

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)

**2007**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>THE SPRINGS RESCUE MISSION</b>	<b>D</b> Employer identification number <b>84-1340824</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5 WEST LAS VEGAS</b>	<b>E</b> Telephone number <b>(719) 632-1822</b>
		City or town, state or country, and ZIP + 4 <b>COLORADO SPRINGS, CO 80903</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <input type="checkbox"/>

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

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

**H(b)** If "Yes," enter number of affiliates **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: **WWW.MYSRM.ORG**

**J** Organization type (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**I** Group Exemption Number **N/A**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **4,331,198.**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Contributions to donor advised funds	<b>1a</b>		
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	<b>4,275,803.</b>	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>		
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>2,051,872.</b> noncash \$ <b>2,223,931.</b> )	<b>1e</b>		<b>4,275,803.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>8,042.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<b>3,007.</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>13,000.</b>	
	<b>b</b> Less: rental expenses <b>SEE STATEMENT 2</b>	<b>6b</b>	<b>15,263.</b>	
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		<b>&lt;2,263.&gt;</b>	
<b>7</b> Other investment income (describe )	<b>7</b>			
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	<b>5,611.</b>	
	<b>5,067.</b>	<b>8b</b>	<b>500.</b>	
	Less: cost or other basis and sales expenses	<b>8b</b>		
	<b>5,067.</b>	<b>8c</b>	<b>5,111.</b>	
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) <b>STMT 3</b> <b>STMT 4</b>	<b>8d</b>		<b>10,178.</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>			
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		<b>20,668.</b>	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		<b>4,315,435.</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>3,389,907.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>451,272.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>535,966.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>		<b>4,377,145.</b>
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		<b>&lt;61,710.&gt;</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>2,167,077.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<b>0.</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		<b>2,105,367.</b>	

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>			<b>STATEMENT 6</b>	
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>3,085</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	3,085.	3,085.		
<b>23</b> Specific assistance to individuals (attach schedule) <b>STATEMENT 7</b>	2,215,191.	2,215,191.		
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	240,871.	76,630.	109,186.	55,055.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	47,259.	21,266.	4,727.	21,266.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	412,878.	268,968.	74,306.	69,604.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	44,921.	24,193.	13,941.	6,787.
<b>29</b> Payroll taxes	115,471.	61,200.	33,487.	20,784.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	13,428.		13,428.	
<b>32</b> Legal fees	16,230.			16,230.
<b>33</b> Supplies	61,689.	57,987.	1,851.	1,851.
<b>34</b> Telephone	19,488.	18,986.	207.	295.
<b>35</b> Postage and shipping	108,194.	25,107.	3,786.	79,301.
<b>36</b> Occupancy	106,219.	99,234.	1,234.	5,751.
<b>37</b> Equipment rental and maintenance	52,606.	29,000.	3,815.	19,791.
<b>38</b> Printing and publications	273,623.	82,716.	97.	190,810.
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings	44,454.	2,223.	40,008.	2,223.
<b>41</b> Interest	50,825.	47,775.	1,525.	1,525.
<b>42</b> Depreciation, depletion, etc. (attach schedule)	123,265.	98,612.	19,722.	4,931.
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 5</b>	427,448.	257,734.	129,952.	39,762.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,377,145.	3,389,907.	451,272.	535,966.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;  
 (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 12</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a SEE STATEMENT 8</b>	
(Grants and allocations \$ 0 . ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>360,106 .</b>
<b>b SEE STATEMENT 9</b>	
(Grants and allocations \$ 0 . ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>1,107,198 .</b>
<b>c SEE STATEMENT 10</b>	
(Grants and allocations \$ 3,085 . ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>1,810,230 .</b>
<b>d SEE STATEMENT 11</b>	
(Grants and allocations \$ 0 . ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>112,373 .</b>
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>3,389,907 .</b>

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing .....	392,034.	45 289,085.
	46 Savings and temporary cash investments .....		46 102,985.
	47 a Accounts receivable .....	17,278.	
	b Less: allowance for doubtful accounts .....		96. 47c 17,278.
	48 a Pledges receivable .....		
	b Less: allowance for doubtful accounts .....		48c
	49 Grants receivable .....	450,000.	49
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		50b
	51 a Other notes and loans receivable .....		
	b Less: allowance for doubtful accounts .....		51c
	52 Inventories for sale or use .....	173,864.	52 221,637.
	53 Prepaid expenses and deferred charges .....	7,698.	53 10,555.
	54 a Investments - publicly-traded securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
55 a Investments - land, buildings, and equipment: basis .....			
b Less: accumulated depreciation .....		55c	
56 Investments - other .....	SEE STATEMENT 13	0. 56 171,656.	
57 a Land, buildings, and equipment: basis .....	57a 3,265,080.		
b Less: accumulated depreciation STMT 14	57b 700,944.	2,420,689. 57c 2,564,136.	
58 Other assets, including program-related investments (describe ► <b>ADVANCES</b> )		1,512. 58 1,862.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	3,445,893.	59 3,379,194.	
Liabilities	60 Accounts payable and accrued expenses .....	105,077.	60 146,941.
	61 Grants payable .....		61
	62 Deferred revenue .....		62
	63 Loans from officers, directors, trustees, and key employees .....		63
	64 a Tax-exempt bond liabilities .....		64a
	b Mortgages and other notes payable STMT 15 STMT 16	1,039,895.	64b 1,031,864.
	65 Other liabilities (describe ► <b>SEE STATEMENT 17</b> )	133,844.	65 95,022.
66 <b>Total liabilities.</b> Add lines 60 through 65	1,278,816.	66 1,273,827.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	1,528,620.	67 1,776,471.
	68 Temporarily restricted .....	638,457.	68 328,896.
	69 Permanently restricted .....		69
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		70
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71
	72 Retained earnings, endowment, accumulated income, or other funds .....		72
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,167,077.	73 2,105,367.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	3,445,893.	74 3,379,194.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	4,330,698.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
1	Net unrealized gains on investments	<b>b1</b>	
2	Donated services and use of facilities	<b>b2</b>	
3	Recoveries of prior year grants	<b>b3</b>	
4	Other (specify): <u>RENTAL EXPENSES REPORTED ON LINE 6B</u>	<b>b4</b>	15,263.
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	15,263.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	4,315,435.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	4,315,435.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	4,392,408.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
1	Donated services and use of facilities	<b>b1</b>	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
3	Losses reported on Part I, line 20	<b>b3</b>	
4	Other (specify): <u>RENTAL EXPENSES REPORTED ON LINE 6B</u>	<b>b4</b>	15,263.
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	15,263.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	4,377,145.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	4,377,145.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
----- SEE STATEMENT 18 -----		216,751.	24,120.	0.
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<b>Part V-A</b> Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... <span style="float:right">7</span>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .....	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." .....	75c	X
If "Yes," attach a statement that includes the information described in the instructions.		
d Does the organization have a written conflict of interest policy? .....	75d	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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<b>Part VI</b> Other Information <i>(See the instructions.)</i>	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change .....	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? .....	77	X
If "Yes," attach a conformed copy of the changes.		
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? .....	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement .....	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? .....	80a	X
b If "Yes," enter the name of the organization <b>RESCUE MISSION, INC.</b> .....		
and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures. (See line 81 instructions.) .....	81a	0.
b Did the organization file Form 1120-POL for this year? .....	81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		X
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a			
86b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a			
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	X	
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 $\blacktriangleright$ 0.; section 4912 $\blacktriangleright$ 0.; section 4955 $\blacktriangleright$ 0.		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 $\blacktriangleright$ 0.		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization $\blacktriangleright$ 0.		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
90 a	List the states with which a copy of this return is filed $\blacktriangleright$ CO		
90b	Number of employees employed in the pay period that includes March 12, 2007		22
91 a	The books are in care of $\blacktriangleright$ SPRINGS RESCUE MISSION Telephone no. $\blacktriangleright$ 719-632-1822 Located at $\blacktriangleright$ 5 WEST LAS VEGAS, COLORADO SPRINGS, CO ZIP + 4 $\blacktriangleright$ 80903		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country $\blacktriangleright$ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92  N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PRINTSHOP / TRAINING					
b PROGRAM					4,642.
c MOTEL RENTAL TO PROGRAM					3,400.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,007.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	<2,263.>	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	10,178.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME					20,668.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		10,922.	28,710.
105 Total (add line 104, columns (B), (D), and (E))					39,632.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 20

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 19	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: *But Weicht* Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

---

Paid Preparer's Use Only

Preparer's signature: *But Weicht* Date: *3/12/09* Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **CAPIN CROUSE, LLP**  
**2435 RESEARCH PARKWAY-SUITE 200**  
**COLORADO SPRINGS, CO 80920**

EIN: \_\_\_\_\_ Phone no.: **(719) 528-6225**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization <b>THE SPRINGS RESCUE MISSION</b>	Employer identification number <b>84 1340824</b>
---	---

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....	2a	X
b	Lending of money or other extension of credit? .....	2b	X
c	Furnishing of goods, services, or facilities? .....	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? ..... <b>SEE STATEMENT 21</b>	2d	X
e	Transfer of any part of its income or assets? .....	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees? .....	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	4a	X
b	Did the organization make any taxable distributions under section 4966? .....	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person? .....	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year .....	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,676,893.	2,465,130.	2,002,085.	2,114,215.	10,258,323.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	35,985.	6,559.			42,544.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	23,190.	21,994.			45,184.
<b>19</b> Net income from unrelated business activities not included in line 18			1,485.	<1,646.>	<161.>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	13,021.	7,754.	SEE STATEMENT 22 23.	6,524.	27,322.
<b>23</b> Total of lines 15 through 22	3,749,089.	2,501,437.	2,003,593.	2,119,093.	10,373,212.
<b>24</b> Line 23 minus line 17	3,713,104.	2,494,878.	2,003,593.	2,119,093.	10,330,668.
<b>25</b> Enter 1% of line 23	37,491.	25,014.	20,036.	21,191.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 206,613.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 204,387.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 10,330,668.
d Add: Amounts from column (e) for lines: 18 45,184. 19 <161.> 22 27,322. 26b 204,387.					<b>26d</b> 276,732.
e Public support (line 26c minus line 26d total)					<b>26e</b> 10,053,936.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 97.3213%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					<b>27c</b> N/A
d Add: Line 27a total and line 27b total					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? .....		
<b>b</b>	Admissions policies? .....		
<b>c</b>	Employment of faculty or administrative staff? .....		
<b>d</b>	Scholarships or other financial assistance? .....		
<b>e</b>	Educational policies? .....		
<b>f</b>	Use of facilities? .....		
<b>g</b>	Athletic programs? .....		
<b>h</b>	Other extracurricular activities? .....		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? .....		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

**N/A**

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for <b>all</b> electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of:
  - (i) Cash .....
  - (ii) Other assets .....
- b** Other transactions:
  - (i) Sales or exchanges of assets with a noncharitable exempt organization .....
  - (ii) Purchases of assets from a noncharitable exempt organization .....
  - (iii) Rental of facilities, equipment, or other assets .....
  - (iv) Reimbursement arrangements .....
  - (v) Loans or loan guarantees .....
  - (vi) Performance of services or membership or fundraising solicitations .....
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....
- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of 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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do 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, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

<b>Name of organization</b>  <b>THE SPRINGS RESCUE MISSION</b>	<b>Employer identification number</b>  <b>84-1340824</b>
--	--

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	LAND							
	VARIABLE	SL			495,890.			0.
2	LAND IMPROVEMENTS							
	VARIABLE	SSL	.000	16	14,115.		6,435.	1,412.
3	BUILDINGS & IMPROVEMENTS							
	VARIABLE	SSL	.000	16	1,945,494.		399,187.	78,952.
4	EMERGENCY SHELTER - CIP							
	VARIABLE	SL	.000	16	481,909.			0.
5	FURNITURE & EQUIPMENT							
	VARIABLE	SSL	.000	16	273,669.		130,537.	39,092.
6	VEHICLES							
	VARIABLE	SSL	.000	16	54,003.		41,520.	3,809.
	* TOTAL 990 PAGE 2 DEPR							
					3,265,080.	0.	577,679.	123,265.

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
NON-DEBT FINANCED WAREHOUSES	2	13,000.
TOTAL TO FORM 990, PART I, LINE 6A		13,000.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
EXPENSES RELATED TO NON-DEBT FINANCED WAREHOUSES		15,263.	
- SUBTOTAL -	2		15,263.
TOTAL TO FORM 990, PART I, LINE 6B			15,263.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
INVESTMENT SECURITIES	5,067.	0.	0.	5,067.
TO FORM 990, PART I, LINE 8	5,067.	0.	0.	5,067.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
1995 OLDSMOBILE SEDAN	04/06/07	07/06/07	DONATED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
BRIAN GRAHAM	1,000.	0.	500.	0.	500.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
RECYCLING OF SCRAPS/TRASH	07/01/07	06/30/08	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
RECYCLING CENTER	4,611.	0.	0.	0.	4,611.
TO FM 990, PART I, LN 8	5,611.	0.	500.	0.	5,111.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	31,487.		31,487.	
ADVERTISING	37,990.		37,990.	
MEALS FOR HOMELESS EVENTS AND EDUCATION	99,302.	99,302.		
TAXES & LICENSES	5,086.		5,086.	
VEHICLE EXPENSES	48,759.	48,508.	238.	13.
INSURANCE	44,431.	41,765.	1,333.	1,333.
SMALL EQUIPMENT	1,170.	1,100.	35.	35.
INTERNET ACCESS INFORMATION	107.	107.		
TECHNOLOGY SERVICES	26,856.		26,856.	
PROMOTIONAL/ FUNDRAISING EXPENSES	29,901.			29,901.
ADMINISTRATIVE DEVELOPMENT	19,250.		19,250.	
PROGRAM & VOLUNTEER DEVELOPMENT	4,287.	4,287.		
TEMPORARY LABOR	4,096.		788.	3,308.

OTHER OPERATIONS	20,996.	8,935.	6,889.	5,172.
TOTAL TO FM 990, LN 43	427,448.	257,734.	129,952.	39,762.

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 6

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
MINISTRY EXPANSION HOMEWARD PIKES PEAK 518 N NEVADA AVENUE STE 101 COLORADO SPRINGS, CO 80903	1,135.
MISSION PROJECT MARCH OF DIMES DEPT. 1000 DENVER, CO 80263	100.
MISSION PROJECT PROJECT LIGHTHOUSE 755 CENTURY PLACE MONUMENT, CO 80132	280.
MISSION PROJECT BOYS & GIRLS CLUB OF PIKES PEAK REGION 1135 W PLATTE AVE COLORADO SPRINGS, CO 80903	100.
FELLOWSHIPS ANDREW WOMMACK MINISTRIES 850 ELKTON DRIVE COLORADO SPRINGS, CO 80907	350.
MEMORIAL FUND TORCHBEARERS INTERNATIONAL PO BOX 3340 ESTES PARK, CO 80517	100.
MINISTRY EXPANSION RESCUE ISRAEL PO BOX 564 OLYMPIA, WA 98507	350.
MISSION PROJECT CROSSROADS NOGALES MISSION 456 NORTH MORLEY AVENUE NOGALES, AZ 85621	300.

MISSION PROJECT LIVING FOR GOD 2608 WEIR AVENUE COLORADO SPRINGS, CO 80910	25.
MEMORIAL FUND FROM SHOOTING NEW LIFE CHURCH 826 EAST BOULDER STREET COLORADO SPRINGS, CO 80903	100.
ALUMNI BANQUET CHARIS BIBLE COLLEGE PO BOX 49458 COLORADO SPRINGS, CO 80949	45.
MINISTRY EXPANSION LIZAS PLACE 2934 E FOUNTAIN BLVD. COLORADO SPRINGS, CO 80910	200.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	3,085.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	7
DESCRIPTION			
	AMOUNT		
FURNITURE & HOUSEWARES PROVIDED FOR THE HOMELESS		456,297.	
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.		1,758,894.	
TOTAL TO FORM 990, PART II, LINE 23		2,215,191.	

DESCRIPTION OF PROGRAM SERVICE ONE

THE SAMARITAN'S KITCHEN IS THE DINING FACILITY OF SPRINGS RESCUE MISSION AND IS USED DAILY TO SERVE MEALS TO THE LESS FORTUNATE OF THE COMMUNITY, AND IT OFFERS A VARIETY OF OTHER VITAL SERVICES INCLUDING: EVENING MEALS SERVED SIX DAYS A WEEK, LUNCH PROGRAM FOOD BOXES, CULINARY ARTS TRAINING AND BROWN BAG MEALS FOR THOSE WHO MISS DINNER. IN ADDITION TO THE DAILY MEALS, MEALS ARE SERVED EVERY THANKSGIVING, CHRISTMAS, EASTER, AS WELL AS SEVERAL BBQ'S HELD THROUGHOUT THE SUMMER MONTHS. THE CULINARY ARTS PROGRAM OFFERS ACF CERTIFICATION, FOOD SAFETY AND SANITATION AND SUPERVISORY MANAGEMENT.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	0.	360,106.



DESCRIPTION OF PROGRAM SERVICE TWO

THE MEN'S LIFE PROGRAM PROVIDES AN OPPORTUNITY FOR RECOVERY AND REHABILITATION IN A SAFE, STRUCTURED ENVIRONMENT FOR MEN TO ADDRESS CORE ISSUES AND OVERCOME BARRIERS THAT HAVE CAUSED THEM TO FAIL FOR YEARS. THE PROGRAM OFFERS: HOUSING, FOOD, CLOTHING, ADDICTION RECOVERY CLASSES, EMPLOYMENT TRAINING, FINANCIAL/PARENTING CLASSES, ANGER MANAGEMENT CLASSES, BASIC COMPUTER TRAINING, AND RESUME ASSISTANCE. THE PROGRAM PRESENTLY HAS A CAPACITY TO SERVE 35 MEN FOR THESE AREAS OF SERVICE.

TO FORM 990, PART III, LINE B

GRANTS	EXPENSES
0.	1,107,198.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 10

DESCRIPTION OF PROGRAM SERVICE THREE

THE EMERGENCY SERVICES PROGRAM HELPS THE IMPOVERISHED IN OUR COMMUNITY BY PROVIDING BASIC NECESSITIES FOR LIVING. HOMELESS INDIVIDUALS, LOW-INCOME FAMILIES AND CHILDREN RECEIVE PRAYER, FOOD, CLOTHING, FURNITURE, HOUSEWARES, AND OTHER BASIC NEEDS. THESE SERVICES ARE OFFERED MONDAYS, WEDNESDAYS, AND FRIDAYS IN ADDITION TO SPECIAL SERVICE EVENTS. CLIENTS ARE ALSO REFERRED TO OTHER AGENCIES FOR SUPPLEMENTAL ASSISTANCE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	3,085.	1,810,230.
	3,085.	1,810,230.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 11

DESCRIPTION OF PROGRAM SERVICE FOUR

THE ADULT LEARNING PROGRAM IS ANOTHER FACET OF MEN'S NEW LIFE PROGRAM. EACH INDIVIDUAL IS GIVEN ASSESSMENTS TO DETERMINE A PLACEMENT LEVEL IN THE LEARNING PROGRAM, GET JOB READY. IMPROVING READING, WRITING, AND MATH SKILLS THROUGH SELF-PACED COMPUTER ASSIGNMENTS AND ONE-ON-ONE INSTRUCTION. THE PROGRAM OFFERS: PREPARATION FOR THE GED EXAM, KEYBOARDING TECHNIQUES, WORD PROCESSING AND SPREADSHEET SKILLS, STRATEGY FOR MAKING A GOOD IMPRESSION ON APPLICATIONS AND HOW TO LEARN OF JOB OPPORTUNITIES, HOW TO KEEP YOUR JOB, AND SET GOALS FOR A BRIGHTER FUTURE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D	0.	112,373.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 12  
PART III

EXPLANATION

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 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 BY 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 OTHER INVESTMENTS STATEMENT 13

DESCRIPTION	VALUATION METHOD	AMOUNT
REAL ESTATE HELD FOR SALE	MARKET VALUE	171,656.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		171,656.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 14

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	495,890.	0.	495,890.
LAND IMPROVEMENTS	14,115.	7,847.	6,268.
BUILDINGS & IMPROVEMENTS	1,945,494.	478,139.	1,467,355.
EMERGENCY SHELTER - CIP	481,909.	0.	481,909.
FURNITURE & EQUIPMENT	273,669.	169,629.	104,040.
VEHICLES	54,003.	45,329.	8,674.
TOTAL TO FORM 990, PART IV, LN 57	3,265,080.	700,944.	2,564,136.

FORM 990 MORTGAGES PAYABLE STATEMENT 15

DESCRIPTION	BALANCE DUE
US BANK	131,845.
US BANK	501,197.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	633,042.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 16

LENDER'S NAME TERMS OF REPAYMENT  
 COMPASS BANK DUE IN FULL ON MATURITY DATE

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
04/18/07	05/01/08	720,000.	7.50%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN  
 ADMIN. BUILDING AND LAND RENOVATIONS AND EXPANSION

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	398,822.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 398,822.

FORM 990 OTHER LIABILITIES STATEMENT 17

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ASSET RETIREMENT OBLIGATIONS	61,467.	42,336.
CAPITAL LEASE OBLIGATIONS	72,377.	52,686.
TOTAL TO FORM 990, PART IV, LINE 65	133,844.	95,022.

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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 18  
TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOSEPH VAZQUEZ PO BOX 2108 COLORADO SPRINGS, CO 80901-9862	CEO 40.00	76,310.	5,496.	0.
TIMOTHY HROMADKA PO BOX 2108 COLORADO SPRINGS, CO 80901-9862	CFO 40.00	55,838.	3,708.	0.
JOE MILLIGAN PO BOX 2108 COLORADO SPRINGS, CO 80901-9862	CDO 40.00	48,690.	6,588.	0.
GERALD (LYN) HARWELL PO BOX 2108 COLORADO SPRINGS, CO 80901-9862	DIRECTOR OF PROGRAMS 40.00	35,913.	8,328.	0.
TOM PERKINS PO BOX 2108 COLORADO SPRINGS, CO 80901-9862	PRESIDENT 3.00	0.	0.	0.
RUSS WELLS PO BOX 2108 COLORADO SPRINGS, CO 80901-9862	VICE PRESIDENT 1.00	0.	0.	0.
VINCE PETTI II PO BOX 2108 COLORADO SPRINGS, CO 80901-9862	TREASURER 1.00	0.	0.	0.
DALE FRANCIS PO BOX 2108 COLORADO SPRINGS, CO 80901-9862	BOARD MEMBER 1.00	0.	0.	0.
PAUL RUMFORD PO BOX 2108 COLORADO SPRINGS, CO 80901-9862	BOARD MEMBER 1.00	0.	0.	0.
FRANK SPINNER PO BOX 2108 COLORADO SPRINGS, CO 80901-9862	BOARD MEMBER 1.00	0.	0.	0.
GARY SELTZER PO BOX 2108 COLORADO SPRINGS, CO 80901-9862	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		216,751.	24,120.	0.

FORM 990

PART IX - INFORMATION REGARDING TAXABLE  
SUBSIDIARIES AND DISREGARDED ENTITIES

STATEMENT 19

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

RESCUE MISSION, INC.

ADDRESS

5 WEST LAS VEGAS ST., COLORADO SPRINGS, CO 80903

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
20-0250269	100.00%	INACTIVE		

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 20

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	INCOME GENERATED BY PRINT SHOP USED IN MEN'S LIFE PROGRAM RELATED TO EXEMPT PURPOSE, WHERE PARTICIPANTS LEARN JOB AND LIFE SKILLS
93B	
93C	
103A	MISCELLANEOUS INCOME GENERATED WHILE FULFILLING THE EXEMPT PURPOSE OF THE ORGANIZATION

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SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2D	STATEMENT 21
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THE SON OF A BOARD MEMBER RECEIVED \$47,259 IN COMPENSATION FOR HIS SERVICES AS PUBLICATION DEVELOPMENT OFFICER. THIS TRANSACTION WAS APPROVED BY A COMMITTEE OF OFFICERS OF THE ORGANIZATION, NONE OF WHOM HAD A CONFLICT OF INTEREST WITH THE TRANSACTION. THIS TRANSACTION TOOK PLACE AT FAIR MARKET VALUE AND IS DISCLOSED ON LINE 25C OF PART II OF FORM 990.

ALSO, SEE FORM 990 PART V FOR COMPENSATION OF OFFICERS.



SCHEDULE A	OTHER INCOME			STATEMENT 22
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	13,021.	7,754.	23.	6,524.
TOTAL TO SCHEDULE A, LINE 22	<u>13,021.</u>	<u>7,754.</u>	<u>23.</u>	<u>6,524.</u>

Revised and Approved by Board of Directors  
August 4, 2008 Tom Perkins, President

## **BY-LAWS OF**

### **The Springs Rescue Mission, Inc.**

**5 West Las Vegas St.  
P.O. Box 2108 ~ Colorado Springs, Co 80901**

#### **ARTICLE I - Name and Purpose**

**Section 1.** - The name of the organization shall be **The Springs Rescue Mission Inc.**

Section 2 - The purpose of **The Springs Rescue Mission** is to serve the poor and needy in the Colorado Springs region resulting in lives that are changed, spiritually lifted and restored to productive citizens.

#### **Article II - Membership**

**Section 1.** – Membership shall consist of the board of directors.

#### **Article III – Board of Directors**

**Section 1.** – Board roles:

- a. The board is responsible to set overall policies & ensure procedures are in place to ensure legal, fiscal & programmatic compliance.
- b. The board shall oversee all affairs of the corporation. (i.e. Program, Administrative, Fund Rising, Public relations.) and delegates responsibility of day-to-day operations to staff and committees.
- c. The board shall hire the Executive Director and establish performance criteria. The Board of Directors will perform a formal review annually.
- d. The board shall speak with one voice to the Executive Director and the Executive Director is responsible to the full board.
- e. Each member of the Board of Directors shall be a member in good standing of an Evangelical Protestant Church.
- f. All members of the board shall work together with the Executive Director and staff in the execution of the strategic, fundraising and community awareness plans.

**Section 2** – Size, Terms & Compensation:

- a. The number of directors of the Corporation shall have up to 12, but not fewer than 7 members.

- b. All board members shall serve two-year terms, but are eligible for re-election for up to five consecutive terms. Members whose terms have expired may be asked through board action to continue as non-voting advisors.
- c. The board receives no compensation other than reasonable expenses.

**Section 3 – Board Nomination & Elections:**

- a. There shall be an establishment of rotating terms so that no more than 1/3 of the board is up for re-election in any given year.
- b. During the last quarter of each fiscal year of the corporation, the board of directors shall elect Directors to replace those whose terms will expire at the end of the fiscal year. This election shall take place during a regular meeting of the directors, called in accordance with provisions of these bylaws.
- c. A majority of directors present at such a meeting shall elect new directors, provided there is a quorum present. Directors so elected shall serve a term beginning on the first day of the next fiscal year.
- d. A quorum must be attended by at least fifty percent of board members for business transactions to take place and motions to pass.
- e. A nominating Committee shall be selected from the Board who, with the Executive Director serving as an ex-officio member, shall present to the Annual Meeting Nominations of new Board members.
- f. No member eligible for re-election shall serve on the Nominating Committee.
- g. A vacancy occurring in the Board may be filled by appointment of the members at any regularly called meeting and the person appointed shall serve the remainder of the term of the member unable to serve. The appointee who fulfills an unexpired term may be re-elected to a full term.

**Section 4 – Resignation, termination, and absences:**

- a. Resignation from the board must be in writing and received by the secretary.
- b. A board member may be terminated from the board due to excess absences, more than two unexcused absences from board meetings in one fiscal year.
- c. A board member may be removed for other reasons by a three-fourths vote of the remaining directors.
- d. Members who can no longer subscribe to the Statement of Faith of the Corporation.

**Section 5 – Meetings an notice:**

- a. The board shall meet at least four time per year, at an agreed upon time and place.

b. Board meetings require that each director have written notice at least two weeks in advance.

c. Special meetings of the board shall be called upon the request of the president, or one-third of the board. Notices of special board meetings shall be sent out by the secretary to each board member at least two weeks notice or as deemed necessary in emergency situations.

### **Section 6 – Officers and Duties**

a. There shall be four officers of the board, consisting of a president, vice president, secretary and treasurer. Their duties are as follows:

*The president* shall convene regularly scheduled board meetings, shall preside or arrange for other members of the Executive Committee to preside at each meeting in the following order: vice-president, secretary, treasurer.

*The vice-president* shall chair committees on special subjects as designated by the board.

*The secretary* shall be responsible for keeping records of the board actions, including overseeing the taking of minutes at all board meetings, sending out meeting announcements, distributing copies of minutes and the agenda to each board member, and assuring that corporate records are maintained.

*The treasurer* shall make a report at each board meeting. The treasurer shall chair the finance committee, and make financial information available to board members and the public.

## **Article IV- Committees**

### **Section 1 – Committee Formation**

a. The board may create committees as needed, such as finance, fundraising, housing, public relations, Human Resources, etc. The Executive Director and the President shall be ex-officio members of all committees. The board President appoints all committee chairs.

### **Section 2 – Executive Committee**

a. The four officers serve as the members of the Executive Committee. Except for the power to amend the articles of incorporation and bylaws and adoption of new policies, the Executive Committee shall have the powers and authority of the board of directors in the intervals between meetings.

### Article V – Executive Director & Staff

#### Section 1 – Executive Director

a. The executive director is hired by the board. The executive director has the day-to-day responsibilities for the organization, including the carrying out of the organization's goals and policies. The executive director will attend all board meetings, report on the progress of the organization, answer questions of the board members and carry out the duties described in the job description. The board can designate other responsibilities in their annual review.

### Article VI - Dissolution

#### Section 1 – Provisions for dissolution of Corporation

a. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 © (3) of the Internal revenue Code, or corresponding section of any future Federal Tax Code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by the court of competent jurisdiction of the county in which the principle office of the organization is then located, exclusively for such purposes or to such organization or organizations as said court shall determine, which are organized and operated exclusively for such purposes. Specifically The Springs Rescue Mission would include and request Denver Rescue Mission and Wayside Cross Rescue Mission, Pueblo, CO be co-recipients of these assets.

### Article VII – Amendments

#### Section 1 – Amendments to Bylaws

a. These bylaws may be amended when necessary by two-thirds majority of the board of directors. Proposed amendments must be submitted to the secretary to be sent out with regular board announcements.

### Certification

These bylaws were approved at a meeting of the board of directors by two thirds majority vote on **Date**.

  
\_\_\_\_\_  
**Secretary**

PRES

2-27-09  
\_\_\_\_\_  
**Date**

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>THE SPRINGS RESCUE MISSION</b>	Employer identification number <b>84-1340824</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 2108</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>COLORADO SPRINGS, CO 80901-9862</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **SPRINGS RESCUE MISSION**  
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.

- 4 I request an additional 3-month extension of time until **MAY 15, 2009**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS REQUIRED IN ORDER TO GATHER THE NECESSARY DATA NEEDED TO FILE A COMPLETE AND ACCURATE RETURN**

8a	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.	8a	\$
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 and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **[Handwritten Signature]** Title **PARTNER** Date **1/16/09**