.
	Buildings			1	5,089.	2	268,62	1.	4,096	
c	Leasehold improvements					_			_,	
d				20	1,632.		83,02	5.	118	,607.
	Other			-	_,					,
_	ii. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colui	mn (B), line 1	10(c).)				4,614	,591.

Schedule D (Form 990) 2009

*Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

_	dule D (Form 990) 2009 THE GOSPEL MISSION			42-0819319	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	3,401,	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	2,314,	<u>781.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1	·• •	3	1,086,	<u>235.</u>
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities	-	5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		<u>490.</u>
9	Total adjustments (net). Add lines 4 through 8	•	9		<u>490.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10	1,086,	<u>725.</u>
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen	nts With Revei	nue per H		
1	Total revenue, gains, and other support per audited financial statements			1 3,401,	506.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	400		
а	Net unrealized gains on investments	2a	490.	4	
b	Donated services and use of facilities	2b		4	
C	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIV.)	2d		-	400
е	Add lines 2a through 2d				$\frac{490.}{01.6}$
3	Subtract line 2e from line 1			3 3,401,	010.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV.)	4b		1 .	0
c	Add lines 4a and 4b		•••	4c 5 3,401,	$\frac{0.}{016.}$
Par	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses per		010.
1	Total expenses and losses per audited financial statements	onto with Expe	noco poi	1 2,314,	781
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1 2,311,	, 0 1 •
a	Donated services and use of facilities	2a		ĺ	
h	Prior year adjustments	2b		1	
c	Other losses	2c		1	
d	Other (Describe in Part XIV.)	2d		†	
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1	• •	••	3 2,314,	781.
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]	
	Add lines 4a and 4b] 4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5 2,314,	781.
Pa	t XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	, lines 1a and 4; Pa	art IV, lines 1	b and 2b, Part V, line 4	l, Part
	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl		_		
<u>PAI</u>	RT X: THE ORGANIZATION REPORTS ACCRUED INTE	EREST RELA	TED TO)	
UNI	RECOGNIZED TAX BENEFITS AS INTEREST EXPENSE	<u> AND PENA</u>	LTIES	AS	
34T	MODEL AND AND THE TOTAL OF AND MARKET AND AND MARKET AND AND MARKET AND AND MARKET AND M	INICEDMAT	אר האי	DOCTORONG	
MIT.	SCELLANEOUS EXPENSE. THERE ARE NO MATERIAL	ONCERTAL	AAI W.	POSTITONS	
RE	PORTED ON THE ORGANIZATION'S FINANCIAL STAT	TEMENTS.	THE OR	RGANIZATION	IS
<u>NO</u>	LONGER SUBJECT TO EXAMINATION BY THE INTER	NAL REVEN	UE SER	RVICE FOR YE	ARS
. פכן	OR TO DECEMBER 31, 2006.				
FR.	OR TO DECEMBER 31, 2006.				
					
ומס	RT XI: UNREALIZED GAIN ON INVESTMENTS				
- 47	77 VT: CHINDUTTUD GUTH OH THANGINGHIO				

Schedule D (Form 990) 2009

932054 02-01-10

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

2009
Open to Public Inspection

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

Name o	Name of the organization THE GOSPEL MISSION	L MISSION	<u>.</u>					Employer identification number 42-0819319
Part I	General Inform	nd Assistance						
- 0 5	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibilit	ty for the grants or ass	sistance, and the select	tion X Yes
2 D	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	scedures for monit	toring the use of grant	funds in the Unite	d States]
Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	Somplete if the org	anization answered ">	Yes" to Form 990, Part	IV, line 21, for any
	recipient that received more than \$5,000 Check this box if no one	\$5,000 Check this		nt received more th	han \$5,000. Use Pa	art IV and Schedule I-1	recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	al space is needed
1 (€	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
								_
						,		
								-
2 E	Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					A
	Enter total number of other organizations							A
LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 THE GOSPEL MISSION

Page 2

42-0819319

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

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance 2,585. 432, 250, 3,490 (c) Amount of cash grant 30 (b) Number of recipients 21 (a) Type of grant or assistance TRANSPORTATION ASSISTANCE UTILITIES ASSISTANCE EDUCATION ASSISTANCE RENT ASSISTANCE FOOD ASSISTANCE 932102 02-02-10

Schedule I-1 (Form 990) 2009 THE GOSPEL MISSION Part II Continuation of Grants and Other Assistance to Individuals in the		d States (Schedule	United States (Schedule I (Form 990), Part III)	(1	42-0819319 Page 2.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DOWNERDTOR	ç	c	c		
MISC ASSISTANCE CONTINHIM OF CARE HOMELESS TRANSPORTATION PROJECT	25.	1 283	0		
MEDICAL ASSISTANCE	13,	437.	o		
BENEVEVOLENT GIFTS	.99	13.718.	0		
					1
	:				<u>-</u> .
					Schedule I-1 (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Open to Public Inspection

Name of the organization

Employer identification number

THE GOSPEL MISSION 42-0819319 Types of Property (b) (a) (c) (d) Number of Check if Revenues reported on Method of determining applicable contributions Form 990, Part Vill, line 1g revenues Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications 4 658,457. VALUE INDICATED BY D Clothing and household goods X 5 Cars and other vehicles 6 Boats and planes 7 8 Intellectual property Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential 16 Real estate - Commercial Real estate - Other 17 18 Collectibles X 435,135. DOLLAR VALUE PER POU 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts Other 25 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Y<u>es</u> No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1.28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA

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

Schedule M (Form 990) 2009

SCHEDULE-O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization **Employer identification number** 42-0819319 THE GOSPEL MISSION FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PROVIDE CLOTHING FOR THE HOMELESS AND THE NEEDY EXPENSES \$ 175304. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: KIM HAGGERTY, BUSINESS MANAGER, AND HAROLD YOUTZY, EXECUTIVE DIRECTOR, REVIEW THE TAX RETURN. THEY DISCUSS THE TAX RETURN WITH THE MISSION'S FINANCE COMMITTEE BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: DURING MEETINGS, ALL BOARD MEMBERS ARE MADE AWARE OF THEIR RESPONSIBILITY IN REGARDS TO CONFLICTS OF INTEREST. SUCH INFORMATION IS BROUGHT TO THE EXECUTIVE BOARD FOR CONSULTATOPM AMD THEN TO THE FULL BOARD FOR DISSEMENATION. FORM 990, PART VI, SECTION C, LINE 18: FORM 990 IS AVAILABLE TO THE PUBLIC FOR INSPECTION UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box		> X
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the	s form).	
Do n	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously	filed For	m 8868.
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	-	
A cor	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	mplete	
Part I	l only		. ▶ □
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a e income tax returns.	n exten	sion of time
noted (not a you n	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or construction that the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic turns gov/efile and click on e-file for Charities & Nonprofits.	nically if	(1) you want the additional ated Form 990-T. Instead,
Type print		Empi	oyer identification number
1116	THE GOSPEL MISSION	4	2-0819319
File by due da filing yo	te for Number, street, and room or suite no. If a P.O. box, see instructions.		
return			
Chec	ck type of return to be filed (file a separate application for each return):		
	Form 990 Form 990-T (corporation) Form 4 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5 Form 990-EZ Form 990-T (trust other than above) Form 6 Form 990-PF Form 1041-A Form 6	5227 5069	
Te • If t • If t	KIM HAGGERTY The books are in the care of ▶ 500 BLUFF STREET PO BOX 3745 - SIOUX C The blephone No. ▶ 712-255-1769 The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the control of the group, check this box ▶ and attach a list with the names and EINs of a state of the group is the box of a state of the group.	nis is foi	r the whole group, check this
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time ur AUGUST 15, 2010 , to file the exempt organization return for the organization named is for the organization's return for: X calendar year 2009 tax year beginning , and ending		The extension
2	If this tax year is for less than 12 months, check reason: Initial return		— Change in accounting period
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$
þ	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
	tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
С	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		
	See instructions.	3c	\$ N/A
Caut	tion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	n 8879-	EO for payment instructions.

LHA

Form 8868 (Rev. 4-2009)

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