

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2011** calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization The Springs Rescue Mission		D Employer identification number 84-1340824
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (719) 632-1822
	5 West Las Vegas St		
City or town, state or country, and ZIP + 4 Colorado Springs, CO 80903		G Gross receipts \$ 7,957,657.	
F Name and address of principal officer: Tom Perkins same as C above		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: ▶ www.springsrescuemission.org		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1996 M State of legal domicile: CO	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To partner with the local community to minister to the poor, homeless, hungry, and addicted.</u>	
	2 Check this box <input type="checkbox"/> 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 9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 41
	6 Total number of volunteers (estimate if necessary)	6 7074
	7a Total 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.

Revenue		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	6,685,949.
9 Program service revenue (Part VIII, line 2g)	85,818.	88,631.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,941.	1,847.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-28,614.	-27,239.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,754,094.	7,914,297.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,134,954.	4,542,176.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,239,450.	1,612,921.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	10,000.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 787,147.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,350,693.	1,427,297.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,735,097.	7,582,394.	
19 Revenue less expenses. Subtract line 18 from line 12	18,997.	331,903.	

Net Assets or Fund Balances		Beginning of Current Year	End of Year	
		20 Total assets (Part X, line 16)	4,419,805.	4,817,786.
		21 Total liabilities (Part X, line 26)	1,441,345.	1,507,423.
22 Net assets or fund balances. Subtract line 21 from line 20	2,978,460.	3,310,363.		

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			
	▶ Tim Hromadka, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name David C Moja	Preparer's signature <i>David C. Moja</i>	Date 1/29/13	Check if self-employed <input type="checkbox"/>	PTIN P00747006
	Firm's name ▶ Capin Crouse, LLP	Firm's EIN ▶ 36-3990892	Firm's address ▶ 972 Emerson Parkway, Suite A Greenwood, IN 46143	Phone no. 3178852620	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: To serve the poor and needy in Colorado Springs with the result being that lives are changed and restored to productivity as well as spiritually and socially regenerated. It is the intent to maintain and operate this mission using only those funds which are given for this

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 5,133,517. including grants of \$ 4,434,429.) (Revenue \$) Resource Center - Supportive Family Services FY12 Supportive Family Services is here for those in need when there is no place else to turn. Our food pantry, clothing bank, and warehouse facilities make Springs Rescue Mission El Paso County's largest provider of life's essential items. Supportive Family Services is strategically networked to provide the right help as quickly as possible through our extensive partnerships with other local agencies. In an effort to not duplicate services, SRM focuses on areas that will create impact in the lives of the impoverished in our community in the area of basic living needs. In fiscal year 2012 we assisted over 29,000 clients through Supportive Family Services . Over 30 tons of clothing were provided and over 2,900 furniture items were distributed. We were

4b (Code:) (Expenses \$ 428,468. including grants of \$ 107,747.) (Revenue \$) Samaritan's Kitchen - Meals & Food Program- FY12 Our meal program provides hot meals six days a week to those in need in a cafeteria style facility. For fiscal year 2012, the Samaritan's Kitchen provided more than 220,000 meals to our community. SRM hosts annual events to feed those in need in our community including "Christmas for All", "Great Thanksgiving Banquet", and "Easter Alive!" Through these events, an additional 4,137 meals were served to those in need. Meal programs are at the core of our purpose for the Springs Rescue Mission. Providing a meal and a bit of hope can be an avenue to lasting change for those who are hurting.

4c (Code:) (Expenses \$ 301,595. including grants of \$) (Revenue \$) New Life Program-Men's Recovery Program- Springs Rescue Mission currently provides an 11-17 month no-cost men's residential rehabilitation program which comes alongside men who are on a journey from brokenness and addiction to a transformed life of wholeness based on a relationship with Jesus Christ. In fiscal 2012, the New Life Program provided 15,281 bed nights and averaged more than 41 men per day in our 43-bed facility. During fiscal 2012 a total of 56 men were admitted into the program and 27 men successfully completed and graduated from the program during this same time frame. The expansion project to the program, slated to begin admitting men in fiscal year 2012, will provide an additional 35-beds. Also slated for fiscal 2012 is the addition of a Graduate Services Program component.

4d Other program services (Describe in Schedule O.) (Expenses \$ 266,128. including grants of \$) (Revenue \$ 88,631.)

4e Total program service expenses 6,129,708.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their fulfillment status.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with columns for Yes/No and numerical input fields.

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 Tim Hromadka - (719) 632-1822
 5 West Las Vegas St, Colorado Springs, CO 80903

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

Check if Schedule O contains a response to any question in this Part VII

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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Tom Perkins President	2.00	X		X				0.	0.	0.
(2) Russ Wells Vice President	2.00	X		X				0.	0.	0.
(3) Vince Petti II Board Member	1.00	X						0.	0.	0.
(4) Bruce Hutcheon Board Member	1.00	X						0.	0.	0.
(5) Herman Maldonado Board Member	1.00	X						0.	0.	0.
(6) Frank Spinner Board Member	1.00	X						0.	0.	0.
(7) Steve Erickson Board Member	1.00	X						0.	0.	0.
(8) Sam Cameron Board Member	1.00	X						0.	0.	0.
(9) Gary Ganz Board Member	1.00	X						0.	0.	0.
(10) Joseph Vazquez CEO	40.00			X				69,087.	0.	34,040.
(11) Timothy Hromadka CFO	40.00			X				78,413.	0.	9,859.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 Sub-total							147,500.	0.	43,899.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							147,500.	0.	43,899.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of 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	1 a 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	7,851,058.				
	g Noncash contributions included in lines 1a-1f: \$		4,037,605.				
	h Total. Add lines 1a-1f		7,851,058.				
	Program Service Revenue	2 a Catering	Business Code 722320	82,148.	82,148.		
b Other program revenue		900099	6,483.	6,483.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			88,631.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,128.			3,128.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	14,840.				
		b Less: rental expenses	42,079.				
		c Rental income or (loss)	-27,239.				
		d Net rental income or (loss)		-27,239.			-27,239.
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		1,281.			
		c Gain or (loss)		-1,281.			
	d Net gain or (loss)		-1,281.			-1,281.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			7,914,297.	88,631.	0.	-25,392.	

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).

Check if Schedule O contains a response to any question in this Part IX

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 United States. See Part IV, line 21	2,281,513.	2,281,513.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	2,260,663.	2,260,663.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	197,049.	112,318.	51,233.	33,498.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	43,546.	24,821.	11,322.	7,403.
7 Other salaries and wages	1,137,057.	648,122.	295,635.	193,300.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	6,142.	3,501.	1,597.	1,044.
9 Other employee benefits	101,851.	58,055.	26,481.	17,315.
10 Payroll taxes	127,276.	72,547.	33,092.	21,637.
11 Fees for services (non-employees):				
a Management	189,108.	21,889.	14,855.	152,364.
b Legal				
c Accounting	19,467.		19,467.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	41,968.	41,600.	245.	123.
12 Advertising and promotion	394,254.	10,349.	54,932.	328,973.
13 Office expenses	345,004.	228,576.	98,905.	17,523.
14 Information technology	17,695.	10,086.	4,601.	3,008.
15 Royalties				
16 Occupancy	134,174.	118,069.	13,624.	2,481.
17 Travel	13,948.	2,092.	11,159.	697.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,702.	2,955.	15,762.	985.
20 Interest	55,510.	52,180.	2,220.	1,110.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	181,609.	170,713.	7,264.	3,632.
23 Insurance	12,036.	6,861.	3,129.	2,046.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a General Program	2,822.	2,798.	16.	8.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,582,394.	6,129,708.	665,539.	787,147.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	361,293.	1	468,068.	
	2 Savings and temporary cash investments	253,775.	2	304,931.	
	3 Pledges and grants receivable, net	80,050.	3	107,891.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	375,273.	8	121,489.	
	9 Prepaid expenses and deferred charges	33,347.	9	13,974.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,984,910.			
	b Less: accumulated depreciation	10b 1,270,943.	3,228,601.	10c 3,713,967.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	87,466.	12	87,466.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,419,805.	16	4,817,786.		
Liabilities	17 Accounts payable and accrued expenses	139,608.	17	281,611.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,252,713.	23	1,174,258.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	49,024.	25	51,554.		
26 Total liabilities. Add lines 17 through 25	1,441,345.	26	1,507,423.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,807,715.	27	3,161,004.	
	28 Temporarily restricted net assets	170,745.	28	149,359.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	2,978,460.	33	3,310,363.		
34 Total liabilities and net assets/fund balances	4,419,805.	34	4,817,786.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,914,297.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,582,394.
3	Revenue less expenses. Subtract line 2 from line 1	3	331,903.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,978,460.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,310,363.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	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.		

Form **990** (2011)

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

2011

Open to Public Inspection

Name of the organization The Springs Rescue Mission	Employer identification number 84-1340824
---	---

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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,275,803.	4,609,437.	5,563,919.	6,685,949.	7,851,058.	28,986,166.
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	4,275,803.	4,609,437.	5,563,919.	6,685,949.	7,851,058.	28,986,166.
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.						28,986,166.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4,275,803.	4,609,437.	5,563,919.	6,685,949.	7,851,058.	28,986,166.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,407.	15,233.	42,776.	46,041.	17,968.	141,425.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						29,127,591.
12 Gross receipts from related activities, etc. (see instructions)					12	127,810.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.51	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.41	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

The Springs Rescue Mission

Employer identification number

84-1340824

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization The Springs Rescue Mission	Employer identification number 84-1340824
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 500,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 200,957.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization The Springs Rescue Mission	Employer identification number 84-1340824
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization The Springs Rescue Mission	Employer identification number 84-1340824
--	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

The Springs Rescue Mission

Employer identification number

84-1340824

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

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

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

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

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

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

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

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

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

Part V Endowment Funds. Complete if 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		649,818.		649,818.
b Buildings		3,860,271.	990,601.	2,869,670.
c Leasehold improvements				
d Equipment		445,107.	280,342.	164,765.
e Other		29,714.		29,714.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,713,967.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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) Book value
(1) Federal income taxes	
(2) Asset Retirement Obligations	51,554.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	51,554.

FIN 48 (ASC 740) 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 (ASC 740).

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	7,914,297.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,582,394.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	331,903.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	331,903.

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	7,956,376.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	42,079.
e	Add lines 2a through 2d	2e	42,079.
3	Subtract line 2e from line 1	3	7,914,297.
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	7,914,297.

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

1	Total expenses and losses per audited financial statements	1	7,624,473.
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	42,079.
e	Add lines 2a through 2d	2e	42,079.
3	Subtract line 2e from line 1	3	7,582,394.
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	7,582,394.

Part XIV Supplemental Information

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

Part X, Line 2: The financial effects of a tax position taken or

expected to be taken are recognized in the financial statements when it is

more likely than not, based on technical merits, that the position will be

sustained upon examination. Interest and penalties, if any, are included

in expenses in the statements of activities. As of June 30, 2012, SRM had

no uncertain tax positions that qualify for recognition or separate

disclosure in the financial statements.

Part XIV Supplemental Information (continued)

Part XII, Line 2d - Other Adjustments:

Rental expenses reported on Part VIII, Line 6b 42,079.

Fundraising expenses reported on Part VIII, Line 8b

Part XIII, Line 2d - Other Adjustments:

Rental expenses reported on Part VIII, Line 6b 42,079.

Fundraising expenses reported on Part VIII, Line 8b

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization The Springs Rescue Mission Employer identification number 84-1340824

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Project Lighthouse 755 Century Place Monument, CO 80132	38-3723551		0.	1,357,387.	FMV	Clothing, Furniture, and Household items	To provide clothing/furniture/household items to families in need on SD Native American
ARC Thrift Stores 7721 W. 6th St Unit G Lakewood, CO 80214	94-0515942	501(c)3	0.	74,931.	FMV	Clothing, Furniture, and Household items	SRM donates these items to ARC Thrift stores to help the needy and disabled individuals in
St John's Baptist Church 902 South Prospect Street Colorado Springs, CO 80903	84-0806622	501(c)3	0.	27,274.	FMV	Clothing, Furniture, and Household items	To help the needy and disabled individuals in the Colorado Springs community.
Grace Be Unto You 2601 East St Colorado Springs, CO 80909	84-1517347	501(c)3	0.	29,010.	FMV	Clothing, Furniture, and Household items	To help the needy and disabled individuals in the Colorado Springs community.
Healing Gallery 607 Bryce Drive Colorado Springs, CO 80910	84-1362507	501(c)3	0.	23,806.	FMV	Clothing, Furniture, and Household items	To help the needy and disabled individuals in the Colorado Springs community.
Loaves and Fishes - Canon City 241 Justice Center Canon City, CO 81212	84-1050917	501 (c) 3	0.	7,192.	FMV	Clothing, Furniture, and Household items	To help the needy and disabled individuals in the Colorado Springs community.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **16.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
See Part IV for Column (h) descriptions

Schedule I (Form 990) (2011)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
South Central BOCES 323 S Purcell Blvd Pueblo West, CO 81007	98-0052400	501 (c) 3	0.	21,261.	FMV	Clothing, Furniture, and Household items	To help the needy and disabled individuals in the Colorado Springs community.
Homeward Pikes Peak 518 North Nevada Avenue Canon City, CO 80903	13-4242773	501 (c) 3	0.	242,243.	FMV	Clothing, Furniture, and Household items	To help the needy and disabled individuals in the Colorado Springs community.
PARC 957 E Fillmore St Colorado Springs, CO 80934	30-0391514	501 (c) 3	0.	24,368.	FMV	Clothing, Furniture, and Household items	To help the needy and disabled individuals in the Colorado Springs community.
Goodwill 2320 W Colorado Ave Colorado Springs, CO 80934	53-0196517	501 (c) 3	0.	6,287.	FMV	Clothing, Furniture, and Household items	To help the needy and disabled individuals in the Colorado Springs community.
Crossfire Ministries 2120 E. LaSalle St Colorado Springs, CO 80909	84-1295381	501 (c) 3	0.	117,900.	FMV	Clothing, Furniture, and Household items	To help the needy and disabled individuals in the Colorado Springs community.
Deliverance House of Prayer 2573 Airport Rd Colorado Springs, CO 80910	20-2321258	501 (c) 3	0.	12,540.	FMV	Clothing, Furniture, and Household items	To help the needy and disabled individuals in the Colorado Springs community.
Ecumenical Social Ministries 301 N. Weber Colorado Springs, CO 80906	84-0890978	501 (c) 3	0.	8,879.	FMV	Clothing, Furniture, and Household items	To help the needy and disabled individuals in the Colorado Springs community.
Gospel Shelter/Liza's Place 2934 E. Fountain Blvd Colorado Springs, CO 80910	61-1427158	501 (c) 3	0.	240,623.	FMV	Clothing, Furniture, and Household items	To help the needy and disabled individuals in the Colorado Springs community.
VA Voluntary Service 25 N. Spruce St Colorado Springs, CO 80904	98-0357898	501 (c) 3	0.	6,914.	FMV	Clothing, Furniture, and Household items	To help the needy and disabled individuals in the Colorado Springs community.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lighthouse Mobile Ministry 833 S Circle Dr Colorado Springs, CO 80910	76-0705328	501 (c) 3	0.	29,864.	FMV	Clothing, Furniture, and Household items	To help the needy and disabled individuals in the Colorado Springs community.
Bud's Warehouse 4455 East 46th Avenue Denver, CO 80216	84-1324465	501 (c) 3	0.	26,792.	FMV	Clothing, Furniture, and Household items	To help the needy and disabled individuals in the Colorado Springs community.
Springs of Life 3704 Uintah Street Colorado Springs, CO 80909	81-0583612	501 (c) 3	0.	0.	FMV	Clothing, Furniture, and Household items	To help the needy and disabled individuals in the Colorado Springs community.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Clothing, food, shelter, home items, etc	50000	0.	2,260,663.	FMV	Clothing, food, shelter, home items, etc. are given away to people in need in the Colorado Springs area.

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

Schedule I, Part I, Line 2: Criteria: In general we ask that our clients have some form of ID for client services for furniture, food boxes, house-ware and clothing items. (This is mainly so that we and other agencies share/review what is being given away so that the services are not abused or duplicated). For general meals and event functions there are no requirements. For food box giveaways we also ask how many are in their household so that we give them an appropriate amount of food. As far as requirements go, the only real requirement is that they ask for it, we won't turn anyone away unless we don't have anything to give. However,

Part IV Supplemental Information

there are limits to the number of furniture items, etc that a person can receive during a month. Gifts given to organizations are required to fill out an Ethical Disclosure form which is used to determine if the supported NPO will receive grants.

Part II, line 1, Column (h):

Name of Organization or Government: Project Lighthouse

(h) Purpose of Grant or Assistance: To provide clothing/furniture/household items to families in need on SD Native American Reservations

Name of Organization or Government: ARC Thrift Stores

(h) Purpose of Grant or Assistance: SRM donates these items to ARC Thrift stores to help the needy and disabled individuals in the Co Springs community.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization: The Springs Rescue Mission Employer identification number: 84-1340824

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Vincent Petti	See Part V	24,563.	Employee Co		X
Brooke Hromadka	Wife to CFO	36,264.	Employee Co		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Vincent Petti

(b) Relationship Between Interested Person and Organization:

See Part V Son of a board member

(c) Amount of Transaction \$ 24,563.

(d) Description of Transaction: Employee Compensation

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Brooke Hromadka

(b) Relationship Between Interested Person and Organization:

Wife to CFO

(c) Amount of Transaction \$ 36,264.

(d) Description of Transaction: Employee Compensation

(e) Sharing of Organization Revenues? = No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization The Springs Rescue Mission Employer identification number 84-1340824

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		89,259.	Cost-based on FMV
5 Clothing and household goods	X		3,412,276.	cost-based on FMV
6 Cars and other vehicles	X	7	10,370.	Cost-based on FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	327,480	605,604.	\$1.85 per meal
20 Drugs and medical supplies	X	46	8,465.	Cost-based on FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Hygiene Items)	X	35,398	97,038.	Cost-DRM values/ebay
26 Other ▶ (Childrens Toy)	X	5,365	27,140.	Cost-DRM values/ebay
27 Other ▶ (Food Inventor)	X	1,267	19,588.	Cost-DRM values/ebay
28 Other ▶ (Baby Items)	X	15,093	17,283.	Cost-DRM values/ebay

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b): The number of contributions reported

on Schedule M Part I is the number of items contributed.

Schedule M, Line 32b: Cardboard and metal are recycled, some vehicles

that need repair beyond what we are willing are sold through Vehicles

For Charity.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

The Springs Rescue Mission

Employer identification number

84-1340824

Form 990, Part III, Line 1, Description of Organization Mission:

purpose by persons and entities other than agencies of the state, local

or federal government which can and do limit other organizations'

rights to freely preach the gospel of Jesus Christ. The programs and

services of this ministry will be under several different titles and

use many different ways of accomplishing the stated purpose of leading

individuals into a life-changing relationship with Jesus Christ.

Form 990, Part III, Line 4a, Program Service Accomplishments:

able to give over 3,600 coats to children and families, as well as

approximately 3,200 sleeping bags and blankets to the homeless; over

6,100 hygiene packs; over 1,500 baby items to families and individuals

in need in the community. We supplied students with 440 backpacks, 63

of which were filled with school supplies. SRM gave over 6,000 TEFAP

food boxes (The Emergency Food Assistance Program created by the

government to help feed low-income families); over 850 emergency food

boxes to families and homeless people in the community; and over 300

Bibles.

Form 990, Part III, Line 4c, Program Service Accomplishments:

New Life Program- Career Advancement Center

Within the men's recovery program is the Career Advancement Center

[CAC]. CAC has been strategically designed to equip our residents for

successful employment after graduation from the recovery program. The

CAC program focuses on upgrading basic math, reading, writing and

computer skills, we offer preparation for GED testing as well. 10

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization The Springs Rescue Mission	Employer identification number 84-1340824
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residents received their GED in 2012. In 2012, 28 residents graduated from the CAC program. Our residents attend CAC a total of 10 hours weekly. We have fourteen volunteer tutors who come alongside our men working one-on-one with our residents on their academics. Our Education program also encompasses Bible and Life Skill Courses, we have 10 volunteers that teach these courses. We offer the Career Employment Life Skills Program, a 10 week course that includes career counseling; preparing our residents for successful job search. In 2012 we had 18 residents to successfully complete the Career Employment Services class.

Form 990, Part III, Line 4d, Other Program Services:

Culinary Arts Training - FY12

Men involved in the New Life Program are now able to gain more intensive culinary training skills. Since 2004, Springs Rescue Mission has offered a 6-month course certified by the American Culinary Federation. Since 2009, we extended that training to an 18-month course offered in concert with Pikes Peak Community College.

Course participants pursue a career in professional cooking and hospitality as they learn the skills necessary to pursue sustainable employment in the food service industry. Graduates are awarded American Culinary Federation certificates upon completion. As a result, New Life Program participants gain highly marketable skills and learn the standards required in today's restaurant and culinary industry. In addition, all food prepared throughout the course feeds those who are seeking help at Springs Rescue Mission.

Expenses \$ 66,426. including grants of \$ 0. Revenue \$ 88,631.

Name of the organization The Springs Rescue Mission	Employer identification number 84-1340824
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Family Mentor Alliance- FY12

Resourced by Springs Rescue Mission and part of the Governor's

Statewide Housing Initiative, Family Mentor Alliance engages local

congregations in serving families in need of safe and stable housing.

This is accomplished by providing mentoring services and financial

assistance for families' transition from homelessness to stable

housing. Through the sharing of practical life skills and the

formation of new supportive relationships, the families served by the

program feel supported and empowered to maintain a household within

their means. It is the hope of the program that each family helped

will become stronger and maintain stable housing.

Expenses \$ 56,648. including grants of \$ 0. Revenue \$ 0.

Family Crisis Center- (FY12)

Our Family Crisis Center (FCC) consists of a 12- to 18-month

faith-based residential development program. The program is a

comprehensive residential program that provides families with

transitional housing, meals, counseling, education and career training

as well as life skills such as parenting, nutrition, and health.

Through programs like the Family Crisis Center, Springs Rescue Mission

seeks to help provide pathways out of poverty by supplying career and

work education, along with essential life and relational skills. This

program is slated to open its doors and begin serving clients in FY13.

Expenses \$ 41,047. including grants of \$ 0. Revenue \$ 0.

Volunteer Program- Volunteer Program FY12

As referenced in the opening statement: Springs Rescue Mission is

called to partner with, and engage the local church and community to

Name of the organization The Springs Rescue Mission	Employer identification number 84-1340824
--	--

serve the needy in the Pikes Peak Region. The Volunteer Center is established to connect, engage, and help individuals navigate through the various service opportunities at Springs Rescue Mission. We accomplish our mission by connecting individuals and groups with service opportunities that best fit their skill sets and passion for serving. For this past year, this equates to over 7,000 volunteer opportunities.

Expenses \$ 37,941. including grants of \$ 0. Revenue \$ 0.

Resource Advocate Program FY12

The Resource Advocate Program provides the support necessary for individuals to recover from chronic homelessness through relationship with compassionate care managers and highly personalized services that are structured to meet the needs of our guests. Resource Advocates have been trained to complete applications for food stamps and public assistance, and can provide support with disability applications as well as assist clients to obtain identification, birth certificates and military discharge documents. Also, Resource Advocates help guests to find affordable and appropriate housing and access to food, medical care, legal aid, education and employment services.

Expenses \$ 64,066. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section B, line 11: Form 990 is prepared by an independent CPA firm and reviewed by the organization's top management. The reviewed Form 990 is then forwarded to the board for review prior to filing.

Form 990, Part VI, Section B, Line 12c: The HR, Compliance, and Security

132212
01-23-12

Name of the organization The Springs Rescue Mission	Employer identification number 84-1340824
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committee and Executive Committee monitored and reviewed transactions for potential conflicts. The Board is made aware of any potential conflicts and if a conflict is identified, the board member with a conflict would excuse himself from the decision making process.

Form 990, Part VI, Section B, Line 15: The comparability data in the Colorado Non-Profit Survey guide is used by the independent board to determine the CEO's compensation. The CEO then uses the same Colorado Non-Profit Survey guide to set the compensation levels of the other officers. This process is documented in the board minutes upon board approval of compensation levels.

Form 990, Part VI, Section C, Line 19: The governing documents, conflict of interest policy, and financial statements are available upon request.

Form 990, Part XII, Line 2c

Explanation of Responsibility

The Organization has a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant. This process has not changed since the prior year.

Application for Extension of Time To File an Exempt Organization Return

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. The Springs Rescue Mission	Employer identification number (EIN) or <input checked="" type="checkbox"/> 84-1340824
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5 West Las Vegas St	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Colorado Springs, CO 80903	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Tim Hromadka

- The books are in the care of ▶ 5 West Las Vegas St - Colorado Springs, CO 80903
 Telephone No. ▶ (719) 632-1822 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2011, and ending JUN 30, 2012.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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