

**Short Form  
Return of Organization Exempt From Income Tax**

**2008**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
G Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
G The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public  
Inspection

**A** For the 2008 calendar year, or tax year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b> RESCUE OUTREACH MISSION OF SANFORD, INC. 1701 WEST 13TH STREET SANFORD, FL 32771-2790</p>	<p><b>D</b> Employer identification number 59-2876415</p> <p><b>E</b> Telephone number 407-321-8224</p> <p><b>F</b> Group Exemption Number ..... G</p>
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?Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) G

**I** Website: G N/A

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

**K** Check G  if the organization is not a section 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.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. G \$ 575,940.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

R E V E N U E	1	Contributions, gifts, grants, and similar amounts received	1	509,040.
	2	Program service revenue including government fees and contracts	2	14,377.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
		b Less: cost or other basis and sales expenses	5b	
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> G		
		a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	52,523.
	b Less: direct expenses other than fundraising expenses	6b	8,508.	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	44,015.	
	7a Gross sales of inventory, less returns and allowances	7a		
	b Less: cost of goods sold	7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8 Other revenue (describe G _____)	8		
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	G 9	567,432.	
E X P E N S E S	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	283,968.
	13	Professional fees and other payments to independent contractors	13	11,020.
	14	Occupancy, rent, utilities, and maintenance	14	47,946.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe G <u>SEE STATEMENT 1</u> )	16	164,237.
	17 Total expenses (add lines 10 through 16)	G 17	507,171.	
N E T A S S E T S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	60,261.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,372,463.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	G 21	1,432,724.

**Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.**

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		168,460.	22	260,114.
23 Land and buildings		1,078,200.	23	1,018,363.
24 Other assets (describe G <u>SEE STATEMENT 2</u> )		136,206.	24	160,685.
25 Total assets		1,382,866.	25	1,439,162.
26 Total liabilities (describe G <u>SEE STATEMENT 3</u> )		10,403.	26	6,438.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		1,372,463.	27	1,432,724.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <b>SEE STATEMENT 4</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	THE MISSION PROVIDES TRANSITIONAL HOUSING AS WELL AS TEMPORARY SHELTER UNDER ITS PROGRAM CALLED "OPPORTUNITIES AND HOPE". DURING 2008 THE MISSION PROVIDED SHELTER FOR 437 INDIVIDUALS. (Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/> G	28a	309,403.
29	SEE STATEMENT 5  (Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/> G	29a	78,365.
30	  (Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/> G	30a	
31	Other program services (attach schedule). (Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/> G	31a	
32	Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/> G	32	387,768.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
MELVIN PHILPOT 805 RENAISSANCE PT. NO. 102 ALTAMONTE SPRINGS, FL 32714	CHAIRMAN 1.00	0.	0.	0.
RICHARD BURKE 1701 WEST THIRTEENTH STREET SANFORD, FL 32771	EXECUTIVE DIREC 40.00	64,683.	0.	0.
SCOTT PLAKON 223 E MAIN ST. TAVARES, FL 32778	DIRECTOR 1.00	0.	0.	0.
JANET MANSFIELD 1135 TOWNPARK AVE, SUITE 1105 LAKE MARY, FL 32746, FL	SECRETARY 1.00	0.	0.	0.
SCOTT NELSON 585 TECHNOLOGY PARK LAKE MARY, FL 32746	TREASURER 1.00	0.	0.	0.
QUINTON FAISON 3272 NIGHT BREEZE CT LAKE MARY, FL 32746	DIRECTOR 1.00	0.	0.	0.
JULIA STARLING 14104 STONEBROOK DR SANFORD, FL 32771	DIRECTOR 1.00	0.	0.	0.
JAMES VICKARYOUS 801 INTL PKWY, SUITE 5044 LAKE MARY, FL 32746	DIRECTOR 1.00	0.	0.	0.
RON SYNAN 800 TRAFALGAR CT., SUITE 200 MAITLAND, FL 32751	DIRECTOR 1.00	0.	0.	0.

**Part V Other Information (Note the statement requirement in General Instruction V.)**

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. G <u>37a</u>   <u>0.</u>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b   <u>N/A</u>		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a   <u>N/A</u>		
b	Gross receipts, included on line 9, for public use of club facilities. 39b   <u>N/A</u>		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 G <u>0.</u> ; section 4912 G <u>0.</u> ; section 4955 G <u>0.</u>		
b	501(c)(3) and (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,' complete Schedule L, Part I.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. G <u>0.</u>		
d	Enter amount of tax on line 40c reimbursed by the organization. G <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41	List the states with which a copy of this return is filed G <u>NONE</u>		

42a The books are in care of G ERNEST HAMILTON Telephone no. G 407-321-8965  
 Located at G SANFORD, FL ZIP + 4 G 32772

		Yes	No
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: ... G _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ... G _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041. Check here. G  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. G 43 | N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

**Part VI** Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 6

	Yes	No
46 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
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
49a Did the organization make any transfers to an exempt non-charitable related organization? .....		X
b If 'Yes,' was the related organization(s) a section 527 organization? .....		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 .....	G			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000.....	G	

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

Sign Here

G \_\_\_\_\_  
Signature of officer Date

G \_\_\_\_\_  
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature G \_\_\_\_\_ Date 6/15/09 Check if self-employed G  Preparer's Identifying Number (See instructions) N/A

Firm's name (or yours if self-employed), address, and ZIP + 4 G GREENE, DYCUS & CO., P.A.  
205 NO. ELM AVE.  
SANFORD, FL 32771

EIN G N/A Phone no. G (407) 322-0561

May the IRS discuss this return with the preparer shown above? See instructions ..... G  Yes  No

BAA



**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) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . . . .	471,651.	450,605.	424,521.	1,113,647.	517,490.	2,977,914.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .						0.
3 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. . . . .						0.
4 Total. Add lines 1-3 . . . . .	471,651.	450,605.	424,521.	1,113,647.	517,490.	2,977,914.
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) . . . . .						0.
6 Public support. Subtract line 5 from line 4 . . . . .						2,977,914.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4. . . . .	471,651.	450,605.	424,521.	1,113,647.	517,490.	2,977,914.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. . . . .	62,001.	82,567.	77,806.	57,593.	58,392.	338,359.
11 Total support. Add lines 7 through 10 . . . . .						3,316,273.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	0.

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

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)). . . . .	14	89.8 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f. . . . .	15	100.0 %

16a 33-1/3 support test ' 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.  G

b 33-1/3 support test ' 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  G

17a 10%-facts-and-circumstances test ' 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  G

b 10%-facts-and-circumstances test ' 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.  G

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

**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 yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 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 yr beginning in) G	(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 lns 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. G

**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. G

b 33-1/3 support tests ' 2007. If the organization did not check a box on line 14 or 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. G

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



6/15/09

03:27PM

## PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
PROGRAM SERVICE REVENUE	14,377.	11,691.	18,083.	27,404.	20,058.
NET INCOME FROM SPECIAL EVENTS	44,015.	45,902.	59,723.	55,163.	41,943.
TOTAL	<u>\$ 58,392.</u>	<u>\$ 57,593.</u>	<u>\$ 77,806.</u>	<u>\$ 82,567.</u>	<u>\$ 62,001.</u>



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

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		SERVANTS OF TH (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
REVENUE	1	Gross receipts	52,523.		52,523.
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	52,523.		52,523.
DIRECT EXPENSES	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	8,508.		8,508.
	8	Direct expense summary. Add lines 4- through 7 in column (d)			8,508.
	9	Net income summary. Combine lines 3 and 8 in column (d)			44,015.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
		(Add col. (a) through col. (c))			
REVENUE	1	Gross revenue			
EXPENSES	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)			

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

		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility .....	13a	%	
b An outside facility .....	13b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name: G _____			
Address: G _____			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? .....			
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: G _____			
Address: G _____			
16 Gaming manager information			
Name: G _____			
Gaming manager compensation G \$ _____			
Description of services provided: G _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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? .....			
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: G \$ _____			

STATEMENT 1  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES

DEPRECIATION .....	\$	59,837.
EQUIP LEASE .....		6,527.
FOOD COSTS .....		9,804.
INSURANCE .....		24,537.
OFFICE EXPENSES .....		14,962.
OTHER PROGRAM COSTS .....		10,596.
REPAIRS & MAINTENANCE .....		16,784.
SUBCONTRACT COSTS .....		14,136.
TRAVEL .....		7,054.
	TOTAL	<u>\$ 164,237.</u>

STATEMENT 2  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE .....	\$ 30,006.	\$ 25,051.
MACHINERY AND EQUIPMENT .....	98,532.	129,766.
PREPAID EXPENSES AND DEFERRED CHARGES .....	7,668.	5,868.
	TOTAL	<u>\$ 136,206.</u>
		<u>\$ 160,685.</u>

STATEMENT 3  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES .....	\$ 3,403.	\$ 6,438.
ACCRUED PAYROLL .....	7,000.	0.
	TOTAL	<u>\$ 10,403.</u>
		<u>\$ 6,438.</u>

STATEMENT 4  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION PROVIDES EMERGENCY SHELTER, FOOD, CLOTHING AND SPIRITUAL GUIDANCE TO DISADVANTAGED NEEDY, HOMELESS, AND ABUSED INDIVIDUALS AND FAMILIES OF ANY RACE, NATIONAL ORIGIN, SEX OR AGE.

STATEMENT 5  
FORM 990-EZ, PART III, LINE 29  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE MISSION PROVIDED APPROXIMATELY 37000 MEALS IN 2008 UNDER ITS PROGRAM CALLED "LOAVES AND FISHES". THIS PROGRAM PROVIDES 3 MEALS A DAY FOR SHELTER RESIDENCE AND 2 MEALS A DAY FOR LOCAL CITIZENS. IN ADDITION APPROXIMATELY 3,500 BAGS OF FOOD WERE PROVIDED TO NEEDY RECIPIENTS.

STATEMENT 6  
FORM 990-EZ, PART VI  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

- (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO
- (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

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FORM 990-EZ, PART VI  
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- (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO