

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2008**

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 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

<b>B</b> Check if applicable: <input 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> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 2108</b> City or town, state or country, and ZIP + 4 <b>COLORADO SPRINGS, CO 80901-9862</b> <b>F</b> Name and address of principal officer: <b>TOM PERKINS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>84-1340824</b> <b>E</b> Telephone number <b>(719) 632-1822</b> <b>G</b> Gross receipts \$ <b>4,819,854.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ▶ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ <b>WWW.MYSRM.ORG</b>	
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1996</b> <b>M</b> State of legal domicile: <b>CO</b>	

<b>Part I Summary</b>				
<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>TO SERVE THE POOR AND NEEDY IN COLORADO SPRINGS WITH THE RESULT BEING THAT LIVES ARE CHANGED.</b>		
	2	Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	7	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7	
	5	Total number of employees (Part V, line 2a)	22	
	6	Total number of volunteers (estimate if necessary)	6982	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.	
<b>Revenue</b>	b	Net unrelated business taxable income from Form 990-T, line 34	0.	
			<b>Prior Year      Current Year</b>	
	8	Contributions and grants (Part VIII, line 1h)	4,275,803.      4,609,437.	
	9	Program service revenue (Part VIII, line 2g)	8,042.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,185.      86,057.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,405.      9,589.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,315,435.      4,705,083.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,218,276.      1,978,245.	
	<b>Expenses</b>	14	Benefits paid to or for members (Part IX, column (A), line 4)	
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	745,929.      836,756.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	66,107.	
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>713,011.</b>		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,412,940.      1,288,201.	
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,377,145.      4,169,309.	
19		Revenue less expenses. Subtract line 18 from line 12	-61,710.      535,774.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Year      End of Year</b>	
	20	Total assets (Part X, line 16)	3,379,194.      4,098,734.	
	21	Total liabilities (Part X, line 26)	1,273,827.      1,457,593.	
22	Net assets or fund balances. Subtract line 21 from line 20	2,105,367.      2,641,141.		

<b>Part II Signature Block</b>			
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.			
<b>Sign Here</b>	 Signature of officer <b>TIM HROMADKA, CFO</b> Type or print name and title	Date <b>2/2/10</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 <b>CAPIN CROUSE, LLP</b> <b>972 EMERSON PARKWAY, SUITE A</b> <b>GREENWOOD, IN 46143</b>	Date <b>2.12.10</b>	Check if self-employed <input type="checkbox"/> <b>EIN</b> ▶ Preparer's identifying number (see instructions) Phone no. ▶ <b>3178852620</b>

**Part III** Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
TO SERVE THE POOR AND NEEDY IN COLORADO SPRINGS WITH THE RESULT BEING  
THAT LIVES ARE CHANGED AND RESTORED TO PRODUCTIVITY AS WELL AS  
SPIRITUALLY AND SOCIALLY REGENERATED. IT IS THE INTENT TO MAINTAIN AND  
OPERATE THIS MISSION USING ONLY THOSE FUNDS WHICH ARE GIVEN FOR THIS
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

- 4a (Code: ) (Expenses \$ 281,793. Including grants of \$ 19,259. ) (Revenue \$ 0. )  
RECOVERY PROGRAMS - NEW LIFE PROGRAM  
SPRINGS RESCUE MISSION CURRENTLY PROVIDES A 12-18 MONTH RESIDENTIAL  
RECOVERY PROGRAM FOR MEN SUFFERING FROM ADDICTIONS, INCLUDING CHRONIC  
ALCOHOLISM AND DRUG ADDICTION. PLANS ARE IN MOTION TO EXPAND THE  
RECOVERY PROGRAM TO INCLUDE WOMEN WITH ADDICTIONS, AND TO OFFER  
FAMILIES ASSISTANCE AND COUNSELING.  
SRM COMES ALONGSIDE MEN ON THEIR JOURNEY FROM DYSFUNCTION AND ADDICTION  
TO NEW LIFE BASED ON RELATIONSHIP WITH JESUS CHRIST. THEY LEARN  
ACCOUNTABILITY AND TRUST IN A SAFE ENVIRONMENT SO THEY CAN FIGHT THEIR  
ADDICTIONS AND OTHER SELF-DESTRUCTIVE TENDENCIES. THE NEW LIFE PROGRAM  
FOCUSES ON RECOVERY AND HEALING FOR BROKEN MEN. THROUGH DRUG AND  
ALCOHOL RECOVERY, INTENSIVE COUNSELING, JOB TRAINING AND EDUCATION,
- 4b (Code: ) (Expenses \$ 565,044. Including grants of \$ 439,353. ) (Revenue \$ 0. )  
SAMARITAN'S KITCHEN - MEALS & FOOD PROGRAM  
OUR MEALS PROGRAM PROVIDES HOT MEALS SIX DAYS A WEEK TO THOSE IN NEED  
IN A CAFETERIA STYLE FACILITY. FOR FISCAL 2008, WE PROVIDED 212,000  
MEALS IN OUR COMMUNITY, AND 74 TONS OF FOOD. WE ALSO HELPED POOR  
FAMILIES WITH OUR MONTHLY FOOD BOX PROGRAM, AS WELL AS MANY OTHER  
SPECIAL EVENTS TO FEED THE HUNGRY. THE MEALS PROGRAMS ARE AT THE CORE  
OF OUR PURPOSE FOR THE SPRINGS RESCUE MISSION. PROVIDING A MEAL CAN BE  
AN AVENUE TO LASTING CHANGE FOR THOSE WHO ARE HURTING. IN ADDITION:  
IN COLLABORATION WITH CARE AND SHARE, SRM'S KIDS CAFE SUMMER LUNCH  
PROGRAM WE PROVIDED AND DELIVERED MORE THAN 24,000 NUTRITIONAL LUNCHES.

IN COLLABORATION WITH PEAK ADDICTION RECOVERY CENTER, SRM FOOD SERVICE

- 4c (Code: ) (Expenses \$ 155,904. Including grants of \$ 0. ) (Revenue \$ 0. )  
CULINARY ARTS TRAINING EXPANSION  
MEN INVOLVED IN THE NEW LIFE PROGRAM ARE NOW ABLE TO GAIN MORE  
INTENSIVE CULINARY TRAINING SKILLS. SINCE 2004, SPRINGS RESCUE MISSION  
HAS OFFERED A 6-MONTH COURSE CERTIFIED BY THE AMERICAN CULINARY  
FEDERATION. BEGINNING IN 2009, WE WILL EXTEND THAT TRAINING TO AN  
18-MONTH COURSE OFFERED IN CONCERT WITH PIKES PEAK COMMUNITY COLLEGE.  
COURSE PARTICIPANTS PURSUE A CAREER IN PROFESSIONAL COOKING AND  
HOSPITALITY AS THEY LEARN THE SKILLS NECESSARY TO PURSUE SUSTAINABLE  
EMPLOYMENT IN THE FOOD SERVICE INDUSTRY. GRADUATES ARE AWARDED AMERICAN  
CULINARY FEDERATION CERTIFICATES UPON COMPLETION. AS A RESULT, NEW LIFE  
PROGRAM PARTICIPANTS GAIN HIGHLY MARKETABLE SKILLS AND LEARN THE  
STANDARDS REQUIRED IN TODAY'S RESTAURANT AND CULINARY INDUSTRY. IN

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 1,944,440. Including grants of \$ 1,519,633. ) (Revenue \$                      )4e Total program service expenses \$ 2,947,181. (Must equal Part IX, Line 25, column (B).)

Form 990 (2008)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A .....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II .....		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III .....	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I .....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III .....		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV .....		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V .....		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable .....	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .....	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III .....		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I .....	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .....		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .....		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H .....		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .....		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J .....		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I .....		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III .....		X

Form 990 (2008)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV .....	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV .....	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 .....	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....	<b>37</b>	X

Form 990 (2008)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	6	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	22	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	11	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Form 990 (2008)



**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	7	
1b Enter the number of voting members that are independent	7	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?	X	
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - (719) 632-1822**  
**PO BOX 2108, COLORADO SPRINGS, CO 80901-9862**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TOM PERKINS PRESIDENT	3.00	X		X				0.	0.	0.
RUSS WELLS VICE PRESIDENT	1.00	X		X				0.	0.	0.
VINCE PETTI II TREASURER	1.00	X						0.	0.	0.
BRUCE HUTCHEON BOARD MEMBER	1.00	X						0.	0.	0.
PAUL RUMFORD BOARD MEMBER	1.00	X						0.	0.	0.
FRANK SPINNER BOARD MEMBER	1.00	X						0.	0.	0.
GARY SELTZER BOARD MEMBER	1.00	X						0.	0.	0.
JOSEPH VAZQUEZ CEO	40.00			X				82,406.	0.	5,385.
TIMOTHY HROMADKA CFO	40.00			X				57,678.	0.	3,762.
JOE MILLIGAN CDO	40.00			X				50,557.	0.	6,384.
GERALD (LYN) HARWELL DIRECTOR OF PROGRAMS	40.00			X				42,175.	0.	7,986.





Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	8,444.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4600993.				
	g Noncash contributions included in lines 1a-1f: \$		1931463.				
	h Total. Add lines 1a-1f			4,609,437.			
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			10,252.			10,252.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses	11,000.					
	c Rental income or (loss)	5,827.					
	d Net rental income or (loss)	5,173.		5,173.		5,173.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses		184,749.				
	c Gain or (loss)		108,944.				
	d Net gain or (loss)		75,805.	75,805.		75,805.	
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a OTHER INCOME		900099	4,416.	4,416.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			4,416.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			4,705,083.	4,416.	0.	91,230.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	3,075.	3,075.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	1,975,170.	1,975,170.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	116,288.	55,818.	38,375.	22,095.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	42,500.	19,125.	4,250.	19,125.
7 Other salaries and wages .....	526,364.	253,930.	183,475.	88,959.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	97,567.	46,832.	32,197.	18,538.
10 Payroll taxes .....	54,037.	25,938.	17,832.	10,267.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	5,964.		5,964.	
c Accounting .....	37,238.		37,238.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....	66,107.			66,107.
f Investment management fees .....				
g Other .....	93,198.	34,314.	21,452.	37,432.
12 Advertising and promotion .....	229,391.		18,843.	210,548.
13 Office expenses .....	258,947.	120,652.	71,156.	67,139.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	94,321.	89,934.	3,042.	1,345.
17 Travel .....	22,257.	22,257.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	43,142.	2,157.	38,818.	2,167.
20 Interest .....	59,730.	56,146.	2,389.	1,195.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	138,464.	104,245.	31,450.	2,769.
23 Insurance .....	47,428.	44,582.	1,897.	949.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a APPEAL LETTERS .....	125,963.	1,847.	739.	123,377.
b KITCHEN CATERING .....	91,159.	91,159.		
c FUNDRAISING .....	21,028.			21,028.
d OTHER EXPENSES .....	19,971.			19,971.
e .....				
f All other expenses .....				
25 Total functional expenses. Add lines 1 through 24f .....	4,169,309.	2,947,181.	509,117.	713,011.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	289,085.	1	401,192.
	2 Savings and temporary cash investments .....	102,985.	2	325,967.
	3 Pledges and grants receivable, net .....		3	67,724.
	4 Accounts receivable, net .....	17,278.	4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	43,000.
	8 Inventories for sale or use .....	221,637.	8	248,309.
	9 Prepaid expenses and deferred charges .....	10,555.	9	21,639.
	10a Land, buildings, and equipment: cost basis ... 10a 3,683,001.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 779,564.	2,564,136.	10c	2,903,437.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....	171,656.	12	87,466.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	1,862.	15	0.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,379,194.	16	4,098,734.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	146,941.	17	120,162.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	1,031,864.	23	1,288,496.
	24 Unsecured notes and loans payable .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	95,022.	25	48,935.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	1,273,827.	26	1,457,593.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	1,776,471.	27	2,266,784.
	28 Temporarily restricted net assets .....	328,896.	28	374,357.
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	2,105,367.	33	2,641,141.
	34 <b>Total liabilities and net assets/fund balances</b> .....	3,379,194.	34	4,098,734.

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits?	3b	





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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2002085.	2465130.	3676893.	4275803.	4609437.	17029348.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 - 3 .....	2002085.	2465130.	3676893.	4275803.	4609437.	17029348.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						71,782.
6 <b>Public Support.</b> Subtract line 5 from line 4.						16957566.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 .....	2002085.	2465130.	3676893.	4275803.	4609437.	17029348.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....		21,994.	23,190.	19,407.	15,233.	79,824.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....	1,485.					1,485.
10 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	23.	7,754.	13,021.	20,668.	8,759.	50,225.
11 <b>Total support.</b> Add lines 7 through 10 .....						17160882.
12 Gross receipts from related activities, etc. (see instructions) .....					12	47,186.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	14	98.82	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	15	97.32	%
16a <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

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

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 - 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
c Add lines 7a and 7b .....						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	15		%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	16		%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	17		%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	18		%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐ ▶

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐ ▶

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

Schedule A (Form 990 or 990-EZ) 2008



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

THE SPRINGS RESCUE MISSION

Employer identification number

84-1340824

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

☐ For 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions  
for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

THE SPRINGS RESCUE MISSION

84-1340824

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 215,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 105,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 100,000.	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.)

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

THE SPRINGS RESCUE MISSION

Employer identification number  
84-1340824

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► .....

4 Number of states where property subject to conservation easement is located ► .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other \_\_\_\_\_

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

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

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

(i) unrelated organizations

(ii) related organizations

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		495,890.		495,890.
b Buildings		2,802,954.	575,793.	2,227,161.
c Leasehold improvements		26,068.	9,458.	16,610.
d Equipment		334,470.	194,313.	140,157.
e Other		23,619.		23,619.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,903,437.

Schedule D (Form 990) 2008



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,705,083.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,169,309.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	535,774.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	535,774.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,710,910.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	5,827.
e	Add lines 2a through 2d	2e	5,827.
3	Subtract line 2e from line 1	3	4,705,083.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	4,705,083.

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

1	Total expenses and losses per audited financial statements	1	4,175,136.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	5,827.
e	Add lines 2a through 2d	2e	5,827.
3	Subtract line 2e from line 1	3	4,169,309.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	4,169,309.

**Part XIV Supplemental Information**

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

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

RENT EXPENSE INCLUDED IN REVENUE: 5827.

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

RENT EXPENSE INCLUDED IN REVENUE: 5827.



Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

# 2008

## Open To Public Inspection

Name of the organization

## THE SPRINGS RESCUE MISSION

Employer identification number  
84-1340824

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a ☒ Mall solicitations
- b ☐ Email solicitations
- c ☐ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

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

☒ Yes☐ No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ELEVATION GROUP	PROFESSIONAL CONSULTING		X	0.	0.	66,107.
Total						66,107.

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

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule G (Form 990 or 990-EZ) 2008

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

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
<b>Revenue</b>				
1 Gross receipts .....				
2 Less: Charitable contributions .....				
3 Gross revenue (line 1 minus line 2) .....				
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Non-cash prizes .....				
6 Rent/facility costs .....				
7 Other direct expenses .....				
8 Direct expense summary. Add lines 4 through 7 in column (d) .....				( )
9 Net income summary. Combine lines 3 and 8 in column (d) .....				

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue .....				
<b>Direct Expenses</b>				
2 Cash prizes .....				
3 Non-cash prizes .....				
4 Rent/facility costs .....				
5 Other direct expenses .....				
6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
8 Net gaming income summary. Combine lines 1 and 7 in column (d) .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

b If "No," Explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

b If "Yes," Explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

	Yes	No
9a		
10a		
11		
12		

## 13 Indicate the percentage of gaming activity operated in:

- |                               | 13a | % |
|-------------------------------|-----|---|
| a The organization's facility |     |   |
| b An outside facility         | 13b | % |

## 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

## 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

## c If "Yes," enter name and address:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

## 16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

## 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a

- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

**Employer identification number**  
**84-1340824**

THE SPRINGS RESCUE MISSION

## General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

**Grants and Other Assistance to Governmental Organizations, Agencies, and Other Recipients**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book, non-cash assistance	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	------------------------	--	--	------------------------------------

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

## THE SPRINGS RESCUE MISSION

Part II Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CLOTHING, FOOD, SHELTER, HOME ITEMS, ETC	148769	0.	1,975,170.FMV		CLOTHING, FOOD, SHELTER, HOME ITEMS, ETC. ARE GIVEN AWAY TO PEOPLE IN NEED IN THE COLORADO SPRINGS AREA.

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

SCHEDULE I, PART I, LINE 2: CRITERIA: IN GENERAL WE ASK THAT OUR CLIENTS

HAVE SOME FORM OF ID FOR CLIENT SERVICES FOR FURNITURE, FOOD BOXES,

HOUSE-WARE AND CLOTHING ITEMS. (THIS IS MAINLY SO THAT WE AND OTHER

AGENCIES SHARE/REVIEW WHAT IS BEING GIVEN AWAY SO THAT THE SERVICES ARE NOT

ABUSED OR DUPLICATED). FOR GENERAL MEALS AND EVENT FUNCTIONS THERE ARE NO

REQUIREMENTS. FOR FOOD BOX GIVEAWAYS WE ALSO ASK HOW MANY ARE IN THEIR

HOUSEHOLD SO THAT WE GIVE THEM AN APPROPRIATE AMOUNT OF FOOD. AS FAR AS

REQUIREMENTS GO, THE ONLY REAL REQUIREMENT IS THAT THEY ASK FOR IT, WE

WON'T TURN ANYONE AWAY UNLESS WE DON'T HAVE ANYTHING TO GIVE. HOWEVER,

**Part IV** Supplemental Information

THERE ARE LIMITS TO THE NUMBER OF FURNITURE ITEMS, ETC THAT A PERSON CAN  
RECEIVE DURING A MONTH.



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

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

**2008**

Open To Public  
Inspection

Name of the organization

THE SPRINGS RESCUE MISSION

Employer identification number

84-1340824

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

**Part III Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PUBLICATION DEVELOPMENT OF	SON OF A BOARD MEMB	42,500.	THE SON OF		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**NonCash Contributions**

► To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

THE SPRINGS RESCUE MISSION

Employer identification number

84-1340824

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		411.	COST-BASED ON FMV
5 Clothing and household goods .....	X		1,236,644.	COST-BASED ON FMV
6 Cars and other vehicles .....	X	11	9,000.	COST-BASED ON FMV
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution (historic structures) .....				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....	X	360,259	577,787.	COST-BASED ON FMV
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( HOUSEHOLD BOX )	X	8,221	102,762.	COST-BASED ON FMV
26 Other ► ( BABY ITEMS )	X	4,859	4,859.	COST-BASED ON FMV
27 Other ► ( )				
28 Other ► ( )				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31		X
32a		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  
Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): THIS IS THE NUMBER OF ITEMS

CONTRIBUTED.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

THE SPRINGS RESCUE MISSION

Employer identification number  
84-1340824

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PURPOSE BY PERSONS AND ENTITIES OTHER THAN AGENCIES OF THE STATE, LOCAL OR FEDERAL GOVERNMENT WHICH CAN AND DO LIMIT OTHER ORGANIZATION'S 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, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

THESE MEN LEARN HOW TO LIVE FREE OF SUBSTANCE ABUSE, MAINTAIN HEALTHY RELATIONSHIPS, AND HOLD A PERMANENT JOB. IN FISCAL 2008, WE PROVIDED OVER 9,000 BED NIGHTS THROUGH THE NEW LIFE PROGRAM, AND ACHIEVED A 78% RETENTION AND COMPLETION RATE. COLLABORATIVE RELATIONSHIP WITH PARTNERING AGENCIES AND CHURCHES CONTINUE TO STRENGTHEN OUR ABILITY TO PROVIDE SOLID EXIT PLANS, MENTORS, HOUSING, AND JOBS, AS GRADUATES MOVE INTO AFTERCARE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

HAS PROVIDED AND DELIVERED 3,650 MEALS FOR PATIENTS IN ADDICTION RECOVERY TO THEIR PARC LOCATION RECOVERY CENTER. IN COLLABORATION WITH COLORADO HOUSE AND PARTNERS IN HOUSING, SRM FOOD SERVICE HAS PROVIDED AND DELIVERED 3,000 MEALS TO CLIENTS AT THEIR 21 S. WAHSATCH TRANSITIONAL HOUSING FACILITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

ADDITION, ALL FOOD PREPARED THROUGHOUT THE COURSE FEEDS THOSE WHO ARE

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

THE SPRINGS RESCUE MISSION

Employer identification number

84-1340824

SEEKING HELP AT SPRINGS RESCUE MISSION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESOURCE CENTER - DIRECT SERVICES

DIRECT SERVICES IS HERE WHEN THERE IS NO PLACE ELSE TO TURN. OUR FOOD PANTRY, CLOTHING BANK AND WAREHOUSE FACILITIES MAKE SPRINGS RESCUE MISSION COLORADO SPRINGS AND EL PASO COUNTY'S LARGEST PROVIDER OF LIFE ESSENTIAL ITEMS. DIRECT SERVICES IS WELL-NETWORKED TO PROVIDE THE RIGHT HELP AS QUICKLY AS POSSIBLE, PROVIDING HOPE TO THE LOCAL COMMUNITY. IN FISCAL YEAR 2008 WE ASSISTED MORE THAN 27,500 UNDUPLICATED CLIENTS IN OUR DIRECT SERVICES WITH 96 TONS OF CLOTHING AND PROVIDED OVER 25,000 HOUSE WARE AND APPLIANCE ITEMS. WE WERE ABLE TO GIVE OVER 3,000 COATS TO CHILDREN AND FAMILIES, AS WELL AS OVER 1,000 SLEEPING BAGS AND BLANKETS TO THE HOMELESS; OVER 10,000 BABY ITEMS; AND 10 AUTOMOBILES TO FAMILIES IN NEED IN THE COMMUNITY. SRM GAVE OVER 5,600 TEFAP FOOD BOXES (THE EMERGENCY FOOD ASSISTANCE PROGRAM CREATED BY THE GOVERNMENT TO HELP FEED LOW-INCOME FAMILIES); OVER 600 EMERGENCY FOOD BOXES TO FAMILIES AND HOMELESS PEOPLE IN THE COMMUNITY; AND 5,000 BIBLES. WE ARE CURRENTLY WORKING ON PLAN TO ENABLE DIRECT SERVICES TO BE OPEN SIX DAYS A WEEK BY THE END OF FISCAL 2009.

EXPENSES \$ 1700653. INCLUDING GRANTS OF \$ 1516482. REVENUE \$ 0.

CAREER ADVANCEMENT CENTER

WE CURRENTLY HAVE EIGHT TUTORS COMING ALONGSIDE OUR MEN WEEKLY. THESE TUTORS, ALONG WITH OUR IMPROVED GED EDUCATIONAL SOFTWARE

(STECK-VAUGHN), PROVIDED TRAINING AND ASSISTANCE SO SIX NLP RESIDENTS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

THE SPRINGS RESCUE MISSION

Employer identification number

84-1340824

WERE ABLE TO PASS THEIR GED TESTS LAST YEAR. WE ALSO HAVE SEVEN  
VOLUNTEER TEACHERS, AND FOUR STAFF MEMBERS TEACHING BIBLE CLASSES AND  
LIFE SKILLS TRAINING DAILY. WITH THE CONTINUED IMPLEMENTATION OF LEVEL  
4 CAREER EMPLOYMENT LIFE SKILLS PROGRAM, A 13-WEEK PROGRAM CONSISTING  
OF CLASSROOM ENGAGEMENT AND INDIVIDUAL JOB SEARCH COACHING, ANOTHER 14  
MEN HAVE SUCCESSFULLY COMPLETED THE TRAINING IN FISCAL 2008. CAC  
REQUIREMENTS HAVE BEEN SUCCESSFULLY COMPLETED BY 94% OF THE ENROLLED  
NLP PARTICIPANTS.

EXPENSES \$ 118959. INCLUDING GRANTS OF \$ 3151. REVENUE \$ 0.

**VOLUNTEER PROGRAM**

AS REFERENCED IN THE OPENING STATEMENT: SPRINGS RESCUE MISSION IS  
CALLED TO PARTNER WITH, EMPOWER, AND EQUIP THE LOCAL CHURCH AND  
COMMUNITY IN SERVICE. WE ARE BEGINNING TO PUT INTO ACTION OUR  
VOLUNTEER PROGRAM WITH THE OPENING OF OUR NEW VOLUNTEER CENTER. WE  
HAVE LAUNCHED ONE OF THE BIGGEST VOLUNTEER PROGRAMS IMPACTING THE  
COMMUNITY. WITH THE UNVEILING OF OUR NEW VOLUNTEER TRAINING CENTER, WE  
WILL PROVIDE ADDITIONAL VOLUNTEER OPPORTUNITIES FOR DAILY SERVICE, FUND  
RAISING, AND EVENTS. THE VOLUNTEER CENTER WILL CONNECT GIFTED PEOPLE  
WITH ONE ANOTHER IN TRANSFORMATIONAL AND RELATIONAL MINISTRY  
EXPERIENCES.

EXPENSES \$ 124828. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: THE FINANCE TEAM REVIEWED THE 990  
AND THEN EMAILED IT TO THE BOARD FOR REVIEW AND APPROVAL BEFORE FILING WITH  
THE IRS.



**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide  
additional information for responses to specific questions for the  
Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

THE SPRINGS RESCUE MISSION

Employer identification number

84-1340824

FORM 990, PART VI, SECTION B, LINE 12C: THE HR, COMPLIANCE, AND SECURITY COMMITTEE AND EXECUTIVE COMMITTEE MONITORED AND REVIEWED TRANSACTIONS FOR POTENTIAL CONFLICTS. THE BOARD IS MADE AWARE OF ANY POTENTIAL CONFLICTS AND IF A CONFLICT IS IDENTIFIED, THE BOARD MEMBER WITH A CONFLICT WOULD RECUSE HIMSELF FROM THE DECISION MAKING PROCESS.

FORM 990, PART VI, SECTION B, LINE 15: THE COLORADO NON-PROFIT SURVEY GUIDE IS USED BY THE BOARD TO DETERMINE THE CEO'S COMPENSATION. THE INFORMATION IS REVIEWED BY THE BOARD BEFORE MAKING A DECISION. THE CEO THEN USES THE SAME COLORADO NON-PROFIT SURVEY GUIDE TO SET THE COMPENSATION LEVELS OF THE OTHER OFFICERS.

FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PUBLICATION DEVELOPMENT OFFICER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF A BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: THE SON OF A BOARD MEMBER RECEIVED \$42,500 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 THE FUNCTIONAL ALLOCATION OF EXPENSES AS THE COMPENSATION

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211  
12-18-08

**Department of the Treasury**  
**Internal Revenue Service**

**► Attach to Form 990.** To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

**Open to Public Inspection**

## THE SPRINGS RESCUE MISSION

Employer identification number  
84-1340824

[illegible]





**Part V Transactions With Related Organizations**

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to other organization(s)	1b	
c Gift, grant, or capital contribution from other organization(s)	1c	
d Loans or loan guarantees to or for other organization(s)	1d	
e Loans or loan guarantees by other organization(s)	1e	
f Sale of assets to other organization(s)	1f	
g Purchase of assets from other organization(s)	1g	
h Exchange of assets	1h	
i Lease of facilities, equipment, or other assets to other organization(s)	1i	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	
n Sharing of paid employees	1n	
o Reimbursement paid to other organization for expenses	1o	
p Reimbursement paid by other organization for expenses	1p	
q Other transfer of cash or property to other organization(s)	1q	
r Other transfer of cash or property from other organization(s)	1r	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			





FORM 990 PAGE 10

FORM 990 PAGE 10

[illegible]

(D) - Asset disposed

\* ITC Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

38.1