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Form **990**

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.

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 30, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
RESCUE MISSION OF MAHONING VALLEY
Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2246 GLENWOOD AVENUE; P.O. BOX 298

City or town, state or country, and ZIP + 4
YOUNGSTOWN, OH 44501-0298

D Employer identification number
34-6006424

E Telephone number
(330) 744-5485

G Gross receipts $ 4,402,538.

F Name and address of principal officer: REV DAVID SHERRARD
P.O. BOX 298, YOUNGSTOWN, OH 44501

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3)◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.RESCUEMISSIONMV.ORG

H(c) Group exemption number ▶

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶

L Year of formation: 1893 M State of legal domicile: OH

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SAME AS PART III, LINE 4A		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	34
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,079,038.	3,887,907.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<127,541.>	<26,712.>
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,469.	15,696.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,001,966.	3,876,891.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,254,792.	1,004,401.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 406,876.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,451,726.	2,690,361.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,706,518.	3,694,762.
19	Revenue less expenses. Subtract line 18 from line 12	<704,552.>	182,129.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,419,710.	1,567,739.
21	Total liabilities (Part X, line 26)	213,696.	95,602.
22	Net assets or fund balances. Subtract line 21 from line 20	1,206,014.	1,472,137.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 1-27-11

REV DAVID SHERRARD, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: [signature], CPA — Date: 1/20/11 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4:
PACKER THOMAS
6 FEDERAL PLAZA CENTRAL, SUITE 1000
YOUNGSTOWN, OH 44503

EIN ▶

Phone no. ▶ (330)744-4277

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO SERVE AND GLORIFY GOD THROUGH CHRIST-CENTERED OUTREACH OF LOVE AND COMPASSION THAT RESPONDS TO THE PHYSICAL, EMOTIONAL, AND SPIRITUAL NEEDS OF DISADVANTAGED MEN, WOMEN, AND CHILDREN WITHOUT REGARD TO RACE, COLOR OR CREED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 2,973,437. including grants of $) (Revenue $)

PROVIDING FOOD, SHELTER, CLOTHING AND COUNSELING FOR THE POOR AND PEOPLE WITH DRUG AND ALCOHOL PROBLEMS. THE MISSION HAS 34 ROOMS AVAILABLE FOR FREE OCCUPANCY. THE MISSION ALSO PROVIDES FAMILY COUNSELING AND SHELTER FOR BATTERED WIVES.

SEE ATTACHED CASE STATEMENT

4b (Code.) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

4e **Total program service expenses** ▶ $ 2,973,437.

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 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		X
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		X
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	X	
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	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
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? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		X
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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
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	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

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 and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
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 lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *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		X
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		X
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 and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	1a	8		
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?		1c		
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	2a	34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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		
6a	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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		X
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 was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	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	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	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			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	10		
b	Enter the number of voting members that are independent	1b	9		
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		X
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		X
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		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
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:				
a	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

Section 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		X
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	X	
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 in Schedule O how this is done*	12c	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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		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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OH

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. 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 financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

NAOMI SPARKS - 330 744-5485
2246 GLENWOOD AVENUE, YOUNGSTOWN, OH 44501-0898

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
REV JAMES HOLBROOK CHAPLIN		X						0.	0.	0.
ATTY. JOHN A. JEREN, JR.		X						0.	0.	0.
MR. DONALD ROSA SECRETARY		X						0.	0.	0.
DR. JOHN MAYO		X						0.	0.	0.
MR. CHARLES EDDY JR.		X						0.	0.	0.
MRS. JUDY SEES TREASURER		X						0.	0.	0.
MR. RONALD MIDGLEY VICE PRESIDENT		X						0.	0.	0.
MR. THOMAS WRONKOVICH PRESIDENT		X						0.	0.	0.
MR. WILLIAM BRIAN BERLIN		X						0.	0.	0.
MARISA VOLPINI		X						0.	0.	0.
REV DAVID SHERRARD EXEC DIRECTOR	40.00			X				70,426.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								70,426.	0.	0.

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 ▶ 0

		Yes	No
3	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*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 3887907.				
	g Noncash contributions included in lines 1a-1f $ 1906905.				
	h Total. Add lines 1a-1f ▶	3887907.			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	12,275.			12,275.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real	(ii) Personal		
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	477289.			
	b Less: cost or other basis and sales expenses	515973.	303.		
	c Gain or (loss)	<38684.>	<303.>		
	d Net gain or (loss) ▶	<38,987.>	<38,987.>		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a 22,179.				
	b Less: direct expenses b 9,371.				
	c Net income or (loss) from fundraising events ▶	12,808.			12,808.
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less. direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue	Business Code			
	11a MISCELLANEOUS	624200	2,888.		2,888.
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d ▶	2,888.			
	12 Total revenue. See instructions. ▶	3876891.	<38,987.>	0.	27,971.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	70,426.		70,426.	
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	613,170.	402,431.	105,146.	105,593.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,333.	1,231.	1,901.	1,201.
9 Other employee benefits	266,743.	162,203.	60,908.	43,632.
10 Payroll taxes	49,729.	28,905.	12,880.	7,944.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	145,092.	136,273.	3,873.	4,946.
17 Travel	3,990.	46.	2,022.	1,922.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	77,684.	45,057.	13,983.	18,644.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DIRECT ASSISTANCE	1,691,180.	1,691,180.	0.	0.
b POSTAGE, HANDLING AND P	327,346.	215,165.	0.	112,181.
c GROCERIES	189,989.	189,946.	43.	0.
d PROMOTION AND PUBLIC RE	86,086.	3,578.	173.	82,335.
e VEHICLE EXPENSE	30,488.	20,831.	7,927.	1,730.
f All other expenses	138,506.	76,591.	35,167.	26,748.
25 Total functional expenses. Add lines 1 through 24f	3,694,762.	2,973,437.	314,449.	406,876.
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) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	55,849.	1	97,014.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,886.	4	3,188.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	46,490.	8	60,629.
	9	Prepaid expenses and deferred charges	13,148.	9	12,207.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D — 10a: 1,759,363.			
	b	Less: accumulated depreciation — 10b: 1,137,982.	655,232.	10c	621,381.
	11	Investments - publicly traded securities	640,930.	11	768,195.
	12	Investments - other securities. See Part IV, line 11	50.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,125.	15	5,125.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,419,710.	16	1,567,739.
Liabilities	17	Accounts payable and accrued expenses	210,824.	17	95,602.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,872.	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	213,696.	26	95,602.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,191,330.	27	1,447,649.
	28	Temporarily restricted net assets	14,684.	28	24,488.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,206,014.	33	1,472,137.
	34	Total liabilities and net assets/fund balances	1,419,710.	34	1,567,739.

Form **990** (2009)

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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		

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.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
RESCUE MISSION OF MAHONING VALLEY	34-6006424

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of 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 instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,674,316.	3,485,743.	4,271,562.	4,079,038.	3,851,410.	17,362,069.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,674,316.	3,485,743.	4,271,562.	4,079,038.	3,851,410.	17,362,069.
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						17,362,069.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,674,316.	3,485,743.	4,271,562.	4,079,038.	3,851,410.	17,362,069.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	73,214.	89,644.	116,929.	<127541.>	<26,713.>	125,533.
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)	63,759.	100,199.	<427918.>	<149,366.>	99,386.	<15,208.>
11 **Total support.** Add lines 7 through 10						17,472,394.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.37 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.61 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: RESCUE MISSION OF MAHONING VALLEY

Employer identification number: 34-6006424

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	640,930.	1240299.			
b	Contributions	215,197.	21,264.			
c	Net investment earnings, gains, and losses	59,740.	<20,550.			
d	Grants or scholarships					
e	Other expenditures for facilities and programs	147,672.	600,083.			
f	Administrative expenses					
g	End of year balance	768,195.	640,930.			

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

a Board designated or quasi-endowment ▶ 100.00 %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	5,550.			5,550.
b Buildings	1,753,813.		1,137,982.	615,831.
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				621,381.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,876,891.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,694,762.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	182,129.
4	Net unrealized gains (losses) on investments	4	83,994.
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 through 8	9	83,994.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	266,123.

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

1	Total revenue, gains, and other support per audited financial statements			1	3,970,256.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	83,994.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	9,371.		
e	Add lines 2a through 2d			2e	93,365.
3	Subtract line 2e from line 1			3	3,876,891.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	3,876,891.

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

1	Total expenses and losses per audited financial statements			1	3,704,133.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	9,371.		
e	Add lines 2a through 2d			2e	9,371.
3	Subtract line 2e from line 1			3	3,694,762.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	3,694,762.

Part XIV Supplemental Information

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

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSE OF FUNDRAISERS: 9371.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSE OF FUNDRAISERS: 9371.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

RESCUE MISSION OF MAHONING VALLEY

Employer identification number

34-6006424

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a 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 services? ☐ Yes ☐ No

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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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.

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

Revenue / Direct Expenses		(a) Event #1 MISSION FUNDRAISER (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	22,179.			22,179.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	22,179.			22,179.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	9,371.			9,371.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(9,371.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				12,808.

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

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

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

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .			
c	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

RESCUE MISSION OF MAHONING VALLEY

Employer identification number

34-6006424

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		1,262,960.	IRS GUIDELINES
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X		643,945.	FEEDING AMERICA RATE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment	29		
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.			
31	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?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

RESCUE MISSION OF MAHONING VALLEY

Employer identification number

34-6006424

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PRESENTED TO THE BOARD UPON COMPLETION AND PRIOR TO FILING BY THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED ANNUALLY TO REVIEW AND APPROVE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: ALL MANAGEMENT COMPENSATION PACKAGES ARE REVIEWED AND APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST TO THE PUBLIC.

RESCUE MISSION

Food, Shelter, Safety and a Second Chance

RescueMissionMV.org

Rescue Mission of Mahoning Valley

2011 Case Statement

Building a Better Future for the Valley ...

One Life at a Time

Call unto me, and I will answer thee,
and shew thee great and mighty things
which thou knowest not. – Jeremiah 33:3

TABLE OF CONTENTS

I. GENERAL INFORMATION

OVERVIEW:

Since 1893 the Rescue Mission of Mahoning Valley has sheltered the homeless and fed the hungry. Non-discriminatory in its practices The Mission provides goods and services to anyone seeking help. The Rescue Mission is the only emergency shelter in Mahoning County delivering people from despair, helping them to find hope.

The Mission is not affiliated with any religious denomination. We are Bible based and will not deny or obfuscate those core values. We are non-discriminatory in our programs because of what we believe and live by. We do not withhold any good or service from people who do not share those values. Further, we neither seek nor accept funding from any source that would require us to compromise our core values.

Today on average The Mission shelters more than 70 men, women and children each night. Although it shelters people on an emergency basis, many of the residents choose to enroll in the Mission's rehabilitation / re-entry program, now called the 2nd Chance Academy. It is for men and women whose lives have been broken by homelessness, drug and alcohol addiction, physical and mental abuses, jail and/or prison experiences, any trauma that causes people to lose hope. Our goal is to provide hope and an opportunity for restoration and wholeness that comes from faith in God.

The Mission is one of the largest providers of meals to the hungry in the Valley. The Rescue Mission prepares and serves more than 300 meals a day. From the warehouse and distribution center on Glenwood Ave., The Mission provides emergency food baskets, clothing, furniture, household goods and appliances to the poor and marginalized in our community – all at no cost.

According to Maslow until physiological needs are met – safety and security, love and belonging, then self esteem are all out of the question. First, we overcome physiological barriers that open the door to real personal development, education, and psychological health.

Transformed lives are what The Mission is all about. To that end, the Rescue Mission of Mahoning Valley is a collaborative agent in the community for many other social service, education, and health agencies. Our participation as a member of the Mahoning County Homeless Continuum of Care is critical for local, state, and federal funding of other Valley agencies. The Mission truly is, of, by, and for The Valley.

On a broader scale, our affiliation with the Association of Gospel Rescue Missions not only connects us with over 240 other Missions throughout the country, but combined with the internet, to the world.

Over the past decade, The Mission has hosted a Finnish intern, aided Orthodox priests from 2 parishes in Russia improve their drug and alcohol rehabilitation program. Who we are, what we do, and how we do it serves as a model for outreach ministries in Asia, Central and South America and Africa. Our true, transparent, collaborative approach enables us to extend and expand the level of service from our Valley to the world.

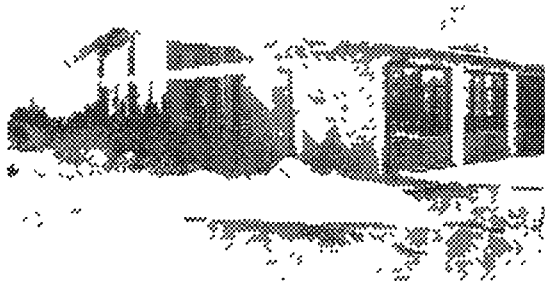
Accredited in 1962 as a 501(c)(3) non-profit organization, Rescue Mission of Mahoning Valley continues to meet the needs of the homeless and working poor in the Mahoning Valley. Continuous since 1893, The Mission directly serves 3 counties in Ohio and 2 in Western Pennsylvania. Indirectly we have provided service to those in need throughout the United States, and the world.

The Residence Center, located at 962 Martin Luther King Jr. Blvd., is home to prepared meals served, emergency and transitional shelter, and client educational programs including Biblical instruction.

The Warehouse and Distribution center, located at 2246 Glenwood Ave., provides food baskets, clothing, furniture, fixtures, and appliances to the public. Averaging more than 5,000 individuals receiving assistance. Over 650 emergency food baskets were distributed, equivalent to over 27,000 balanced meals according to the USDA food guide pyramid.

PURPOSE STATEMENT

"The purpose of the Rescue Mission of Mahoning Valley is to serve and glorify God through Christ-centered outreach of love and compassion that responds to the physical, emotional and spiritual needs of disadvantaged men, women and children without regard to race, color or creed."



GOALS – TODAY

- Share God's love through Jesus Christ
- Feed the hungry
- Clothe the naked
- Shelter the homeless
- Return hope to the hopeless

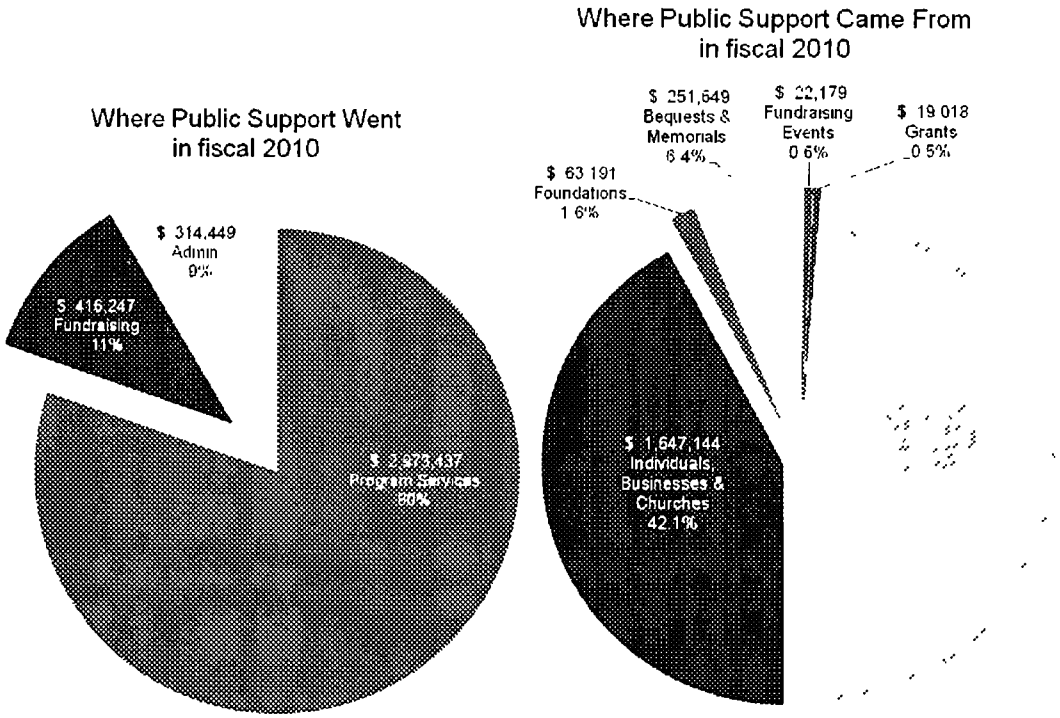
GOALS – TOMORROW

- Share God's love through Jesus Christ
- Return hope to the hopeless
- Break the homeless cycle in the Mahoning Valley
- Prepare and equip the organization for the next generation of stewards
- Build a Community Resource Center to serve the entire community

II. PUBLIC SUPPORT & OPERATING EXPENSES

The Rescue Mission is Bible based. This tenet enables it to be fast, focused and flexible in responding to changing community needs. Nevertheless it provides all of its services free-of-charge to anyone in need in the community. The Mission is supported through the generosity of individuals, families, foundations, businesses and institutions who recognize the value of the work done.

Community leaders in business and government readily volunteer that The Rescue Mission is among the most respected service providers in the Valley. It has received national recognition for the quality of its programs, and stewardship of resources. It serves as a model for other shelters across the country seeking new and innovative ways to help the marginalized, homeless and hungry.



The staff at the Rescue Mission serve a God of order and He demands excellence in all they do with what He provides. As the increasing level of complexity of need of the people The Mission serves, so is the demand on the existing staff, equipment, and for consumable supplies. For this reason, The Mission seeks help from the community, both financially and through in-kind gifting.

AUDITED STATEMENT OF ACTIVITY
RESCUE MISSION OF MAHONING VALLEY
for the fiscal years ended September 30, 2010 and September 30, 2009

	TOTALS			
PUBLIC SUPPORT and REVENUE	**2010**		2009	
Public Support				
Individuals, business and church	**$ 1,647,144**		$ 1,682,821	
Gifts in kind	**1,906,905**		2,255,520	
Foundations	**63,191**		77,677	
Bequests and memorials	**251,649**		63,020	
Fundraising events	**22,179**		58,235	
Grants	**19,018**		-	
Net assets released from program restrictions and reclassifications	-		-	
Net assets transferred to undesignated	-		-	
TOTAL PUBLIC SUPPORT	**3,910,086**		4,137,273	
Revenue				
Net gain on investments	**45,311**		(70,098)	
Interest, dividends and capital gains, net of related expenses of $ 2,172 and $ 3,804 for 2010 and 2009, respectively	**12,275**		46,192	
Loss on disposal of assets	**(303)**		(2,369)	
Miscellaneous income	**2,887**		4,804	
TOTAL REVENUE	**60,170**		(21,471)	
TOTAL PUBLIC SUPPORT and REVENUE	**3,970,256**		4,115,802	
EXPENSES				
Program services	**2,973,437**	**80%**	3,606,712	**76%**
Fundraising	**416,247**	**11%**	739,256	**16%**
Supporting services and other expenses	**314,449**	**9%**	373,120	**8%**
TOTAL EXPENSES	**3,704,133**	**100%**	4,719,088	**100%**
CHANGE IN NET ASSETS	**266,123**		(603,286)	
NET ASSETS				
Beginning of year	**1,206,014**		1,809,300	
End of year	**$ 1,472,137**		$ 1,206,014	

A complete Audit of Financial Statements by The Mission's independent public accounting firm is available on request in either hardcopy or an electronic version (.pdf).

This document and the current Audit of Financial Statements, are attached to the latest IRS 990 filing.

A. LEADERSHIP

The Rescue Mission of Mahoning Valley has been under the stewardship of Rev. David L. Sherrard since 1989. Rev. Sherrard has over 30 years of experience working in the ministry of Rescue. Prior to coming to Youngstown, he served for over 19 years in Detroit.

By direction of the Board of Trustees there was a major realignment of the organizational structure to set in place a more lean organization. This done in preparation for operation of the new Mission facility to be completed over the next two (2) years. Following is the new organizational structure including the Board of Trustees and specific committee roles.

CALENDAR 2011 BOARD OF TRUSTEES

President
Thomas J. Wronkovich
Owner, Youngstown Harley-Davidson–Buell
Development Committee / Chair

Chaplain
Rev. James Holbrook
Minister, Warren Revival Center
Client Services Committee / Chair

Vice-President
Ronald E. Midgley
Raymond James & Associates, Inc. Investment Broker
Finance & Development Committees

Treasurer
Donald J. Rosa
Co-owner Curves Franchise
Finance Committee Chair

Secretary
Dr. John Mayo, DDS
Self-Employed Dentist
Finance Committee

Additional Board Members

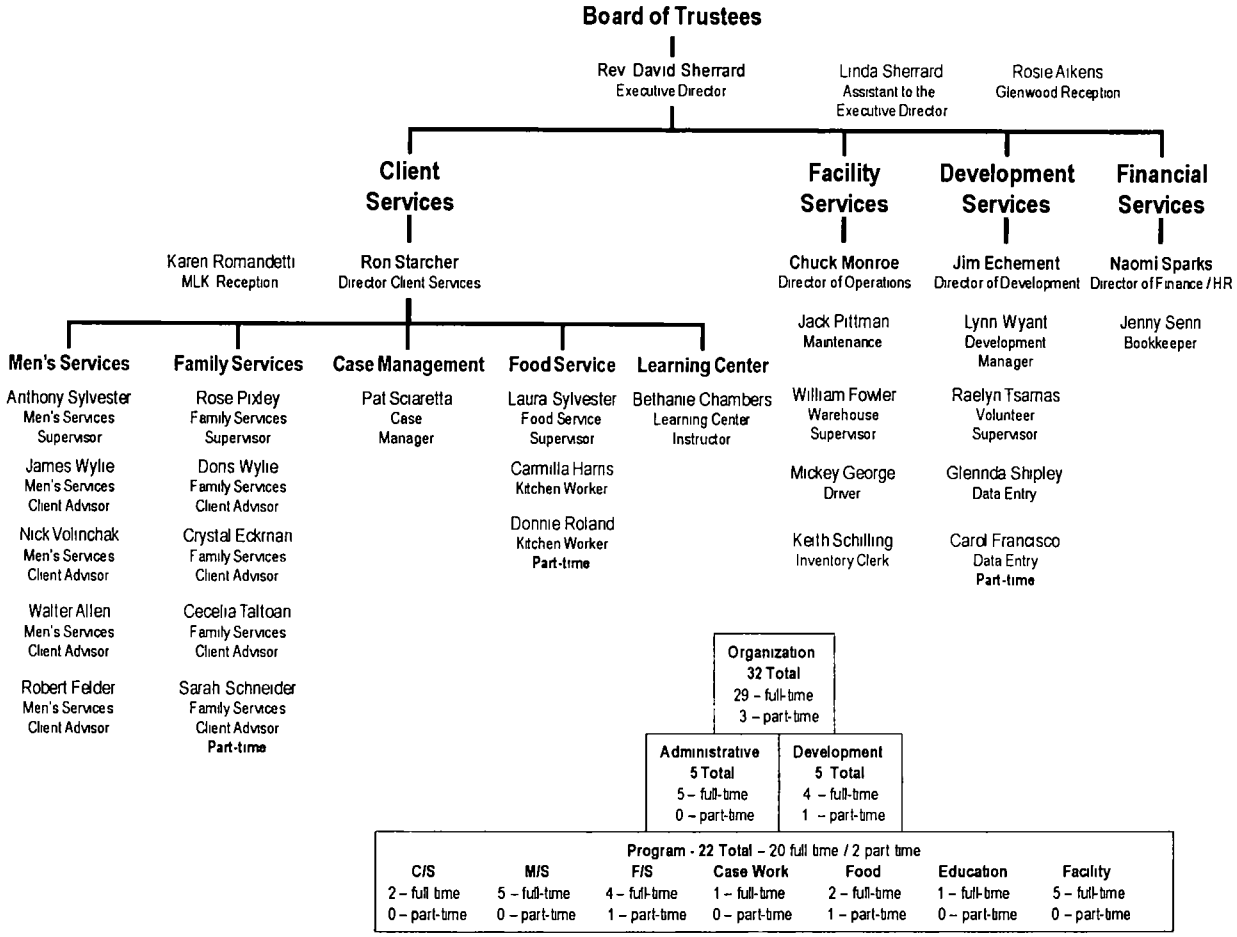
Brian Berlin – Beard Pension Services, Inc. – *Client Services & Development Committees*
Atty. John A. Jeren, Jr. – Wellman, Jeren, Hackett & Skoufatos Company, LPA – *Finance Committee*
Marisa Volpini – Owner/Broker Volpini Real Estate – *Development & Finance Committees*

Executive Director
Rev. David L. Sherrard
Ex-Officio All Committees

Director of Client Services	***Director of Development***	***Director of Finance***
Ron Starcher	Jim Echement, CFRE	Naomi Sparks

B. ORGANIZATIONAL STRUCTURE

RESCUE MISSION OF MAHONING VALLEY STAFF



III. RESCUE MISSION OF MAHONING VALLEY

A. OPERATIONS:

1. WHO WE SERVE: Many but not all of our clients are considered under-educated, unskilled, and/or unsuitable for permanent employment. Nevertheless, all of our clients face multiple, personal struggles:
   - Rising violent crime in their old neighborhood
   - Sudden loss of employment
   - Sudden loss of the bread winner in the family
   - Flood, fire, or other like tragedy
   - Plenty of part-time work but a real lack of full-time employment
   - Rising costs of healthcare, transportation, and housing
   - Mental illness, chemical dependency, and developmental disabilities
   - Physical and/or mental abuse by parents, guardians or children

   Proactive, individual, case management sees to it that the right need is channeled to the right agency at the right time and in the right frame of mind.

2. LOCATIONS: The Mission Residence Center is situated in the west end of downtown Youngstown, Ohio. The Distribution Center is located approximately four (4) miles away in the Southside of the City. All services are centrally located on main bus routes and within easy walking distance to many city services and neighborhoods.

3. FACILITIES: Currently the operation is divided between two locations approximately four (4) miles apart within the City of Youngstown. Real property consists of a Residence Center, a Warehouse & Distribution Center, and a seventeen plus acre (17.579) parcel of land on the south side of the City of Youngstown.

   a. Residence Center – located at 962 Martin Luther King Jr. Boulevard, Youngstown, Ohio 44510. It is a four (4) story masonry structure, built in 1930 as a YMCA. There is no outside common area except for limited parking and a minimal grass buffer on three sides. Property is fenced on three (3) sides and faces Martin Luther King Jr. Boulevard (U.S. Route 422). The building and property are well maintained and in good condition. There is approximately 22,000 usable ft². It is principally subdivided into seven (7) functional areas:
      i. Chapel – seating for 60
      ii. Dining Room & Kitchen – seating for 80
      iii. Men's Department – 78 beds
      iv. Family Services Department – 66 beds
      v. Educational Areas – Learning Center plus three (3) classrooms
      vi. Reception & Common space – interior extremely limited, no exterior space
      vii. Office space – Distributed throughout the building

   b. Warehouse & Distribution Center – located at 2246 Glenwood Avenue, Youngstown, Ohio 44511. It is a single story masonry structure with a partial, finished basement, built in the mid 1960's as the Society for the Blind sheltered workshop. The Mission acquired the facility in 1992. There is

significant outside common area plus ample parking. Property is not fenced. The building and property are well maintained and in good condition. There is approximately 20,000 usable ft². It is principally subdivided into seven (7) functional areas:

i. Dining / Meeting Area & Kitchenette – seating for over 100.
ii. Mission Mall – 3,500 ft², "shopping" area for clients and public containing donated clothing, household appliances, and sundries.
iii. Warehouse & Distribution, non food items – 6,200 ft², storage and volunteer workspace, all donated material is received, sorted, evaluated and put in The Mission Mall space for distribution. Multiple receiving docks for furniture and large appliances.
iv. Warehouse & Distribution, food service items – 5,000 ft², bulk dry goods storage, commercial walk-in refrigerators and freezers. Receiving docks and food basket preparation area.
v. Conference Areas – One small, capacity 8, one larger, capacity 40.
vi. Reception & Common space – adequate interior and exterior space.
vii. Office space – adequate space distributed throughout the building.

c. Seventeen plus acre (17.579) parcel of land – located on the south side of Youngstown, Ohio 44507. A Development Agreement between the Rescue Mission of Mahoning Valley and the City of Youngstown Ohio to construct a new facility for its operation was executed in July of 2010.

Rescue Mission of Mahoning Valley Board of Trustees resolved to establish and authorize the Rescue Mission of Mahoning Valley Capital Campaign Executive Committee to raise and disburse the requisite funds for design and construction of a new facility.

The Executive Committee is comprised of three (3) community volunteers and three (3) members of the Rescue Mission of Mahoning Valley Board of Trustees. Approval of the functional design of the new facility remains with the Mission Executive Director and senior staff.

4. STATISTICS: Everything provided by The Mission is free of charge. Key performance metrics are published on The Mission website. www.RescueMissionMV.org

i. Food service: At the Residence Center breakfast, lunch and dinner are prepared and served every day. First to the residents, then to the public.

ii. Clothing, household goods, furniture, large and small appliances: Residents preparing to move into their own places are initially furnished and equipped from Warehouse inventory. The public is then invited to "shop" every Tuesday and Thursday, between 9:00A.M. and 11:00A.M.

iii. Emergency and transitional overnight shelter: Over the past decade we have experienced a significant increase in:
- single parents with children
- husbands & wives with children
- veterans
- men and women diagnosed with mental disorders

B. PROGRAMS AND SERVICES

1. RESIDENT CLIENT SERVICES

Life in The Mission is orderly and filled with purpose. The Mission has firmly established rules and regulations concerning on-site provisions for clients whether emergency, transitional or long-term program clients. The Mission is a drug, alcohol, and tobacco free environment. Residents and Staff are subject to random testing for all three.

In addition to emergency and transitional overnight programs Rescue Mission of Mahoning Valley operates the 2nd Chance Academy. A 12-month, in-house rehabilitation, work-therapy, and career-development program for men and women. Clients are not permitted to work during the program. Employment opportunities are aggressively pursued after graduation.

Clients participate in work therapy and education programs with emphasis on the Gospel of Jesus Christ as the foundation for life change. Typically referrals are made by family members, churches or social services. Some of are referred by health care, jail, court or prison systems.

2nd Chance Academy purpose and objectives are:

- To lead individuals into a vibrant relationship with Jesus Christ.
- To help individuals conquer their addictions.
- Restore them to their families.
- Produce productive members of society

Further, everyone staying at The Mission has a daily work assignment. Academy residents have additional designated areas of responsibility and accountability. Privileges and penalties are applied without bias. We do not operate a flop house. If an emergency or transitional overnight client chooses to stay at The Mission there are regular work assignments at both the Resident and Warehouse & Distribution Centers. Transportation and meals are provided.

2. PUBLIC SERVICES

- Breakfast, lunch and dinner every day to the public
- Emergency Food Baskets by appointment
- Weekly clothing/household items/furniture/appliances give-away
- Inspirational speakers and pulpit supply
- Volunteer opportunities
- Biblical instruction
- Daily Chapel meeting service
- Sunday worship service
- Proactive collaboration with all agencies in The Missions global network

Rescue Mission of Mahoning Valley programs and services demonstrate a proven track record for more than 117 years. Most important is the offer of a second chance. The Mission seeks to return hope to the hopeless first by removing the obstacles to physiological needs, preparing the way for real growth and learning. A window of hope is open to each man, woman, and child who comes through the doors. Staff are dedicated, tireless, and committed to The Mission and the work God is doing there.

C. COMMUNITY COLLABORATIVE

The Rescue Mission of Mahoning Valley has become a galvanizing agent for the Valley agencies. Several key Mission staff hold leadership positions in these groups that also serve to facilitate the role of our case workers throughout the valley with all the member and non-member agencies. In 2009 the Homeless Coalition was absorbed into the Mahoning County Homeless Continuum of Care.

Legend:

Mahoning County Homeless Continuum of Care – CC
Homeless Management Information System – HMIS

Agency	CC	HMIS
Beatitude House / Potters Wheel	X	X
Catholic Charities / Hope Club	X	X
City of Youngstown Board of Health	X	X
Community Legal Aid	X	X
Downtown YWCA	X	X
Goodwill Industries	X	X
Greater Youngstown Point	X	X
Meridian Services	X	X
PATH / Help Hotline Crisis Center	X	X
Rescue Mission of Mahoning Valley	X	X
Humility of Mary Health Partners	X	
Lutheran Social Services of the Mahoning Valley	X	
Ohio Department of Jobs & Family Services	X	
Ryan White Consortium		
Veterans Administration		
Veterans Service Commission		
Day Break	X	X
Potential Development Programs	X	X
Turning Point Counseling Services	X	X
Bodner House	X	
Burdman Group - Sojourner House	X	
Buy Into Youngstown	X	
City of Youngstown Community Development Agency	X	
Family & Children First Council	X	
Habitat for Humanity of Mahoning County	X	
Helping Hand Ministries, Inc.	X	

Agency	CC	HMIS
Home Savings & Loan Bank	X	
Interfaith Home Maintenance Service, Inc.	X	
Mahoning County Board of Mental Health	X	
Mahoning County Commissioners	X	
Mahoning County Community Support Network	X	
Mahoning County Continuum of Care	X	
Neighborhood Ministries	X	
Veterans Outreach	X	
Warriors, Inc	X	
Youngstown Metropolitan Housing Authority	X	
Youngstown State University (YSU)	X	
YSU Center for Human Services Development	X	
Addiction Programs of Mahoning County		
American Red Cross		
City of Youngstown Board of Education		
Donofrio House		
Downtown YMCA		
Mahoning County Drug & Alcohol Board		
Mahoning Youngstown Community Action Program		
Neil Kennedy Recovery Clinic		
Protestant Family Services		
Salvation Army		
St Vincent de Paul		
Teen Challenge		

IV. RESCUE MISSION CAPITAL PROJECT

Since 1893 the Rescue Mission of Mahoning Valley has sheltered the homeless and fed the hungry. Non-discriminatory in its practices The Mission provides goods and services to anyone seeking help. The Rescue Mission is the only emergency shelter in Mahoning County delivering people from despair, helping them to find hope.

The Mission has the opportunity to move from an obsolete 1930s-era building to a new facility to be built on land donated by the City of Youngstown opposite the former South High Field House. The estimated cost of this total project is at least $12 million.

Moving to the new facility will enable The Mission to significantly improve programs for the men, women, children and families it serves. These programs are structured to help them find sustainable work, spiritual growth, and housing.

THE NEED

The Rescue Mission, not handicapped accessible, has outgrown its facility on Martin Luther King Jr. Boulevard. It is impossible to expand and impractical to renovate.

A critical need exists for an adequate kitchen. Daily more than 300 meals are prepared in a galley sized area. An equally undersized adjacent room houses cooking, dishwashing, and utensil storage.

Similarly, there is a desperate need for more bathrooms. Averaging over 70 men, women, children per night the bathroom facilities are extremely limited. There are none on the floor where families are housed.

Also, in order to continue delivering confidential counseling, education classes, tutoring, and one on one supportive services, appropriate space is required.

Custodial parents or guardians are prevented from seeking work without appropriate care for their children. Therefore a licensed daycare facility is imperative.

After regular business hours barrier free emergency care for at-risk seniors found wandering the streets or those removed from a dangerous threatening living environment.

A primary care clinic becomes the final piece to complete the service spectrum for the Mission clients and community.

THE PLAN

PHASE I – REPLACEMENT EMERGENCY SHELTER

The new Rescue Mission will be a two-level building of nearly 50,000 square-feet. It will be built using the most practical energy saving green technology yielding the most long-term cost savings. It is necessary for the homeless to have a place to stay in dignity; a place with adequate counseling and educational facilities; a secure place for their children to play.

PHASE II – Community Resource Center – Primary Care Clinic – Licensed Day Care – Education Center – Sustainable Urban Agriculture Market Garden

MESSAGE FROM THE BOARD

The volunteer board that guides the Rescue Mission and its professional staff are committed to the continued operation of the Rescue Mission in a fiscally responsible manner. Many of the programs contemplated here will be phased in over time and will grow as they prove to be financially feasible.

"Bold ideas inspire us. Inspired ideas embolden us. Within the opportunity presented to the Rescue Mission by the City of Youngstown to move, the board and staff of the Rescue Mission perceive the hand of God. He is pointing the way and we must follow.

The Phase I investment necessary to prepare the site, build the new shelter with its attendant amenities, recreation areas and playground, and equip it to open, is estimated to be a minimum of $9 million. It is a substantial amount. It is an amount that the Board is committed to raise because it is the right project for the community at the right time.

It will improve the efficiency and reduce the cost of delivering social services to a significant number of people. It will improve the health, education, and employment opportunities of those most in need in the Valley. It will create an anchor presence in one of our city's transitional neighborhoods. It is an investment in the community that will pay dividends in the form of reclaimed lives for many generations to come.

Like Jeremiah, the Rescue Mission has called out to God and He has shown a way. God has answered the call and, indeed, with this wondrous opportunity, He is pointing the way to achieve greater and mightier things than we had previously thought possible."

Building a Better Future for the Valley ...

One Life at a Time

ASSOCIATION OF GOSPEL RESCUE MISSIONS CERTIFIED EXCELLENT MEMBER

BBB

ECFA MEMBER

APPENDICES

EXHIBIT A – FREQUENTLY ASKED QUESTIONS

Following are items and areas of interest to our supporters, volunteers, detractors, and the general public. They are compiled from many interviews on radio, television, various print media, public & private speaking engagements, and Mission tours of all types & sizes.

1. **WHAT IS THE MISSION OF THE RESCUE MISSION OF MAHONING VALLEY?**
   - Short answer – Food, Shelter, Safety and a 2nd Chance
   - More specifically –

     "The purpose of the Rescue Mission of Mahoning Valley is to serve and glorify God through Christ-centered outreach of love and compassion that responds to the physical, emotional and spiritual needs of disadvantaged men, women and children without regard to race, color or creed."

2. **WHAT'S NEW IN THE PAST 5 YEARS?**
   - Major program drivers – change in client demographics and circumstances
   - Number of "shelter" clients served – constant – past 10+ years show an average 70 overnight clients every day.
   - Age trend – up – our clients are older plus an increase in veterans from the Viet Nam era.
   - Working poor trend – up – lack of full time jobs for people with limited physical and / or mental capabilities
   - People with diagnosed mental health issues – up – no place else for them to go
   - Cause trends – consistent – all the same trauma causing issues are still in play at varying levels of frequency:
     - domestic violence
     - spousal abuse (men abusing women & women abusing men)
     - child abuse (adults abusing children & teenage children abusing adults)
     - fire
     - flood
     - economics
     - job loss
     - death of breadwinner
     - substance abuse
     - other destructive addictive behavior (e.g. gambling)

3. **HOW DO CHANGING COMMUNITY / PROGRAM NEEDS DRIVE THE NEED FOR NEW FACILITIES?**
   - Expansion of case work to a broader base and deeper level
   - Mahoning County Homeless Continuum of Care involvement
   - New building to accommodate expanded level of community service to both homeless and working poor

4. **DEFINE THE WORD "HOMELESS".**
   - Short answer – anyone needing shelter – regardless of the cause.
   - Official HUD definition 1– "A homeless person is a person sleeping in a place not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings; a person sleeping in an emergency shelter as a primary nighttime

residence; a person in transitional housing for homeless persons who originally came from the street or an emergency shelter."

- Official HUD definition 2– "A chronically homeless person is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in past three (3) years. An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or emergency shelter."

5. NUMBER OF PEOPLE SERVED OVER PAST 5 YEARS – INCREASING / DECREASING AND WHY?

- Refer to answers to Question 2 and numbers in Exhibit B – 5 Year Key Program Metrics

6. TELL US ABOUT DAILY SERVICES:

- Shelter related
  - Emergency – 5 days per month / cold weather (Dec 1 – Mar 31) 120 days
  - Intermediate – up to 90 days
  - Long term – up to 2 years
- Non-shelter related
  - Prepared meals – breakfast, lunch, dinner – every day
  - Emergency food baskets – by appointment
  - Clothing, Household goods, Furniture and Appliances – weekly
  - Other large items (e.g., cars, boats, property, etc.) – by appointment

7. HAVE THERE BEEN ANY CHANGES IN SERVICE IN RECENT YEARS?

- Yes – the growing demand for case work has over run our client advisors capacity to fully meet our intermediate and long term clients needs
- In 2007 we joined forces with the Mahoning County Homeless Continuum of Care to better facilitate coordination of our clients with the programs offered by other agencies.
- The Continuum also provides access to the Homeless Management Information System that serves to profile the client within Continuum agencies, reduce duplication of recordkeeping and reduce fraud.

8. TELL US ABOUT THE SHELTER PROGRAMS:

- Refer to Resident Client Services

9. HAVE THERE BEEN ANY CHANGES RELATED TO RESIDENTIAL PROGRAM RECENTLY?

- Yes & no – not all programs are active all the time. Program activity is driven by the client population needs. For example: due to the changing face of the homeless we have reactivated the "Work Program".

10. WHAT KIND OF PERSON DOES IT TAKE TO RUN THE RMMV?

- Ministry of Rescue is a calling – evidenced by the 110%+ work ethic – people motivated by serving others.

11. ARE THERE PLANS TO ADD STAFF?

- We operate a very lean organization with respect to staffing. Today we have 32 full and part time positions authorized. It takes all the staff together with another twenty (20) full time equivalent volunteers to do what we do.

12. WHERE ARE VOLUNTEERS NEEDED?

- Today's volunteer opportunities for individuals and/or groups (see Exhibit C – Volunteer Service Opportunities)

- Tomorrow's volunteer opportunities in community related programs not currently in effect due to physical plant & equipment constraints
- We project the number to triple from today's 20 full time equivalents (FTE) to over 50 FTE's by 2016.

13. WHO ELSE DOES THE MISSION WORK WITH?

- Mahoning County
  - Homeless Continuum of Care (over 30 member agencies – see page 11)
  - YSU – Schools of Nursing & Social Sciences
- Columbiana, Trumbull Counties and beyond
  - KSU – Salem – Human Services Department
  - KSU – Trumbull – School of Nursing
  - NEOUCOM
  - AGRM (240+ member missions)
- Those that find us through the internet
  - Finnish Intern in 2006
  - Russian priests in 2007

14. WHAT ARE SOME OF THE SPEAKER'S BUREAU OFFERINGS FOR THE COMMUNITY?

- Tell Mission Story in Spirit & Truth in living color and surround sound from church pulpit filling to special message delivery on multi media (internet, TV, radio, newsprint, periodicals) to Foundations, Junior Leagues, Schools, Rotary, Kiwanis, Lions, etc.

15. WHAT ARE THE GOALS FOR THE NEAR FUTURE?

- Major gifts – add $ 500,000 to operating budget, hire 10 to 15 more staff for expanded case work
- Capital Campaign – raise $ 9 million plus for new facility to be built on 17 acres of property in hand

16. WHERE CAN PEOPLE GET INDEPENDENT INFORMATION ABOUT THE MISSION?

- Financial and third party evaluation information –
  - GuideStar: www.guidestar.org – financial
  - Charity Navigator: www.charitynavigator.org – financial
  - Better Business Bureau: www.bbb.org – financial and organizational structure
  - Evangelical Council on Financial Accountability: www.ecfa.org – financial
  - Association of Gospel Rescue Missions: www.agrm.org – Certifying agency; organizational structure

EXHIBIT B – 5 YEAR KEY PROGRAM METRICS

People Served	2010	2009	2008	2007	2006
Men's Services	15,523	13,567	14,443	15,569	15,373
Family Services - Men	551	435	529	475	520
Men	16,074	13,567	14,972	16,044	15,893
Women	10,935	6,454	5,463	6,383	6,507
Children	3,577	3,277	2,643	3,496	3,943
Total People Served	**30,586**	**23,298**	**23,078**	**25,923**	**26,343**
Other Services					
Meals	99,568	102,839	111,993	125,661	131,582
Clothing	6,648	4,751	6,488	4,421	5,450
Food Baskets	535	704	698	721	609
Furniture	280	1,007	2,302	953	1,377
Learning Center	1,754	1,994	1,598	2,233	1,507
Chapel	11,024	8,691	6,023	7,971	8,563
Demographics					
1st time clients	570	777	377	359	458
Age					
0-17	3,577	3,277	2,643	3,496	3,943
18-25	2,877	2,495	2,259	2,517	3,640
26-35	4,247	3,255	3,681	3,289	3,315
36-45	6,097	3,571	4,551	6,536	5,221
46-55	8,422	7,070	6,756	7,223	7,191
56-up	5,366	3,630	3,188	2,862	3,033

Comparative Adult Client Mental Health Statistics			
Adults	**Depression**	**Bi-Polar**	**Schizophrenia**
2010	26.4%	11.2%	7.1%
2009	28.0%	16.1%	6.4%
Percent Increase (Decrease) Calendar 2010 vs 2009			
Percentage	**27.9%**	**-5.7%**	**50.0%**

Comparative Adult Client Substance Abuse Statistics					
Adults	**Marijuana**	**Alcohol**	**Heroin**	**Crack Cocaine**	**Powder Cocaine**
2010	19.3%	17.3%	6.4%	14.2%	0.3%
2009	15.1%	28.0%	1.8%	17.0%	1.4%
Percent Increase (Decrease) Calendar 2010 vs 2009					
Percentage	**72.7%**	**-16.4%**	**375.0%**	**13.5%**	**-66.7%**

EXHIBIT C – VOLUNTEER SERVICE OPPORTUNITIES

Residence Center – 962 Martin Luther King Jr Boulevard
Volunteer Hours of Operation Sunday through Saturday – 6 00am to 8 00pm

Client Services

Family Services
9 00am to 4 00pm

- Read to children – all grade levels
- Academic tutoring – children
- Life skills coaching
- Job search coaching
- Arts & Crafts projects

Dining Room Service
Hours vary

Breakfast	6 00 am to 8 00 am
Lunch	11 15 am to 1 30 pm
Dinner	5 15 pm to 7 30 pm

- Prepare meals
- Assist in meal preparation
- Tray preparation at steam-table
- Assist in serving clients

Men's Services
9 00am to 4 00pm

- Client data entry

Receptionist
9 00am 4 30pm

- Answer telephone
- Take messages
- Control building access

Learning Center Service
Men 9 00am to 11 00am & Women 1 00pm to 3 00pm

- Academic tutoring – all grade levels
- Life skills coaching
- Job search coaching
- College entrance coaching
- Arts & Crafts projects
- Field trip organization

Administrative / Development Services

Monday through Friday – 9 00am to 4 00pm

- Open mail and help count
- Envelope stuffing
- Bulk mail sorting
- Document shredding
- Donor data entry
- Special event planning

Distribution Center – 2246 Glenwood Avenue
Volunteer Hours of Operation: Monday through Friday – 9 00am to 4.00pm

Warehouse

- Help receive donations of
  - Clothing, Appliances – large & small, Housewares, Dry goods, Furniture, Food
- Sort, size, and rack clothing
- Sort & rack dry goods and housewares
- Test electrical appliances

Food Room

- Sort food into major USDA groups
- Stock shelves
- Fill food basket orders

Administrative Services

Receptionist

- Answer telephone
- Take messages
- Control building access

Clerical

- Document shredding
- Client data entry

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
RESCUE MISSION OF MAHONING VALLEY	FORM 990 PAGE 10	34-6006424

Part I **Election To Expense Certain Property Under Section 179** Note: *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not** include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	72,998.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property		3,708.	3.0	S/L	S/L	841.
b	5-year property		33,548.	5.0	S/L	S/L	3,355.
c	7-year property		6,879.	7.0	S/L	S/L	490.
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.	22	77,684.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No | 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year:					
43 Amortization of costs that began before your 2009 tax year				43	
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	