

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2006Open to Public
Inspection**A** For the 2006 calendar year, or tax year beginning**JUL 1, 2007****B** Check if
applicable:

- ☐ Address
change
☐ Name
change
☐ Initial
return
☐ Final
return
☐ Amended
return
☐ Application
pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**THE SPRINGS RESCUE MISSION**

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 2108

Room/suite

City or town, state or country, and ZIP + 4

COLORADO SPRINGS, CO 80901-9862**D** Employer identification number**84-1340824****E** Telephone number**(719) 632-1822****F** Accounting method ☐ Cash ☒ Accrual
☐ Other
(specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**H** and **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 or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: ▶ **WWW.SPRINGSRESCUEMISSION.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.**M** Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**3,743,564.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	3,676,893.		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ 2,578,105. noncash \$ 1,098,788.)	1e	3,676,893.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	30,460.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5			
6 a	Gross rents	6a	23,190.		
b	Less: rental expenses	6b	49,999.		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	<26,809.>		
7	Other investment income (describe ▶)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other	
b	Less: cost or other basis and sales expenses	8b			
c	Gain or (loss) (attach schedule)	8c			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 15,510. of contributions reported on line 1b)	9a	7,433.		
b	Less: direct expenses other than fundraising expenses	9b	17,484.		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	<10,051.>		
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11	5,588.		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	3,676,081.		
13	Program services (from line 44, column (B))	13	1,926,884.		
14	Management and general (from line 44, column (C))	14	312,888.		
15	Fundraising (from line 44, column (D))	15	600,701.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 13 and 14, column (A)	17	2,840,473.		
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	835,608.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,331,469.		
20	Other changes in net assets or fund balances (attach explanation)	20	0.		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	2,167,077.		

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

Form 990 (2006)

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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			STATEMENT 5	
22b Other grants and allocations (attach schedule) (cash \$ 9,684 • noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	9,684.	9,684.		
23 Specific assistance to individuals (attach schedule) STATEMENT 6	23	1,077,025.	1,077,025.		
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	107,387.	31,624.	66,277.	9,486.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c 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)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	401,443.	246,889.	82,897.	71,657.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a-27	28	25,162.	15,183.	5,684.	4,295.
29 Payroll taxes	29	98,103.	53,957.	28,450.	15,696.
30 Professional fundraising fees	30	20,907.			20,907.
31 Accounting fees	31	11,026.		11,026.	
32 Legal fees	32	4,275.		4,275.	
33 Supplies	33	51,099.	47,521.	1,022.	2,556.
34 Telephone	34	26,587.	19,914.	4,725.	1,948.
35 Postage and shipping	35	239,177.	27,524.	4,955.	206,698.
36 Occupancy	36	86,861.	79,194.	2,572.	5,095.
37 Equipment rental and maintenance	37	44,116.	20,499.	3,489.	20,128.
38 Printing and publications	38	119,942.	53,481.		66,461.
39 Travel	39				
40 Conferences, conventions, and meetings	40	29,868.	1,493.	26,882.	1,493.
41 Interest	41	61,645.	57,330.	1,233.	3,082.
42 Depreciation, depletion, etc. (attach schedule)	42	119,454.	95,563.	19,113.	4,778.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 4	43g	306,712.	90,003.	50,288.	166,421.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,840,473.	1,926,884.	312,888.	600,701.

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? ► SEE STATEMENT 11		Program Service Expenses (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.)		
a SEE STATEMENT 7		
(Grants and allocations \$ 0 .) If this amount includes foreign grants, check here ► <input type="checkbox"/>		221,369 .
b SEE STATEMENT 8		
(Grants and allocations \$ 8,950 .) If this amount includes foreign grants, check here ► <input type="checkbox"/>		520,734 .
c SEE STATEMENT 9		
(Grants and allocations \$ 1,254 .) If this amount includes foreign grants, check here ► <input type="checkbox"/>		1,088,028 .
d SEE STATEMENT 10		
(Grants and allocations \$ 0 .) If this amount includes foreign grants, check here ► <input type="checkbox"/>		96,753 .
e Other program services (attach schedule)		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►		1,926,884 .

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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	263,112.	392,034.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	96.	
	b Less: allowance for doubtful accounts	5,621.	96.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		450,000.
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	86,264.	173,864.
	53 Prepaid expenses and deferred charges	11,251.	7,698.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
	56 Investments - other	0.	0.
57 a Land, buildings, and equipment: basis	3,020,503.		
b Less: accumulated depreciation STMT 12	599,814.		
58 Other assets, including program-related investments (describe ▶ ADVANCES)	2,907.	1,512.	
59 Total assets (must equal line 74). Add lines 45 through 58	2,240,759.	3,445,893.	
Liabilities	60 Accounts payable and accrued expenses	83,173.	105,077.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 13 STMT 14	696,397.	1,039,895.
	65 Other liabilities (describe ▶ SEE STATEMENT 15)	129,720.	133,844.
66 Total liabilities. Add lines 60 through 65	909,290.	1,278,816.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,128,258.	1,528,620.
	68 Temporarily restricted	203,211.	638,457.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,331,469.	2,167,077.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,240,759.	3,445,893.

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

a	Total revenue, gains, and other support per audited financial statements	a	3,743,564.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>SEE STATEMENT 16</u>	b4	67,483.
	Add lines b1 through b4	b	67,483.
c	Subtract line b from line a	c	3,676,081.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	3,676,081.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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a	Total expenses and losses per audited financial statements	a	2,907,956.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): <u>SEE STATEMENT 17</u>	b4	67,483.
	Add lines b1 through b4	b	67,483.
c	Subtract line b from line a	c	2,840,473.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	2,840,473.

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.)

[illegible]

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?	82a	X	
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.)	82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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.			
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	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?	85h	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
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	88a	X	
b	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	88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.			
b	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	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	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?	89g	N/A	
90 a	List the states with which a copy of this return is filed NONE			
b	Number of employees employed in the pay period that includes March 12, 2006	90b		15
91 a	The books are in care of SPRINGS RESCUE MISSION Telephone no. 719-632-1822 Located at 5 WEST LAS VEGAS, COLORADO SPRINGS, CO ZIP + 4 80903			
b	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	91b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Form 990 (2006)

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country N/A92 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					30,460.
c					
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					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					<32,355.>
b not debt-financed property			16	5,546.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	<10,051.>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME					5,588.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		<4,505.>	3,693.
105 Total (add line 104, columns (B), (D), and (E))					<812.>

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	-----			
Totals				

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	-----			
Totals				

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?


Yes	No
-----	----

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 _____ Date _____
Type or print name and title _____

Paid
Preparer's
Use Only

Preparer's signature  Date 2/25/09 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

Form 990 (2006)

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

2006

Name of the organization

THE SPRINGS RESCUE MISSION

Employer identification number

84 1340824

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 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.	1		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? SEE STATEMENT 21	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)? SEE PART V-A, FORM 990	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.) SEE STATEMENT 22	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? N/A	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d Enter the total number of donor advised funds owned at the end of the tax year			0
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
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.

Schedule A (Form 990 or 990-EZ) 2006

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 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 7 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	
Total ►					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,465,130.	2,002,085.	2,114,215.	2,775,010.	9,356,440.
16 Membership fees received					
17 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	6,559.				6,559.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	21,994.				21,994.
19 Net income from unrelated business activities not included in line 18		1,485.	<1,646.>	<11,973.>	<12,134.>
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	7,754.	23.	6,524.	8,685.	22,986.
23 Total of lines 15 through 22	2,501,437.	2,003,593.	2,119,093.	2,771,722.	9,395,845.
24 Line 23 minus line 17	2,494,878.	2,003,593.	2,119,093.	2,771,722.	9,389,286.
25 Enter 1% of line 23	25,014.	20,036.	21,191.	27,717.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					187,786.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					222,214.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					9,389,286.
d Add: Amounts from column (e) for lines: 18 21,994. 19 <12,134.> 22 22,986. 26b 222,214.					255,060.
e Public support (line 26c minus line 26d total)					9,134,226.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					97.2835%
27 Organizations described on line 12: 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					
(2005) (2004) (2003) (2002)					
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					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f	N/A	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 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?	29	
30 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?	30	
31 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?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 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	35	

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
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		
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 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 13 of the instructions.)

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
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

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

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
DEBT-FINANCED MOTEL BUILDING	1	8,200.	
NON-DEBT FINANCED WAREHOUSES	2	14,990.	
TOTAL TO FORM 990, PART I, LINE 6A		23,190.	

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
EXPENSES RELATED TO DEBT-FINANCED MOTEL BUILDING		40,555.	
- SUBTOTAL -	1		40,555.
EXPENSES RELATED TO NON-DEBT FINANCED WAREHOUSES		9,444.	
- SUBTOTAL -	2		9,444.
TOTAL TO FORM 990, PART I, LINE 6B			49,999.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	3
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
BANQUET	22,943.	15,510.	7,433.	17,484.	<10,051.>	
TO FM 990, PART I, LINE 9	22,943.	15,510.	7,433.	17,484.	<10,051.>	

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	7,619.		7,619.	
ADVERTISING	33,075.		33,075.	
FUNDRAISING EXPENSES	150,370.			150,370.
DUES	3,336.		3,336.	
MEALS FOR HOMELESS	42,570.	42,570.		
VEHICLE EXPENSES	39,055.	39,055.		
INSURANCE	37,219.	30,015.	5,590.	1,614.
TAXES AND LICENSES	4,735.		4,735.	
MISCELLANEOUS	38,732.	18,918.	5,377.	14,437.
LESS RENT EXPENSE	<49,999.>	<40,555.>	<9,444.>	
TOTAL TO FM 990, LN 43	306,712.	90,003.	50,288.	166,421.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	5
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
GENERAL OPERATIONS EDWIN NUEVO BENEFIT FUND 410 S. CASCADE AVE. COLORADO SPRINGS, CO 80903	100.
GENERAL OPERATIONS TEEN MANIA PO BOX 2000 GARDEN VALLEY, TX 75771-2000	500.
PROGRAM SUPPORT CLERK OF THE COURTS 270 S. TEJON COLORADO SPRINGS, CO 80903	100.
PROGRAM SUPPORT COLORADO SPRINGS KIWANIS CLUB PO BOX 539 COLORADO SPRINGS, CO 80901-0539	70.
RESCUE MISSIONS ASSOCIATION OF GOSPEL RESCUE MISSIONS 1045 SWIFT NORTH KANSAS, MO 64116-4127	6,280.
PROGRAM SUPPORT REVOLUTION HOUSE OF PRAYER 441 MANITOU AVE. #220 MANITOU SPRINGS, CO 80829	60.
PROGRAM SUPPORT LIVING FOR GOD 2608 WEIR AVE. COLORADO SPRINGS, CO 80910	25.
PROGRAM SUPPORT RESCUE ISRAEL PO BOX 0564 OLYMPIA, WA 98507-0564	250.
PROGRAM SUPPORT THE NAVIGATORS PO BOX 6000 COLORADO SPRINGS, CO 80934-6000	130.

RESCUE MISSIONS BOSTON RESCUE MISSION PO BOX 120069 BOSTON, MA 02112-0069	25.
RESCUE MISSIONS BUFFALO CITY MISSION 100 E. TUPPER BUFFALO, NY 14203	25.
RESCUE MISSIONS BAY AREA RESCUE MISSION PO BOX 1112 RICHMOND, CA 94802-1112	25.
RESCUE MISSIONS CENTRAL UNION MISSION 1350 R STREET NW WASHINGTON, DC 20009-4323	25.
PROGRAM SUPPORT MDA 5446 N. ACADEMY BLVD. #100 COLORADO SPRINGS, CO 80918	500.
PROGRAM SUPPORT AWM WORLD OUTREACH PO BOX 3333 COLORADO SPRINGS, CO 80934-3333	25.
RESCUE MISSIONS MISSIONS FOR CHRIST PO BOX 7721 LAKELAND, FL 33807-7721	50.
PROGRAM SUPPORT KTLF LIGHT PRAISE RADIO 1665 BRIARGATE BLVD. STE 100 COLORADO SPRINGS, CO 80920	100.
PROGRAM SUPPORT HISPANIC CHAMBER OF COMMERCE 912 N. CIRCLE DRIVE #203 COLORADO SPRINGS, CO 80909	150.
RESCUE MISSIONS SAN BERNARDINO CITY MISSION PO BOX 921 SAN BERNARDINO, CA 92402-0921	50.

PROGRAM SUPPORT
PROJECT LIGHTHOUSE
1301 S. 8TH STREET
COLORADO SPRINGS, CO 80906

490.

RESCUE MISSIONS
LIVING FOR GOD
2608 WEIR AVE.
COLORADO SPRINGS, CO 80910

50.

PROGRAM SUPPORT
PARALYZED VETERANS OF AMERICA
12200 E. ILIFF AVE. STE. 107
AURORA, CO 80014

50.

PROGRAM SUPPORT
VALLEY BIBLE FELLOWSHIP
1515 N. ACADEMY BLVD
COLORADO SPRINGS CO 80909

50.

PROGRAM SUPPORT
JESUS TO THE WORLD
PO BOX 140340
EDGEWATER, CO 80214-0340

554.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

9,684.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	6
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DESCRIPTIONAMOUNT

FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.

1,077,025.

TOTAL TO FORM 990, PART II, LINE 23

1,077,025.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	7
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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.	221,369.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	8
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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.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE B	<u>8,950.</u>	<u>520,734.</u>

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

9

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.

TO FORM 990, PART III, LINE C

GRANTSEXPENSES1,254.1,088,028.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	10
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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.	96,753.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	11
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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	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 12
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	549,901.	0.	549,901.
LAND IMPROVEMENTS	11,650.	6,435.	5,215.
BUILDINGS & IMPROVEMENTS	1,989,376.	421,322.	1,568,054.
EMERGENCY SHELTER - CIP	186,041.	0.	186,041.
EQUIPMENT	229,532.	130,537.	98,995.
VEHICLES	54,003.	41,520.	12,483.
TOTAL TO FORM 990, PART IV, LN 57	3,020,503.	599,814.	2,420,689.

FORM 990	MORTGAGES PAYABLE	STATEMENT 13
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DESCRIPTION	BALANCE DUE
US BANK	141,349.
US BANK	521,672.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	663,021.

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT 14
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LENDER'S NAME	TERMS OF REPAYMENT
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COMPASS BANK

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.	376,874.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	376,874.
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FORM 990	OTHER LIABILITIES	STATEMENT 15
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DESCRIPTION	AMOUNT
ASSET RETIREMENT OBLIGATIONS	61,467.
CAPITAL LEASE OBLIGATIONS	72,377.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	133,844.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 16
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DESCRIPTION	AMOUNT
RENTAL EXPENSES REPORTED ON LINE 6B	49,999.
SPECIAL EVENT EXPENSES REPORTED ON LINE 9B	17,484.
TOTAL TO FORM 990, PART IV-A	67,483.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 17
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DESCRIPTION	AMOUNT
RENTAL EXPENSES REPORTED ON LINE 6B	49,999.
SPECIAL EVENT EXPENSES REPORTED ON LINE 9B	17,484.
TOTAL TO FORM 990, PART IV-B	67,483.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 18
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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	EXECUTIVE DIRECTOR 40.00	58,239.	5,008.	0.
TIMOTHY HROMADKA PO BOX 2108 COLORADO SPRINGS, CO 80901-9862	ADMINISTRATIVE OFFICER 40.00	44,140.	0.	0.
TOM PERKINS PO BOX 2108 COLORADO SPRINGS, CO 80901-9862	PRESIDENT 1.50	0.	0.	0.
RUSSELL WELLS PO BOX 2108 COLORADO SPRINGS, CO 80901-9862	VICE PRESIDENT 1.00	0.	0.	0.
VINCENT J. PETTI, II PO BOX 2108 COLORADO SPRINGS, CO 80901-9862	TREASURER 0.50	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 0.50	0.	0.	0.
FRANK SPINNER PO BOX 2108 COLORADO SPRINGS, CO 80901-9862	BOARD MEMBER 0.50	0.	0.	0.

THE SPRINGS RESCUE MISSION

84-1340824

JERRY MESTON
PO BOX 2108
COLORADO SPRINGS, CO 80901-9862

BOARD MEMBER
0.00

0. 0. 0.

GARY SELTZER
PO BOX 2108
COLORADO SPRINGS, CO 80901-9862

BOARD MEMBER
0.00

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

102,379. 5,008. 0.

SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2A	STATEMENT 21
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TOM PERKINS, A BOARD MEMBER, RECEIVED \$6,133 IN LEASE PAYMENTS AND COSTS FOR A VEHICLE PURCHASED FROM HIS CAR DEALERSHIP. JOE VAZQUEZ, CURRENT EXECUTIVE DIRECTOR, RECEIVED \$15,200 IN RENT PAYMENTS FROM SPRINGS RESCUE MISSION. THESE TRANSACTIONS WERE APPROVED BY THE BOARD AND TOOK PLACE AT OR BELOW FAIR MARKET VALUE.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	22
	PART III, LINE 3A		

THE ORGANIZATION AWARDED \$4,182 IN TOTAL DURING THE YEAR TO INDIVIDUALS FOR EDUCATION RELATED TO THEIR JOB DESCRIPTIONS. SCHOLARSHIPS ARE AWARDED BASED UPON THE AVAILABILITY OF BUDGET AND RELEVANCE TO CURRENT JOB DESCRIPTIONS.

SCHEDULE A	OTHER INCOME	STATEMENT	23
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DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
OTHER INCOME	7,754.	23.	6,524.	8,685.
TOTAL TO SCHEDULE A, LINE 22	7,754.	23.	6,524.	8,685.

• 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		Employer identification number
	THE SPRINGS RESCUE MISSION		84-1340824
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 2108		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLORADO SPRINGS, CO 80901-9862		

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, 2008**.
 5 For calendar year _____, or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.
 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 INFORMATION NECESSARY 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 _____ Title _____ Date _____

Notice to Applicant. (To Be Completed by the IRS)

- ☐ We **have** approved this application. Please attach this form to the organization's return.
☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
☐ Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print 623832 05-01-07	Name CAPIN CROUSE, LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 2435 RESEARCH PARKWAY-SUITE 200
	City or town, province or state, and country (including postal or ZIP code) COLORADO SPRINGS, CO 80920