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DLN: 93493326004020

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

Open to Public

Internal R A For		Service	ar, or tax year beginning 07	-01-2009 and ending 06-30-2010		·	Inspection
		oplicable Please	C Name of organization	or root and change to be referen	,	D Employer id	lentification number
_	ress cha	ange use IRS	RESCUE MISSION ALLIANCE		23-727800		
— Nam	ne chan		Doing Business As			E Telephone n	umber
— Initia	al retur	type. See n Specific		ox if mail is not delivered to street addres	s) Room/suite	(805) 487-	-1234
– Tem	nınated	Instruc- tions.	315 NORTH A STREET	ox il mail is not delivered to street address	isy Room, saice	G Gross receipts	s \$ 24,667,700
_	ended r	return pending	City or town, state or country OXNARD, CA 93030	, and ZIP + 4	'		
			me and address of principa	lofficer		l s a group retur	
			N Gray ORTH A STREET		affilia	tes?	⊤Yes ▼ No
		OXNA	RD,CA 93030		H(b) Are al	l affiliates inclu	ded?
r Tax	-exem	pt status 🔽 501(d	c) (3) 4 (insert no)	(a)(1) or		o," attach a list ip exemption ni	t (see instructions) umber >
W e	ebsit e	: • www erescuer	mission org		ii(c)	, F	
∢ Form	of org	anization 🔽 Corpora	ation Trust Association (Other 🕨	L Year of fo	rmation 1972	M State of legal domicile C
	tΙ						
Governance		·		r most significant activities od, shelter and life changing recov	ery programs		
9.4e	2	Check this box 🛏	ıf the organization discoi	ntinued its operations or disposed	of more than	25% of its net	assets
		_	-	body (Part VI, line 1a)			3
Activities &				e governing body (Part VI, line 1b)		1
			mployees (Part V, line 2a)				5 28
[olunteers (estimate if nece				5 <u>1,52</u> Za 69,03
				Part VIII, column (C), line 12 . Form 990-T, line 34	•		'a 69,03 'b 1.50
\neg				Prio	r Year	Current Year	
	8	Contributions an	nd grants (Part VIII, line 1h	n)		14,674,087	16,158,872
를	9	Program service	revenue (Part VIII, line 20	3)		40,510	57,015
Revenu	10	Investment inco	me (Part VIII, column (A),	lines 3, 4, and 7d)		-5,257	11,077
~	11	Other revenue (F	Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		479,776 5	
	12			st equal Part VIII, column (A), line	!	15,189,116	16,746,129
	13			olumn (A), lines 1-3)		2,851,251	4,290,412
	14	Benefits paid to	or for members (Part IX, co	lumn (A), line 4)			(
ا م	15	,	ompensation, employee be	nefits (Part IX, column (A), lines 5	-	6 500 202	6.062.003
Expenses	16a	10)	draising foos (Part IV, colu	mn (A), line 11e)		6,589,293 731,884	6,962,883
क ≘	b		penses (Part IX, column (D), line			731,004	832,096
ם	17			11a-11d, 11f-24f)		4,381,861	4,427,089
	18			ual Part IX, column (A), line 25)		14,554,289	16,512,480
	19			om line 12		634,827	233,649
Net Assets or Fund Balances						of Current ear	End of Year
15 get	20	Total assets (Pa	art X, line 16)			15,192,429	17,259,474
5 B	21					2,833,070	4,666,466
2.5	22	Net assets or fu	nd balances Subtract line ?	21 from line 20		12,359,359	12,593,008
Par	t II	Signature Bl					
				nined this return, including accompanying on of preparer (other than officer) is based			
Sign Here	·	***** Signature of office	<u> </u>		2010- Date	11-22	
		Gary W Gray Pre			Date		
		Type or print nar					
		Preparer's			Check If	Preparer's ident	
aid		signature Todd	d Ensign	1 1	elf- empolyed 🕨 🦵	(see instruction	is)
		Firm's name (or you	urs Capın Crouse LLP			FIN &	
Jse (Only	ıf self-employed), address, and ZIP +	4 972 Emerson Pkwy Ste A			EIN Þ	
			Greenwood, IN 46143			Phone no 🕨 (317) 885-2620
 1ay tl	he IRS	S discuss this reti	· · · · · · · · · · · · · · · · · · ·	above? (see instructions)		·	✓ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The rescue mission alliance's primary purpose is to establish and operate rescue missions to reach the less fortunate with the gospel of jesus christ and to assist in the feeding, clothing and lodging of those who are destitute or homeless. With the support of our community, we offer refuge - food, clothing, and shelter for those in need, recovery - biblically based programs to minister to the whole person body, mind, and spirit, and restoration - equipping people to lead productive and independent lives. Our target population is poor and homeless men, women and children of all ages, ethnicity or religious beliefs, located in Ventura, Santa Barbara, Los Angeles, and San Bernardino counties. These activities are carried out through five unique rescue missions and one food bank. The organization operates six thrift stores and one auto sales lot dedicated to the rehabilitation of men and women in recovery.

2			ant program services duri			_ Yes ✓ No
	If "Yes," describe these	new services on Sc	hedule O			
3			nake sıgnıfıcant changes ı			_ Yes ▽ No
	If "Yes," describe these	changes on Schedu	le O			
4	Section 501(c)(3) and 5	01(c)(4) organizati	s for each of the organizat ons and section 4947(a) nd revenue, if any, for eac	(1) trusts are requ	ured to report the amou	
4a	(Code) (Expenses \$	13,481,223 including gra	ants of \$	4,290,412) (Revenue \$	86,035)
	programs, case managemen prevention, community outre Mission Alliance achieved the	it, biblical counseling, vo each, transitional housir e following outcomes is	each ministries include emerge ocational training and employm ig, and community education o erved 408,000 meals, distribute 10 families into transitional or p	ent preparation, life sl n hunger and homeles ed 64,000 articles of cl	kills, development, learning of ssness With the support of o lothing, provided 91,000 nigh	center services, relapse ur community, the Rescue its of shelter, graduated 78
4b	(Code) (Expenses \$	ıncludıng gra	nts of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludıng gra	unts of \$) (Revenue \$)
		, (Expenses 4	including gra		/ (Nevende p	,
4d	Other program services (Expenses \$	•	edule O) uding grants of \$) (R	.evenue \$)
4e	Total program service e		13,481,223		· · · · · · · · · · · · · · · · · · ·	,
_	. Jear program service e	лренасат р	10,701,220			

Part TV	Checklist o	f Require	d Schedules
	CHECKHISE	ı Keuuli e	u Scheuule:

			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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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? If "Yes," complete Schedule D, Part II.	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		Νο
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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		Νο
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		Νο
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 ? If "Yes," complete Schedule F, Part III	16		Νο
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	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		Νο
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		No
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		Νο
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		No
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? <i>If "Yes," complete Schedule L, Part III </i>	27		No
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? <i>If "Yes," complete Schedule L, Part</i>			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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? <i>If</i> "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		No
	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		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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?	26	Yes	

art V	Statements	Regarding	Other	IRS Filings	and Tax	Compliance
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			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			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the 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	2b	Yes	
За	Instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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	, 55	Νο
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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?	5c		_
a	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?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	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		Νο
	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		Νo
_	For contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
11	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
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.			
	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		
.0	Section 501(c)(7) organizations. Enter			
а	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			
1	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)			
	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			

315 N A St Oxnard, CA 93030 (805) 487-1234

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	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 6			
ь	Enter the number of voting members that are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	1		
	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	Yes	
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		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
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		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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	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	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
С	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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶ CA			
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 on 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 financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ıe orga	nızatıor	n 🕨
	Dave Chittenden			

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, 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 r	ot compens	ate any	curr	ent o	or fo	rmer o	ffıce	r, dırector, trustee o	or key employee	
(A) Name and Title	(B) (C) A verage Position (check all that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	employee Key employee Officer Institutional Trustee or director		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		
Tim Hughes Part-Year Vice Chairman	5 00	х		х				0	0	0
Paul Iannacone Part-Year Director	5 00	х						0	0	0
Uel Leite Director	5 00	х						0	0	0
Janet Nickel Director	5 00	х						0	0	0
Jim Owens Chairman	5 00	х		х				0	0	0
Mary Ellen Rasnick Secretary	5 00	х		х				0	0	0
Andy Stay Director	5 00	х						0	0	0
Don Loomer Director	5 00	х						0	0	0
Gary W Gray President and CEO	40 00			х				133,061	0	16,671
Dave Chittenden CFO	40 00			Х				98,827	0	17,266

Forr	n 990 (2009)				Page
1b	Total	1,888	0		33,93
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 ►1 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual				
				Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest con	npensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual		3		No
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J		4		N o
_			4	+	INO
5	• • • • • • • • • • • • • • • • • • • •	ation for services	5		No
<u>S</u>	Complete this table for your five highest compensated independent contractors that receive	d more than			
				(C Comper	
PO E	zard 3ox 534215	Description of services		сопре	456,166
490	East Roosevelt Rd Ste 101				351,676
	Total number of independent contractors (including but not limited to those listed above) who	received more than	-		

Form **990** (2009)

\$100,000 in compensation from the organization >2

Form 99	•	<u> </u>						Page 9
Part V	<u> </u>	Statement o	f 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
nts ots	1a	Federated camp	paigns 1a					
e E	ь	Membership du	es 1b					
ts,	C	-	ents 1c					
<u> </u>	d	Related organiz Government grants	ations 1d					
Sign Sign	e	_	ons, gifts, grants, and 1f	16,158,872				
ž F	'	sımılar amounts no	t included above					
Contributions, gifts, grants and other similar amounts	g	lines 1a-1f \$	butions included in 2,087,262					
Ç ≅	h	Total. Add lines	s 1a-1f	▶	16,158,872			
				Business Code				
Program Service Revenue	2a	Room and Board		531,110	57,015	57,015		
æ	ь							
4C.e	C							
38	d							
Ē	e	All other progra						
្ត	f	All other progra	ım service revenue					
	g		s 2a – 2f		57,015			
	3		ome (including dividendariamounts)	-	7,535			7,535
	4		tment of tax-exempt bond		·			,
	5	Royalties		• [
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental	219,201 52,254					
	b	expenses	166,947					
	С	Rental income or (loss)			166,947		60.030	07.017
	d	Net rental incor	me or (loss) (i) Securities	(II) O ther	166,947		69,030	97,917
	7a	Gross amount from sales of assets other than inventory	18,515	3,480				
	ь	Less cost or other basis and	10,500	7,953				
	c	sales expenses Gain or (loss)	8,015	-4,473				
	d		s)		3,542			3,542
A 1	8a	Gross income f	rom fundraısıng					
Other Revenue		\$	reported on line 1c)					
Jer	ь	Less directexi	apenses b					
₹	c		loss) from fundraising	events 📂				
	9a	Gross income f 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		8,174,142				
	ь	=	oods sold b	7,850,864				
	С		loss) from sales of inve		323,278			323,278
	11a	Miscellaneous Other Income	s kevenue	Business Code 900,099	28,940	28,940		
	ь	other Income		,	,	-,		
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		28,940			
	12	Total revenue	See Instructions					
	l -			-	16,746,129	85,955	69,030	432,272

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	ll other organizations must complete column (A) but are not required to		(B), (C), and	(D).	(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	4,290,412	4,290,412		
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	274,718	65,932	137,359	71,427
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	5,783,086	4,851,740	498,530	432,816
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	66,376	46,564	12,915	6,897
9	Other employee benefits	326,249	268,982	40,197	17,070
10	Payroll taxes	512,454	417,911	47,853	46,690
11	Fees for services (non-employees)				
а	Management				
b	Legal	38,821	1,418	37,403	
c	Accounting	30,000		30,000	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	832,096			832,096
f	Investment management fees				
g	Other	177,772	108,021	56,367	13,384
12	Advertising and promotion	474,702	142,995	2,053	329,654
13	Office expenses	304,840	160,446	75,443	68,951
14	Information technology	98,125	81,328	5,573	11,224
15	Royalties				
16	Occupancy	943,551	908,755	28,974	5,822
17	Travel	41,588	30,604	8,914	2,070
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,400	9,526	3,230	644
20	Interest	160,699	135,362	25,337	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	615,303	600,342	11,972	2,989
23	Insurance	423,313	355,228	60,175	7,910
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	Auto Expense	406,143	405,337	806	
Ь	Supplies	309,368	269,973	32,394	7,001
c	Food expense	130,275	130,275		
d	Bank Fees	98,517	66,658	31,859	
е					
f	All other expenses	160,672	133,414	20,994	6,264
25	Total functional expenses. Add lines 1 through 24f	16,512,480	13,481,223	1,168,348	1,862,909
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beainning of vear End of vear 6.960 8.461 1 1 Cash—non-interest-bearing 827.648 2 1.271.161 2 85,544 73,170 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 Notes and loans receivable, net 7 744.859 758,794 Inventories for sale or use 106.775 9 147,998 Land, buildings, and equipment cost or other basis Complete 20.574.883 10a 10a Part VI of Schedule D 10b 5.635.584 13.185.973 14.939.299 b Less accumulated depreciation 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 234.670 15 15 60.591 16 15,192,429 16 17,259,474 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 577.134 502.583 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 2,323,278 4,084,557 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 7,209 4.775 25 Other liabilities Complete Part X of Schedule D 25 26 **Total liabilities.** Add lines 17 through 25 2,833,070 4,666,466 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 12.295.717 12,430,794 27 Unrestricted net assets 27 28 63.642 28 162.214 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 12,359,359 33 Total net assets or fund balances 33 12,593,008 34 Total liabilities and net assets/fund balances 15.192.429 17,259,474 34

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 Consolidated basis Both consolidated and separated 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)

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DLN: 93493326004020

Employer identification number

OMB No 1545-0047

OMB No 1545-004

2009

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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 RESCUE MISSION ALLIANCE

		23-7278002			
Part	П	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions		
he or	ganız	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	\sqcap	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state	(iii). Enter	the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental university	t described	l ın	
		section 170(b)(1)(A)(iv). (Complete Part II)			
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	<u> </u>	An organization that normally receives a substantial part of its support from a governmental unit or from th described in section 170(b)(1)(A)(vi) (Complete Part II)	e general p	ublic	
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	\sqcap	An organization that normally receives (1) more than 331/3% of its support from contributions, membersh	ıp fees, and	d gros	ss
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more tha	n 331/3% (of	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fr	om busines	sses	
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)			
LO	\sqcap	An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4).			
l 1	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carrone or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d T)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more d other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)			
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sup check this box	pporting or	ganıza	ation,
g		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
		and (III) below, the governing body of the the supported organization?	11g(i)		
		(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)		
h		Provide the following information about the supported organization(s)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	1
Total									

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.) Part II

<u> </u>	ection A. Public Support	ou checked the	DOX OII IIIC 3,	, or o or rait i	/			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	11,392,26	1 11,484,885	12,397,111	14,674,087	16,15	58,872	66,107,219
2	grants ") Tax revenues levied for the organization's benefit and either						\dashv	
	paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	11,392,26	11,484,885	12,397,111	14,674,087	16,15	8,872	66,107,219
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included							808,190
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							65,299,029
S	ection B. Total Support							
	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	\Box	(f) Total
	beginning in)				· ·			
7	A mounts from line 4 Gross income from interest,	11,392,264	259,708	12,397,111	14,674,087	16,15	8,872	66,107,219
8	dividends, payments received on securities loans, rents, royalties and income from	248,313	259,708	184,107	151,781	22	6,736	1,070,645
9	similar sources Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	26,969	22,743	21,395	20,333	2	9,020	120,460
11	Total support (Add lines 7 through 10)							67,298,324
12	Gross receipts from related activity	ties, etc (See ins	tructions)			12		35,914,356
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ıon's fırst, second	, thırd, fourth, or f	fifth tax year as a !	501(c)(3) d	rganız	ation, ▶
	ection C. Computation of Pu							
14	Public Support Percentage for 200	•		11 column (f))		14		97 030 %
15	Public Support Percentage for 200	•	•			15		98 070 %
	33 1/3% support test—2009. If the and stop here. The organization qu	ialifies as a public	cly supported orga	nızatıon				►V
D	33 1/3% support test—2008. If th box and stop here. The organization	-			oa, and line 15 is a	3 3 1/3% OF	more,	Check this
17a	10%-facts-and-circumstances test is 10% or more, and if the organiz in Part IV how the organization me	t— 2009. If the org	ganization did not o facts and circums	check a box on lir tances" test, che	ck this box and st	op here. Ex	plain	·
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the orga	t —2008. If the org	ganızatıon dıd not (check a box on lir	ne 13, 16a, 16b, o	r 17a and l	ıne	▶ ┌
18	Explain in Part IV how the organiz supported organization Private Foundation If the organization	ation meets the "	facts and circums	tances" test The	organization qual	ıfıes as a p	ublicly	▶ ┌
	instructions		,	• •	•			▶ □

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 been	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

Ex	pΙ	a	1	ı	r	1	į	ē	ē	a	ì
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Schedule A, Part II, Line 10, Explanation of Other Income $\,$ miscellaneous

Schedule A (Form 990 or 990-EZ) 2009

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2009

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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.

Employer identification number Name of the organization RESCUE MISSION ALLIANCE 23-7278002 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

►\$_____

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items

F → _____

b Assets included in Form 990, Part X

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

Cat No 52283D

Schedule D (Form 990) 2009

Yes" to Form 9 Am	☐ Yes ☐ Yes ☐ Yes ☐ Yes	☐ No ☐ No ☐ No
Yes" to Form 9	☐ Yes 1990, ☐ Yes Inount	□ No
Yes" to Form 9	☐ Yes 1990, ☐ Yes Inount	□ No
Yes" to Form 9	☐ Yes 1990, ☐ Yes Inount	□ No
Yes" to Form 9	☐ Yes 1990, ☐ Yes Inount	□ No
Yes" to Form 9 not Am art IV, line 10.	√Yes nount	□ No
Am	□ Yes	┌ No
Am	nount Yes	┌ No
art IV, line 10.	Г Yes	
art IV, line 10.		
nrt IV, line 10.		
ort IV, line 10.		
art IV, line 10.		
art IV, line 10.		
art IV, line 10.		
	(e)Four Ye	aare Back
	(e)Four Ye	aare Back
		cars back
r the		
	Yes	No
		
· · · · · ·		<u> </u>
36	<u> </u>	<u></u>
	T	
depreciation	(d) Boo	ok value
3		6,610,993
<u> </u>	+	7,518,089
7,282	2	19,688
1 1,207,904	4	418,417
7 1 463 365	5	372,112
	1	4,939,299
		Yes 3a(i)

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	THE TOTAL PROPERTY OF	(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 (a) Description of Liability Federal Income Taxes	(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	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	

16,746,129

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,746,12
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,512,48
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	233,64
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	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	233,64
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	16,798,38
2	Amounts 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)		
e	Add lines 2a through 2d	2e	52,25
3	Subtract line 2e from line 1	3	16,746,12
4	A mounts 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	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	16,746,12
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	16,564,73
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
- а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	52,25
3	Subtract line 2e from line 1	3	16,512,48
4	A mounts 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	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	16,512,48
D	T VIV. Supplemental Information		

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	On July 1, 2009, RMA adopted the new provisions of the Income Tax topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) These provisions clarify the accounting for uncertainty in tax positions and prescribe guidance related to the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The tax benefit from an uncertain tax position is only recognized in the statements of financial position if the tax position is more likely than not to be sustained upon an examination, based on the technical merits of the position. Interest and penalties, if any, are included in expenses in the statements of activities. As of June 30, 2010, RMA had no uncertain tax positions that qualify for recognition or disclosure in the financial statements.
Part XII, Line 2d - Other Adjustments		Rental expenses on 990 part VIII, #6b 52254
Part XIII, Line 2d - Other Adjustments		Rental expenses on 990 part VIII, #6b 52254

As Filed Data -

DLN: 93493326004020

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2009

Open to Public Inspection

Internal Revenue Service	Attach to Form 990 or Form 990-EZ. See separate instructions.	Inspection
Name of the organization		Employer identification number
RESCUE MISSION ALLI	ANCE	
		23-7278002

g Special fundraising events
I F In-person solicitations

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

Yes

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) A ctivity	(iii) fundrais custo contr contribu	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Grızzard	Mail Solicitations		No	1,259,025	372,546	963,998
Douglass Shaw	Mail Solicitations		No	255,377	351,676	-96,299
Milwakee Direct	Newspaper Solicitation		No	71,023	38,700	32,323
Gateway Communications	Phone Solicitations		No	58,106	27,238	30,868
Mercury Mail - Household Goods	Gifts in Kind Solicitation		No	0	41,936	-41,936
Total			>	1,643,531	832,096	888,954

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
		. ,	(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) T (A dd co	otal Eve ol (a) th ol (c))	
Revenue	1 2 3	Gross receipts Less Charitable contributions Gross income (line 1 minus line 2)	(event type)		(total number)			
	4	Cash prizes						
Expenses	6	Rent/facility costs						
	7	Food and beverages						
Direct	8	Entertainment				 		
ں	9	Other direct expenses .			_	+		
	10 11	Direct expense summary Add line Net income summary Combine III						
Par	t III		ganızatıon answered		irt IV, line 19, or repo	rted mc	re thar	า
Revenue		\$13,000 OH TOTHI 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam ol (a) th ol (c))	
_	1 (Gross revenue						
ses	2 (Cash prizes				<u> </u>		
Expenses	3 1	Non-cash prizes				<u> </u>		
Dreat I		Rent/facility costs						
<u> </u>	5 (Other direct expenses	_	_	_			
	6 \	Volunteer labor	∇ Yes	Г Yes%_ Г No	Г Yes			
	7 [Direct expense summary Add lines	s 2 through 5 in column	(d)				
	8	Net gaming income summary Com	bine lines 1, column d, a	ind line 7	<u> ▶</u>		Yes	No
9 a	Is th	r the state(s) in which the organizate organization licensed to operate				· 9a		No
b		lo," Explain						
10a b		e any of the organization's gaming l es," Explain	icenses revoked, suspe	nded or terminated during	the tax year?	10a	a	
11		s the organization operate gaming a				11		_
12		ne organization a grantor, beneficia ed to administer charitable gaming						

		Yes	No			
13	Indicate the percentage of gaming activity operated in					
а	The organization's facility					
b	An outside facility					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records					
	Name 🟲					
	Address -					
15a	Does the organization have a contract with a third party from whom the organization receives gaming					
	revenue?	,				
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+				
	amount of gaming revenue retained by the third party 🟲 \$					
c	If "Yes," enter name and address					
	Name 🟲					
	Address •					
16						
16	Gaming manager information					
	Name 🟲					
	Name F					
	Gaming manager compensation 🕨 \$					
	Description of services provided -					
	Director/officer Employee Independent contractor					
	I Director/officer I Employee I Independent contractor					
.7	Mandatory distributions					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?	<u> </u>				
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent					
	in the organization's own exempt activities during the tax year ▶ \$	1				

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

Schedule I

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

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

OMB No 1545-0047

DLN: 93493326004020

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization RESCUE MISSION ALLIANCE Employer identification number

RESCOE MISSION ALLIANCE	-					23-7278002	
Part I General Infor	mation on Grants	and Assistance				•	
Does the organization m the selection criteria useDescribe in Part IV the organization	ed to award the grants	or assistance?				,	▽ Yes
Form 990, Part	IV, line 21 for any i	Governments and recipient that receive 0) if additional space	d more than \$5,000.	. Check this box if no	o 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	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(3)	(h) Purpose of grant or assistance

2	Enter total	l number d	fsection	501(:)(3)	and	government	organizations
---	-------------	------------	----------	------	-------	-----	------------	---------------

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 (book, FMV, appraisal, other) Non-cash assistance to indigents (b) Number of recipients (c) A mount of non-cash assistance (b) A mount of non-cash assistance (b) Method of valuation (book, FMV, appraisal, other) In-kind goods distributed to needy individuals - food, hot meals, clothing, basic necessities					
Non-cash assistance to indigents 5000 4,290,412 Fair Market Value individuals - food, hot meals, clothing,	(a)Type of grant or assistance	• •	 1	(book,	(f)Description of non-cash assistance
	Non-cash assistance to indigents	5000	4,290,412		ındıvıduals - food, hot meals, clothing,
See Additional Data Table	See Addıtıonal Data Table				

Part IV Supplem	nental Information. Complete	this part to provide the information required in Part I, line 2, and any other additional information.
Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The amount shown as grants to individuals is the value of in-kind goods (food, clothing, basic necessities) distributed to needy individuals through the programs of the Rescue Mission Alliance. These are accounted for through in-house accounting systems and controls on an ongoing basis throughout the year as goods are expended to provide for these individuals. The organization's financial statements are subjected to an independent audit in conformity with Generally Accepted Accounting Principles annually.

DLN: 93493326004020

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

NonCash Contributions

Name of the organization RESCUE MISSION ALLIANCE

Employer identification number

Pa	rt I Types of Property				23-7278002			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	etermı	nıng	
1	Art—Works of art	аррисавис						
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household	Х		7,471,134	FMV			
6	Cars and other vehicles	Х	311	325,717	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	Х	5,340	4,290,411	FMV			
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	O ther ▶()							
	O ther ▶()							
28	Other ► ()							
29	Number of Forms 8283 received for which the organization compl				29		ı I	0
20	Dumma kha wasa didakha sa		- h.,h., h., k	uko uzuzukad oz Basik F. I	1 20 45-4-4		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
_	for exempt purposes for the enti					30a		No
31	 If "Yes," describe the arrangement Does the organization have a gif 			eview of any pon-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
ь	If "Yes," describe in Part II							
33	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

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 Contributors	Part I, Column (b)	# of contributors are based on an estimate derived from the donor database
Third Party Use	Part I, Line 32b	A third party vendor was hired to print and mail solicitations for household goods donations which the organization picked up directly from the donor and subsequently sold in the organization's thrift stores
Non Reporting of Revenue	Part I, Line 33	# of contributors are based on an estimate derived from the donor database

Schedule M (Form 990) 2009

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

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.

2009

Open to Public Inspection

Name	of	t he	orga	ıniza	t ior
RESCUI	E M	ISSIC	N AL	LANC	E

Employer identification number

23-7278002

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		The organization amended its By-Law's on August 18, 2009 to remove automatic seating as a voting member of the Board of Directors the chairman of the organization's standing advisory boards. In addition the By-Law's were amended to reflect the adoption of a committee structure whereby formal committees of the Board are tasked with development of specific functional areas such as executive, governance, donor development, finance and audit in order to address the important facets of fiduciary oversight in greater detail.
Form 990, Part VI, Section B, line 11		The Form 990 is prepared and reviewed by an independent CPA firm The Form 990 is further reviewed by every board member before filing with the IRS
Form 990, Part VI, Section B, line 12c		A conflict of interest questionnaire is completed on an annual basis. Board Governance Committee is charged with reviewing information and suggesting and enforcing remedies.
Form 990, Part VI, Section B, line 15		Compensation surveys and compensation data for similar non-profit organizations in the greater LA area were examined by the Board of Directors, all of whom are independent. Compensation was determined utilizing this data in comparison to the relative size and complexity of these organizations and RMA's operations. These deliberations were documented in the corporate minutes.
Form 990, Part VI, Section C, line 19		Available upon request
Form 990, Part VI, Line 1a,	Number of voting members	On Part VII there are eight (8) individual directors that are listed who served on the organization's board at some time during the reporting year. Part VII, line 1a only lists six (6) voting members as of 6/30/2010. Two (2) of the individuals listed on part VII resigned mid year.