

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning , and ending

- B Check if applicable:
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization RESCUE OUTREACH MISSION OF CENTRAL FLORIDA, INC.		D Employer identification number 59-2876415
Doing Business As		E Telephone number 407-321-8224
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
1701 W. HISTORIC GOLDSBORO BLVD.		G Gross receipts \$ 763,455
City or town, state or province, country, and ZIP or foreign postal code SANFORD FL 32771-2790		

F Name and address of principal officer: ANDREW POWELL 1701 W. HISTORIC GOLDSBORO BLVD. SANFORD FL 32771-2790	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.RESCUEOUTREACHMISSION.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1987	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 532,346	Current Year 624,325
	9 Program service revenue (Part VIII, line 2g)	37,524	34,231
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	128	73
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	85,226	68,795
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	655,224	727,424
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	441,418	424,170
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 46,160		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	320,153	237,872
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	761,571	662,042	
19 Revenue less expenses. Subtract line 18 from line 12	-106,347	65,382	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,165,457	End of Year 1,272,588
	21 Total liabilities (Part X, line 26)	23,981	65,730
	22 Net assets or fund balances. Subtract line 21 from line 20	1,141,476	1,206,858

Part II Signature Block

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

Sign Here	Signature of officer ANDREW POWELL	Date EXECUTIVE DIRECTOR
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ROBERT KIMELMAN	Preparer's signature	Date 10/21/14	Check <input type="checkbox"/> if self-employed	PTIN P01231309
	Firm's name } GREENE, DYCUS & CO., PA	Firm's EIN } 59-2235346			
	Firm's address } 205 N ELM AVE SANFORD, FL 32771-1274	Phone no. 407-322-0561			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III



1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **351,034** including grants of \$) (Revenue \$)

THE MISSION PROVIDES TRANSITIONAL HOUSING AS WELL AS TEMPORARY SHELTER UNDER ITS PROGRAM CALLED "OPPORTUNITIES AND HOPE". DURING 2013, THE MISSION PROVIDED SHELTER FOR A TOTAL OF 1,628 INDIVIDUALS.

4b (Code:) (Expenses \$ **112,524** including grants of \$) (Revenue \$)

THE MISSION PROVIDED APPROXIMATELY 44,000 MEALS IN 2013 UNDER ITS PROGRAM CALLED "LOAVES AND FISHES". THIS PROGRAM PROVIDES 3 MEALS A DAY FOR SHELTER RESIDENTS AND 2 MEALS A DAY FOR LOCAL CITIZENS. IN ADDITION APPROXIMATELY 212 BOXES OF FOOD WERE PROVIDED TO NEEDY RECIPIENTS.

4c (Code:) (Expenses \$ **59,482** including grants of \$) (Revenue \$)

THE TRANSITIONAL HOUSING PROGRAM IS DESIGNED TO HELP FAMILIES RECOVER FROM HOMELESSNESS AND ATTAIN SELF-SUFFICIENCY AND SUSTAINABILITY. THE TRANSITIONAL HOUSING PROGRAM GUIDES EACH FAMILY IN BECOMING PRODUCTIVE NEIGHBORS IN THE COMMUNITY. IN 2013, THE MISSION HELPED THIRTY-TWO FAMILIES MOVE INTO HOMES AND BECOME SELF-SUFFICIENT. CLIENTS, WHO SUCCESSFULLY ENTER AND COMPLETE THE PROGRAM, ARE PROVIDED ONE FULL YEAR OF EXTENDED CASE MANAGEMENT AFTER MOVING INTO THEIR NEW HOME.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 523,040**

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 (see instructions)?	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability; 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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school 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 United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 of grants or other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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
4b	If "Yes," enter the name of the foreign country: u See instructions for 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 line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u ANDREW POWELL 1701 W HISTORIC GOLDSBORO BLVD. SANFORD FL 32771-2790 407-321-8965**

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELVIN PHILPOT	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) WILLIAM STRAWCUTTER	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) CHRISTOPHER SPRYSENSKI	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) SCOTT NELSON	1.00									
TREASURER	0.00	X					0	0	0	
(5) QUINTON FAISON	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) JULIA STARLING	1.00									
VICE CHAIRMAN	0.00	X					0	0	0	
(7) JAMES VICKARYOUS	1.00									
CHAIRMAN	0.00	X					0	0	0	
(8) MANDY PAVLAKOS	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) JEAN MARIE FEACHER-JONES	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) MIGUEL DE ARCOS	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) ANDREW POWELL	40.00									
EXECUTIVE DIRECTOR	0.00			X			56,170	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							56,170			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							56,170			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 200,196				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 424,129				
	g Noncash contributions included in lines 1a-1f: \$	108,145				
	h Total. Add lines 1a-1f	u 624,325				
Program Service Revenue	2a SHELTER FEES	Busn. Code 624200	34,231	34,231		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u 34,231				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u 73	73			
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 104,826				
		b Less: direct expenses	b 36,031			
c Net income or (loss) from fundraising events		u 68,795				
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	u				
10a 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	u				
11a Miscellaneous Revenue	Busn. Code					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u				
12 Total revenue. See instructions.	u 727,424	34,304	0	0		

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	56,170	22,468	28,085	5,617
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	299,367	260,730	14,698	23,939
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	68,633	54,668	8,259	5,706
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,525		11,058	3,467
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	41,531	30,486	8,969	2,076
14 Information technology				
15 Royalties				
16 Occupancy	44,398	38,182	5,328	888
17 Travel	8,300	3,030	5,270	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,592	38,205	7,455	932
23 Insurance	16,702	15,032	1,670	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD COSTS	20,815	20,815		
b COMMUNICATIONS	20,498	16,911	2,050	1,537
c REPAIRS AND MAINTENANCE	16,885	16,885		
d OTHER COSTS	7,626	5,628		1,998
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	662,042	523,040	92,842	46,160
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest bearing	182,809	1	46,922	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	19,510	3	144,080	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,579,433			
	b	Less: accumulated depreciation	498,015	962,968	10c	1,081,418
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	170	15	168	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,165,457	16	1,272,588		
Liabilities	17	Accounts payable and accrued expenses	23,981	17	22,280	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other 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		23	43,450	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	23,981	26	65,730	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	1,078,603	27	1,189,599	
	28	Temporarily restricted net assets	62,873	28	17,259	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	1,141,476	33	1,206,858		
34	Total liabilities and net assets/fund balances	1,165,457	34	1,272,588		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	727,424
2	Total expenses (must equal Part IX, column (A), line 25)	2	662,042
3	Revenue less expenses. Subtract line 2 from line 1	3	65,382
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,141,476
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,206,858

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

**RESCUE OUTREACH MISSION OF CENTRAL
FLORIDA, INC.**

Employer identification number

59-2876415

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	411,469	501,808	615,800	532,346	624,325	2,685,748
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	411,469	501,808	615,800	532,346	624,325	2,685,748
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						2,685,748

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	411,469	501,808	615,800	532,346	624,325	2,685,748
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		473	130	128	73	804
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	57,374	76,733	91,985	122,750	103,026	451,868
11 Total support. Add lines 7 through 10						3,138,420

12 Gross receipts from related activities, etc. (see instructions) 12 435,582

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** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	85.58 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	86.30 %

16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2012. 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 ▶

17a 10%-facts-and-circumstances test—2013. 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 ▶

b 10%-facts-and-circumstances test—2012. 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 ▶

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 ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2013. 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—2012. 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

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

PROGRAM SERVICES \$ 141,007

FUNDRAISING EVENTS \$ 310,861

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

**RESCUE OUTREACH MISSION OF CENTRAL
FLORIDA, INC.**

Employer identification number

59-2876415

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

RESCUE OUTREACH MISSION OF CENTRAL

Employer identification number

59-2876415**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SEMINOLE COUNTY- ESGP 534 W LAKE MARY BLVD. SANFORD FL 32773	\$ 60,506	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HEART OF FL UNITED WAY 1940 TRAYLOR BLVD ORLANDO FL 32804	\$ 175,916	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MICHAEL J GOOD/KBC 1590 BOBBY LEE POINT SANFORD FL 32771	\$ 166,082	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CHATLOS FOUNDATION PO BOX 915048 LONGWOOD FL 32791	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE RYAN FOUNDATION, INC. 207 A STATE ROAD 434 WINTER SPRINGS FL 32708	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HOMELESS SERVICES NETWORK 2828 EDGEWATER DR ORLANDO FL 32804	\$ 33,656	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RESCUE OUTREACH MISSION OF CENTRAL	Employer identification number 59-2876415
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CDBG-SEMINOLE COUNTY 534 WEST LAKE MARY BLVD. SANFORD FL 32773	\$ 108,145	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RESCUE OUTREACH MISSION OF CENTRAL	Employer identification number 59-2876415
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	BUILDING RENOVATIONS	\$ 108,145
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

RESCUE OUTREACH MISSION OF CENTRAL FLORIDA, INC.

Employer identification number

59-2876415

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B), 9 In Part XIII, describe how the organization reports 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.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

b If "Yes," explain the arrangement in Part XIII 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 XIII. Check here if the explanation has been provided in Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		155,718		155,718
b Buildings		1,181,019	373,733	807,286
c Leasehold improvements				
d Equipment		128,250	124,282	3,968
e Other		114,446		114,446
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)		u		1,081,418

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	727,424
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 XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	727,424
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	727,424

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	662,042
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	662,042
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	662,042

Part XIII Supplemental Information

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

PART X - FIN 48 FOOTNOTE

THE AGENCY IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE AGENCY'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, THE AGENCY QUALIFIES AS A PUBLIC CHARITY UNDER SECTIONS 509(A) (1) AND 170(B) (1) (A) (VI) OF THE INTERNAL REVENUE CODE.

THE AGENCY ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FASB ASC 740 - 10). UNDER THIS INTERPRETATION, THE AGENCY IS REQUIRED TO EVALUATE EACH OF ITS TAX POSITIONS TO DETERMINE IF THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED IF THE TAXING AUTHORITY EXAMINES THE RESPECTIVE POSITION. A TAX POSITION INCLUDES AN ENTITY'S STATUS, INCLUDING ITS STATUS AS A 501 (C) (3), AND THE DECISION NOT TO FILE A TAX RETURN. THE AGENCY HAS EVALUATED EACH OF ITS

Part XIII Supplemental Information (continued)

TAX POSITIONS AND HAS DETERMINED THAT NO PROVISION OR LIABILITY FOR INCOME TAXES IS NECESSARY.

THE AGENCY FILES A FEDERAL INCOME TAX RETURN AND IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATION BY TAX AUTHORITIES FOR YEARS BEFORE 2010.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

U Attach to Form 990 or Form 990-EZ.

U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

**RESCUE OUTREACH MISSION OF CENTRAL
FLORIDA, INC.**

Employer identification number

59-2876415

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a 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.

	(i) Name and address 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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>SERVANTS OF THE</u> (event type)	<u>RESCUE RUN</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	53,332	51,494	104,826
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	53,332	51,494	104,826
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	17,420		17,420
	8	Entertainment			
	9	Other direct expenses		18,611	18,611
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				68,795

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))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash 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. Subtract line 7 from line 1, 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? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

u Attach to Form 990.

u Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

**RESCUE OUTREACH MISSION OF CENTRAL
FLORIDA, INC.**

Employer identification number

59-2876415

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()				
26 Other u (BUILDING RENOVA)	X	1	108,145	FAIR VALUE
27 Other u ()				
28 Other u ()				

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

	29
--	-----------

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 an amount 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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

**RESCUE OUTREACH MISSION OF CENTRAL
FLORIDA, INC.**

Employer identification number

59-2876415

FORM 990 - ORGANIZATION'S MISSION

**TO PROVIDE EMERGENCY SHELTER, FOOD, CLOTHING, TRANSITIONAL HOUSING AND CASE
MANAGEMENT TO WOMEN, CHILDREN, FAMILIES AND MEN OF ANY RACE, NATIONAL
ORIGIN, SEX OR AGE THAT MAY BE HOMELESS, IMPOVERISHED, DISADVANTAGED OR
ABUSED.**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE BOARD OF DIRECTORS REVIEW THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

PROVIDED UPON REQUEST.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2013

Department of the Treasury
Internal Revenue Service (99)

u See separate instructions. u Attach to your tax return.

Attachment Sequence No. **179**

Name(s) shown on return **RESCUE OUTREACH MISSION OF CENTRAL FLORIDA, INC.**

Identifying number
59-2876415

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	203

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	46,389
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	46,592
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2013)

59-2876415

Federal Asset Report

FYE: 12/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
3	SHED	10/31/07	1,726			1,726	10 HY 200DB	1,217	113
4	BUILDING - UPGRADES	7/31/07	728,531			728,531	25 HY S/L	159,062	29,141
5	Computer System	12/31/04	1,218		X	609	5 HY 200DB	1,218	0
6	LAPTOP	12/31/05	831			831	5 HY S/L	748	0
8	6 DELL WORKSTATIONS 1 of	6/30/07	673			673	5 HY 200DB	673	0
14	DELL COMPUTER 1 of 2	1/03/08	740		X	370	5 HY 200DB	697	43
15	DELL COMPUTER 2 of 2	1/03/08	738		X	369	5 HY 200DB	696	42
16	COMP USA COMPUTER	7/03/09	860		X	430	5 HY 200DB	860	0
17	Computer Table	12/31/97	139			139	7 HY 200DB	139	0
18	FARMERS FURNITURE -HIV PR	4/21/05	2,300			2,300	7 HY S/L	2,300	0
24	Building	1/01/97	394,962			394,962	39 MMS/L	161,613	10,127
26	Water Heater	12/31/97	855			855	5 HY 200DB	855	0
27	Fire Suppression System	12/31/97	1,478			1,478	5 HY 200DB	1,478	0
28	Misc Building Improvement	12/31/98	2,336			2,336	5 HY 200DB	2,336	0
29	Water heater	5/11/99	390			390	5 HY 200DB	390	0
30	Tile	12/12/01	5,000		X	3,500	7 HY 200DB	5,000	0
31	THRICE, INC, EQUIP	7/18/03	1,500		X	750	5 HY S/L	1,500	0
32	THRICE, INC, EQUIP	7/18/03	1,750		X	875	5 HY S/L	1,750	0
33	THRICE, INC, EQUIP	7/18/03	640		X	320	5 HY S/L	640	0
34	ALARM SYSTEM	12/31/03	5,090		X	2,545	7 MQ S/L	5,090	0
35	WALK IN COOLER/FREEZER	5/01/07	15,866			15,866	10 HY 200DB	11,188	1,039
36	REFRIGERATOR T23	8/20/96	1,600			1,600	15 HY 150DB	1,600	0
37	FREEZER T23F	8/20/96	1,900			1,900	15 HY 150DB	1,900	0
38	COMMERCIAL GAS STOVE (IN	12/15/03	3,000		X	1,500	5 HY S/L	3,000	0
39	FREEZER (IN KIND)	12/15/03	2,233		X	1,116	5 HY S/L	2,233	0
40	20 lockers	4/21/03	3,555		X	2,488	10 HY S/L	3,438	117
41	PLAYGROUND EQUIP (IN KIND	12/15/03	500		X	250	5 HY S/L	500	0
42	TV (INKIND)	12/15/03	329		X	164	5 HY S/L	329	0
43	WASHER/DRYER	3/09/04	2,170		X	1,085	5 HY 200DB	2,170	0
44	LOCKERS	4/28/05	2,250			2,250	10 HY S/L	1,725	225
45	PLAYGROUND	6/30/06	4,017			4,017	5 HY 200DB	4,017	0
46	TELEPHONE HEADSETS	6/30/06	534			534	5 HY 200DB	534	0
47	LAWN EQUIP - SEARS	7/15/07	1,476			1,476	5 HY 200DB	1,476	0
48	FLAT SCREEN TV 1 of 2	10/15/07	1,000			1,000	5 HY 200DB	1,000	0
49	FLAT SCREEN TV 2 of 2	10/15/07	1,000			1,000	5 HY 200DB	1,000	0
50	HICKORY SPRINGS BEDS	6/05/07	10,993			10,993	10 HY 200DB	7,751	721
51	1999 Ford van	1/15/99	20,481			20,481	5 HY 200DB	20,481	0
53	CLASSIC CHEVY -VAN	6/15/08	29,756		X	14,878	5 HY 200DB	28,042	1,714
54	A/C SYSTEM NEW BLDG	7/30/07	1,763			1,763	10 HY 200DB	1,244	115
55	Optiplex Computer 2/4	5/03/10	666		X	333	5 HY 200DB	474	77
56	Optiplex Computer 3/4	5/03/10	666		X	333	5 HY 200DB	474	77
57	Optiplex Computer 4/4	5/03/10	666		X	333	5 HY 200DB	474	77
58	2 Student testing Carrel	4/21/10	2,196		X	1,098	5 HY 200DB	1,564	253
59	PLUMBING UPGRADES	7/15/11	2,916		X	2,291	7 HY S/L	625	416
60	ELECTRICAL UPGRADES	7/15/11	2,071		X	1,627	7 HY S/L	444	296
61	HP PRINTER	7/15/11	385		X	185	5 HY 200DB	200	74
62	DESK	7/15/11	729		X	573	7 HY S/L	156	104
63	Dell Latitude E5520	10/14/11	939		X	451	5 HY 200DB	488	181
64	Dell E series wide screen	10/14/11	300		X	144	5 HY 200DB	156	58
65	Dell Optiplex 390 Desktop	10/14/11	652		X	313	5 HY 200DB	339	125
66	dell pc's	6/30/12	3,677		X	2,942	5 HY 200DB	735	1,177
69	Optiplex Computer 1/4	5/03/10	666		X	333	5 HY 200DB	474	77
			<u>1,272,709</u>			<u>1,239,306</u>		<u>448,493</u>	<u>46,389</u>

Other Depreciation:

19	Lot 7 Georgia Acres	11/30/92	38,000			38,000	0 -- Land	0	0
20	Lot 4 Georgia Acres	9/02/93	12,798			12,798	0 -- Land	0	0
21	Lots 9 & 10 Georgia Acres	9/09/93	16,278			16,278	0 -- Land	0	0
22	Lot 8 Georgia Acres	3/10/94	12,500			12,500	0 -- Land	0	0
23	Lot 16 Georgia Acres	2/02/94	3,668			3,668	0 -- Land	0	0
25	Land	1/01/97	45,015			45,015	0 -- Land	0	0
67	2105 Hartwell AVE - LAND	10/17/13	10,000			10,000	0 -- Memo	0	0
68	Hartwell Property - Building	10/17/13	33,450			33,450	27 MO S/L	0	203

59-2876415

Federal Asset Report

FYE: 12/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Total Other Depreciation		<u>171,709</u>			<u>171,709</u>		<u>0</u>	<u>203</u>
	Total ACRS and Other Depreciation		<u>171,709</u>			<u>171,709</u>		<u>0</u>	<u>203</u>
Listed Property:									
2	SHOWER UPGRADE WOMANS BLD	10/15/07	<u>3,110</u>			<u>0</u>	5 HY 200DB	<u>2,930</u>	<u>0</u>
			<u>3,110</u>			<u>0</u>		<u>2,930</u>	<u>0</u>
	Grand Totals		<u>1,447,528</u>			<u>1,411,015</u>		<u>451,423</u>	<u>46,592</u>
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>1,447,528</u>			<u>1,411,015</u>		<u>451,423</u>	<u>46,592</u>

59-2876415

FL Asset Report

FYE: 12/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
Prior MACRS:								
3	SHED	10/31/07	1,726	1,726	1,217	113	113	0
4	BUILDING - UPGRADES	7/31/07	728,531	728,531	160,277	29,141	29,141	0
5	Computer System	12/31/04	1,218	609	1,218	0	0	0
6	LAPTOP	12/31/05	831	831	831	0	0	0
8	6 DELL WORKSTATIONS 1 of	6/30/07	673	673	673	0	0	0
14	DELL COMPUTER 1 of 2	1/03/08	740	370	697	43	43	0
15	DELL COMPUTER 2 of 2	1/03/08	738	369	695	43	42	-1
16	COMP USA COMPUTER	7/03/09	860	430	711	99	0	-99
17	Computer Table	12/31/97	139	139	139	0	0	0
18	FARMERS FURNITURE -HIV PR	4/21/05	2,300	2,300	2,300	0	0	0
24	Building	1/01/97	394,962	394,962	161,614	10,127	10,127	0
26	Water Heater	12/31/97	855	855	855	0	0	0
27	Fire Suppression System	12/31/97	1,478	1,478	1,478	0	0	0
28	Misc Building Improvement	12/31/98	2,336	2,336	2,336	0	0	0
29	Water heater	5/11/99	390	390	390	0	0	0
30	Tile	12/12/01	5,000	3,500	5,000	0	0	0
31	THRICE, INC, EQUIP	7/18/03	1,500	750	1,500	0	0	0
32	THRICE, INC, EQUIP	7/18/03	1,750	875	1,750	0	0	0
33	THRICE, INC, EQUIP	7/18/03	640	320	640	0	0	0
34	ALARM SYSTEM	12/31/03	5,090	2,545	5,090	0	0	0
35	WALK IN COOLER/FREEZER	5/01/07	15,866	15,866	11,187	1,040	1,039	-1
36	REFRIGERATOR T23	8/20/96	1,600	1,600	1,600	0	0	0
37	FREEZER T23F	8/20/96	1,900	1,900	1,900	0	0	0
38	COMMERCIAL GAS STOVE (IN	12/15/03	3,000	1,500	3,000	0	0	0
39	FREEZER (IN KIND)	12/15/03	2,233	1,116	2,233	0	0	0
40	20 lockers	4/21/03	3,555	2,488	3,377	178	117	-61
41	PLAYGROUND EQUIP (IN KIND	12/15/03	500	250	500	0	0	0
42	TV (INKIND)	12/15/03	329	164	329	0	0	0
43	WASHER/DRYER	3/09/04	2,170	1,085	2,170	0	0	0
44	LOCKERS	4/28/05	2,250	2,250	1,688	225	225	0
45	PLAYGROUND	6/30/06	4,017	4,017	4,017	0	0	0
46	TELEPHONE HEADSETS	6/30/06	534	534	534	0	0	0
47	LAWN EQUIP - SEARS	7/15/07	1,476	1,476	1,476	0	0	0
48	FLAT SCREEN TV 1 of 2	10/15/07	1,000	1,000	1,000	0	0	0
49	FLAT SCREEN TV 2 of 2	10/15/07	1,000	1,000	1,000	0	0	0
50	HICKORY SPRINGS BEDS	6/05/07	10,993	10,993	7,751	720	721	1
51	1999 Ford van	1/15/99	20,481	20,481	20,481	0	0	0
53	CLASSIC CHEVY -VAN	6/15/08	29,756	14,878	28,042	1,714	1,714	0
54	A/C SYSTEM NEW BLDG	7/30/07	1,763	1,763	1,243	116	115	-1
55	Optiplex Computer 2/4	5/03/10	666	333	474	77	77	0
56	Optiplex Computer 3/4	5/03/10	666	333	474	77	77	0
57	Optiplex Computer 4/4	5/03/10	666	333	474	77	77	0
58	2 Student testing Carrel	4/21/10	2,196	1,098	1,564	253	253	0
59	PLUMBING UPGRADES	7/15/11	2,916	2,291	625	327	416	89
60	ELECTRICAL UPGRADES	7/15/11	2,071	1,627	444	232	296	64
61	HP PRINTER	7/15/11	385	185	200	74	74	0
62	DESK	7/15/11	729	573	156	82	104	22
63	Dell Latitude E5520	10/14/11	939	451	488	181	181	0
64	Dell E series wide screen	10/14/11	300	144	156	58	58	0
65	Dell Optiplex 390 Desktop	10/14/11	652	313	339	125	125	0
66	dell pc's	6/30/12	3,677	2,942	735	1,177	1,177	0
69	Optiplex Computer 1/4	5/03/10	666	333	474	77	77	0
			<u>1,272,709</u>	<u>1,239,306</u>	<u>449,542</u>	<u>46,376</u>	<u>46,389</u>	<u>13</u>

Other Depreciation:

19	Lot 7 Georgia Acres	11/30/92	38,000	38,000	0	0	0	0
20	Lot 4 Georgia Acres	9/02/93	12,798	12,798	0	0	0	0
21	Lots 9 & 10 Georgia Acres	9/09/93	16,278	16,278	0	0	0	0
22	Lot 8 Georgia Acres	3/10/94	12,500	12,500	0	0	0	0
23	Lot 16 Georgia Acres	2/02/94	3,668	3,668	0	0	0	0
25	Land	1/01/97	45,015	45,015	0	0	0	0
67	2105 Hartwell AVE - LAND	10/17/13	10,000	10,000	0	0	0	0
68	Hartwell Property - Building	10/17/13	33,450	33,450	0	203	203	0

59-2876415

FL Asset Report

FYE: 12/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
	Total Other Depreciation		<u>171,709</u>	<u>171,709</u>	<u>0</u>	<u>203</u>	<u>203</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>171,709</u>	<u>171,709</u>	<u>0</u>	<u>203</u>	<u>203</u>	<u>0</u>
Listed Property:								
2	SHOWER UPGRADE WOMANS BLD	10/15/07	<u>3,110</u>	<u>0</u>	<u>2,931</u>	<u>0</u>	<u>0</u>	<u>0</u>
			<u>3,110</u>	<u>0</u>	<u>2,931</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>1,447,528</u>	<u>1,411,015</u>	<u>452,473</u>	<u>46,579</u>	<u>46,592</u>	<u>13</u>
	Less: Dispositions		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Less: Start-up/Org Expense		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>1,447,528</u>	<u>1,411,015</u>	<u>452,473</u>	<u>46,579</u>	<u>46,592</u>	<u>13</u>

59-2876415

AMT Asset Report

FYE: 12/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
3	SHED	10/31/07	1,726				1,726	10	HY 150DB	579	255
4	BUILDING - UPGRADES	7/31/07	728,531				728,531	25	HY S/L	87,423	29,141
5	Computer System	12/31/04	1,218			X	1,218	5	HY 150DB	0	0
6	LAPTOP	12/31/05	831				831	5	HY S/L	83	0
8	6 DELL WORKSTATIONS 1 of	6/30/07	673				673	5	HY 150DB	673	0
14	DELL COMPUTER 1 of 2	1/03/08	740			X	370	5	HY 150DB	578	162
15	DELL COMPUTER 2 of 2	1/03/08	738			X	369	5	HY 150DB	577	161
16	COMP USA COMPUTER	7/03/09	860			X	430	5	HY 150DB	568	195
17	Computer Table	12/31/97	139				139	10	HY 150DB	0	0
18	FARMERS FURNITURE -HIV PR	4/21/05	2,300				2,300	7	HY S/L	986	0
24	Building	1/01/97	394,962				394,962	40	MMS/L	29,622	9,874
26	Water Heater	12/31/97	855				855	5	HY 150DB	0	0
27	Fire Suppression System	12/31/97	1,478				1,478	5	HY 150DB	0	0
28	Misc Building Improvement	12/31/98	2,336				2,336	5	HY 150DB	0	0
29	Water heater	5/11/99	390				390	5	HY 150DB	0	0
30	Tile	12/12/01	5,000			X	5,000	7	HY 150DB	0	0
31	THRICE, INC, EQUIP	7/18/03	1,500				1,500	5	HY S/L	0	0
32	THRICE, INC, EQUIP	7/18/03	1,750				1,750	5	HY S/L	0	0
33	THRICE, INC, EQUIP	7/18/03	640				640	5	HY S/L	0	0
34	ALARM SYSTEM	12/31/03	5,090				5,090	7	MQ S/L	1,363	727
35	WALK IN COOLER/FREEZER	5/01/07	15,866				15,866	10	HY 150DB	5,320	2,344
36	REFRIGERATOR T23	8/20/96	1,600				1,600	20	HY 150DB	466	324
37	FREEZER T23F	8/20/96	1,900				1,900	20	HY 150DB	554	385
38	COMMERCIAL GAS STOVE (IN	12/15/03	3,000				3,000	5	HY S/L	0	0
39	FREEZER (IN KIND)	12/15/03	2,233				2,233	5	HY S/L	0	0
40	20 lockers	4/21/03	3,555				3,555	10	HY S/L	1,068	355
41	PLAYGROUND EQUIP (IN KIND	12/15/03	500				500	5	HY S/L	0	0
42	TV (INKIND)	12/15/03	329				329	5	HY S/L	0	0
43	WASHER/DRYER	3/09/04	2,170			X	2,170	5	HY 150DB	0	0
44	LOCKERS	4/28/05	2,250				2,250	10	HY S/L	675	225
45	PLAYGROUND	6/30/06	4,017				4,017	5	HY 150DB	1,004	0
46	TELEPHONE HEADSETS	6/30/06	534				534	5	HY 150DB	133	0
47	LAWN EQUIP - SEARS	7/15/07	1,476				1,476	5	HY 150DB	1,476	0
48	FLAT SCREEN TV 1 of 2	10/15/07	1,000				1,000	5	HY 150DB	1,000	0
49	FLAT SCREEN TV 2 of 2	10/15/07	1,000				1,000	5	HY 150DB	1,000	0
50	HICKORY SPRINGS BEDS	6/05/07	10,993				10,993	10	HY 150DB	3,686	1,624
51	1999 Ford van	1/15/99	20,481				20,481	5	HY 150DB	0	0
53	CLASSIC CHEVY -VAN	6/15/08	29,756			X	14,878	5	HY 150DB	23,260	6,496
54	A/C SYSTEM NEW BLDG	7/30/07	1,763				1,763	10	HY 150DB	591	261
55	Optiplex Computer 2/4	5/03/10	666			X	333	5	HY 150DB	389	111
56	Optiplex Computer 3/4	5/03/10	666			X	333	5	HY 150DB	389	111
57	Optiplex Computer 4/4	5/03/10	666			X	333	5	HY 150DB	389	111
58	2 Student testing Carrel	4/21/10	2,196			X	1,098	5	HY 150DB	1,281	366
59	PLUMBING UPGRADES	7/15/11	2,916				2,916	7	HY S/L	625	416
60	ELECTRICAL UPGRADES	7/15/11	2,071				2,071	7	HY S/L	444	296
61	HP PRINTER	7/15/11	385			X	216	5	HY 150DB	169	65
62	DESK	7/15/11	729				729	7	HY S/L	156	104
63	Dell Latitude E5520	10/14/11	939			X	0	5	HY 200DB	939	0
64	Dell E series wide screen	10/14/11	300			X	0	5	HY 200DB	300	0
65	Dell Optiplex 390 Desktop	10/14/11	652			X	0	5	HY 200DB	652	0
66	dell pc's	6/30/12	3,677			X	1,838	5	HY 200DB	2,206	589
69	Optiplex Computer 1/4	5/03/10	666			X	333	5	HY 150DB	389	111
			<u>1,272,709</u>				<u>1,250,333</u>			<u>171,013</u>	<u>54,809</u>

Other Depreciation:

19	Lot 7 Georgia Acres	11/30/92	0				0	0	HY	0	0
20	Lot 4 Georgia Acres	9/02/93	0				0	0	HY	0	0
21	Lots 9 & 10 Georgia Acres	9/09/93	0				0	0	HY	0	0
22	Lot 8 Georgia Acres	3/10/94	0				0	0	HY	0	0
23	Lot 16 Georgia Acres	2/02/94	0				0	0	HY	0	0
25	Land	1/01/97	0				0	0	HY	0	0
67	2105 Hartwell AVE - LAND	10/17/13	0				0	0	HY	0	0
68	Hartwell Property - Building	10/17/13	0				0	0	HY	0	0

59-2876415

AMT Asset Report

FYE: 12/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Listed Property:									
2	SHOWER UPGRADE WOMANS BLD	10/15/07	3,110			0	5 HY 150DB	1,036	0
			<u>3,110</u>			<u>0</u>		<u>1,036</u>	<u>0</u>
	Grand Totals		1,275,819			1,250,333		172,049	54,809
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>1,275,819</u>			<u>1,250,333</u>		<u>172,049</u>	<u>54,809</u>

59-2876415

Bonus Depreciation Report

FYE: 12/31/2013

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
5	Computer System	12/31/04	1,218		0	0	609	609
14	DELL COMPUTER 1 of 2	1/03/08	740		0	0	370	370
15	DELL COMPUTER 2 of 2	1/03/08	738		0	0	369	369
16	COMP USA COMPUTER	7/03/09	860		0	0	430	430
30	Tile	12/12/01	5,000		0	0	1,500	3,500
31	THRICE, INC, EQUIP	7/18/03	1,500		0	0	750	750
32	THRICE, INC, EQUIP	7/18/03	1,750		0	0	875	875
33	THRICE, INC, EQUIP	7/18/03	640		0	0	320	320
34	ALARM SYSTEM	12/31/03	5,090		0	0	2,545	2,545
38	COMMERCIAL GAS STOVE (IN	12/15/03	3,000		0	0	1,500	1,500
39	FREEZER (IN KIND)	12/15/03	2,233		0	0	1,117	1,116
40	20 lockers	4/21/03	3,555		0	0	1,067	2,488
41	PLAYGROUND EQUIP (IN KIND	12/15/03	500		0	0	250	250
42	TV (INKIND)	12/15/03	329		0	0	165	164
43	WASHER/DRYER	3/09/04	2,170		0	0	1,085	1,085
53	CLASSIC CHEVY -VAN	6/15/08	29,756		0	0	14,878	14,878
55	Optiplex Computer 2/4	5/03/10	666		0	0	333	333
56	Optiplex Computer 3/4	5/03/10	666		0	0	333	333
57	Optiplex Computer 4/4	5/03/10	666		0	0	333	333
58	2 Student testing Carrel	4/21/10	2,196		0	0	1,098	1,098
59	PLUMBING UPGRADES	7/15/11	2,916		0	0	625	2,291
60	ELECTRICAL UPGRADES	7/15/11	2,071		0	0	444	1,627
61	HP PRINTER	7/15/11	385		0	0	200	185
62	DESK	7/15/11	729		0	0	156	573
63	Dell Latitude E5520	10/14/11	939		0	0	488	451
64	Dell E series wide screen	10/14/11	300		0	0	156	144
65	Dell Optiplex 390 Desktop	10/14/11	652		0	0	339	313
66	dell pc's	6/30/12	3,677		0	0	735	2,942
69	Optiplex Computer 1/4	5/03/10	666		0	0	333	333
	Form 990, Page 1		<u>75,608</u>		<u>0</u>	<u>0</u>	<u>33,403</u>	<u>42,205</u>
	Grand Total		<u>75,608</u>		<u>0</u>	<u>0</u>	<u>33,403</u>	<u>42,205</u>

59-2876415

Depreciation Adjustment Report

FYE: 12/31/2013

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	2	SHOWER UPGRADE WOMANS BLD	0	0	0
Page 1	1	3	SHED	113	255	-142
Page 1	1	4	BUILDING - UPGRADES	29,141	29,141	0
Page 1	1	5	Computer System	0	0	0
Page 1	1	6	LAPTOP	0	0	0
Page 1	1	8	6 DELL WORKSTATIONS 1 of	0	0	0
Page 1	1	14	DELL COMPUTER 1 of 2	43	162	-119
Page 1	1	15	DELL COMPUTER 2 of 2	42	161	-119
Page 1	1	16	COMP USA COMPUTER	0	195	-195
Page 1	1	17	Computer Table	0	0	0
Page 1	1	18	FARMERS FURNITURE -HIV PR	0	0	0
Page 1	1	24	Building	10,127	9,874	253
Page 1	1	26	Water Heater	0	0	0
Page 1	1	27	Fire Suppression System	0	0	0
Page 1	1	28	Misc Building Improvement	0	0	0
Page 1	1	29	Water heater	0	0	0
Page 1	1	30	Tile	0	0	0
Page 1	1	31	THRICE, INC, EQUIP	0	0	0
Page 1	1	32	THRICE, INC, EQUIP	0	0	0
Page 1	1	33	THRICE, INC, EQUIP	0	0	0
Page 1	1	34	ALARM SYSTEM	0	727	-727
Page 1	1	35	WALK IN COOLER/FREEZER	1,039	2,344	-1,305
Page 1	1	36	REFRIGERATOR T23	0	324	-324
Page 1	1	37	FREEZER T23F	0	385	-385
Page 1	1	38	COMMERCIAL GAS STOVE (IN	0	0	0
Page 1	1	39	FREEZER (IN KIND)	0	0	0
Page 1	1	40	20 lockers	117	355	-238
Page 1	1	41	PLAYGROUND EQUIP (IN KIND	0	0	0
Page 1	1	42	TV (INKIND)	0	0	0
Page 1	1	43	WASHER/DRYER	0	0	0
Page 1	1	44	LOCKERS	225	225	0
Page 1	1	45	PLAYGROUND	0	0	0
Page 1	1	46	TELEPHONE HEADSETS	0	0	0
Page 1	1	47	LAWN EQUIP - SEARS	0	0	0
Page 1	1	48	FLAT SCREEN TV 1 of 2	0	0	0
Page 1	1	49	FLAT SCREEN TV 2 of 2	0	0	0
Page 1	1	50	HICKORY SPRINGS BEDS	721	1,624	-903
Page 1	1	51	1999 Ford van	0	0	0
Page 1	1	53	CLASSIC CHEVY -VAN	1,714	6,496	-4,782
Page 1	1	54	A/C SYSTEM NEW BLDG	115	261	-146
Page 1	1	55	Optiplex Computer 2/4	77	111	-34
Page 1	1	56	Optiplex Computer 3/4	77	111	-34
Page 1	1	57	Optiplex Computer 4/4	77	111	-34
Page 1	1	58	2 Student testing Carrel	253	366	-113
Page 1	1	59	PLUMBING UPGRADES	416	416	0
Page 1	1	60	ELECTRICAL UPGRADES	296	296	0
Page 1	1	61	HP PRINTER	74	65	9
Page 1	1	62	DESK	104	104	0
Page 1	1	63	Dell Latitude E5520	181	0	181
Page 1	1	64	Dell E series wide screen	58	0	58
Page 1	1	65	Dell Optiplex 390 Desktop	125	0	125
Page 1	1	66	dell pc's	1,177	589	588
Page 1	1	69	Optiplex Computer 1/4	77	111	-34
				<u>46,389</u>	<u>54,809</u>	<u>-8,420</u>

59-2876415

Future Depreciation Report**FYE: 12/31/14**

FYE: 12/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
3	SHED	10/31/07	1,726	113	255
4	BUILDING - UPGRADES	7/31/07	728,531	29,142	29,142
5	Computer System	12/31/04	1,218	0	0
6	LAPTOP	12/31/05	831	0	0
8	6 DELL WORKSTATIONS 1 of	6/30/07	673	0	0
14	DELL COMPUTER 1 of 2	1/03/08	740	0	0
15	DELL COMPUTER 2 of 2	1/03/08	738	0	0
16	COMP USA COMPUTER	7/03/09	860	0	97
17	Computer Table	12/31/97	139	0	0
18	FARMERS FURNITURE -HIV PR	4/21/05	2,300	0	0
24	Building	1/01/97	394,962	10,128	9,874
26	Water Heater	12/31/97	855	0	0
27	Fire Suppression System	12/31/97	1,478	0	0
28	Misc Building Improvement	12/31/98	2,336	0	0
29	Water heater	5/11/99	390	0	0
30	Tile	12/12/01	5,000	0	0
31	THRICE, INC, EQUIP	7/18/03	1,500	0	0
32	THRICE, INC, EQUIP	7/18/03	1,750	0	0
33	THRICE, INC, EQUIP	7/18/03	640	0	0
34	ALARM SYSTEM	12/31/03	5,090	0	727
35	WALK IN COOLER/FREEZER	5/01/07	15,866	1,040	2,343
36	REFRIGERATOR T23	8/20/96	1,600	0	324
37	FREEZER T23F	8/20/96	1,900	0	384
38	COMMERCIAL GAS STOVE (IN	12/15/03	3,000	0	0
39	FREEZER (IN KIND)	12/15/03	2,233	0	0
40	20 lockers	4/21/03	3,555	0	0
41	PLAYGROUND EQUIP (IN KIND	12/15/03	500	0	0
42	TV (INKIND)	12/15/03	329	0	0
43	WASHER/DRYER	3/09/04	2,170	0	0
44	LOCKERS	4/28/05	2,250	225	225
45	PLAYGROUND	6/30/06	4,017	0	0
46	TELEPHONE HEADSETS	6/30/06	534	0	0
47	LAWN EQUIP - SEARS	7/15/07	1,476	0	0
48	FLAT SCREEN TV 1 of 2	10/15/07	1,000	0	0
49	FLAT SCREEN TV 2 of 2	10/15/07	1,000	0	0
50	HICKORY SPRINGS BEDS	6/05/07	10,993	720	1,623
51	1999 Ford van	1/15/99	20,481	0	0
53	CLASSIC CHEVY -VAN	6/15/08	29,756	0	0
54	A/C SYSTEM NEW BLDG	7/30/07	1,763	116	260
55	Optiplex Computer 2/4	5/03/10	666	77	111
56	Optiplex Computer 3/4	5/03/10	666	77	111
57	Optiplex Computer 4/4	5/03/10	666	77	111
58	2 Student testing Carrel	4/21/10	2,196	253	366
59	PLUMBING UPGRADES	7/15/11	2,916	268	417
60	ELECTRICAL UPGRADES	7/15/11	2,071	190	296
61	HP PRINTER	7/15/11	385	44	60
62	DESK	7/15/11	729	67	104
63	Dell Latitude E5520	10/14/11	939	108	0
64	Dell E series wide screen	10/14/11	300	34	0
65	Dell Optiplex 390 Desktop	10/14/11	652	75	0
66	dell pc's	6/30/12	3,677	706	353
69	Optiplex Computer 1/4	5/03/10	666	77	111
			<u>1,272,709</u>	<u>43,537</u>	<u>47,294</u>

Other Depreciation:

19	Lot 7 Georgia Acres	11/30/92	38,000	0	0
20	Lot 4 Georgia Acres	9/02/93	12,798	0	0
21	Lots 9 & 10 Georgia Acres	9/09/93	16,278	0	0
22	Lot 8 Georgia Acres	3/10/94	12,500	0	0
23	Lot 16 Georgia Acres	2/02/94	3,668	0	0
25	Land	1/01/97	45,015	0	0
67	2105 Hartwell AVE - LAND	10/17/13	10,000	0	0
68	Hartwell Property - Building	10/17/13	33,450	1,216	0

Future Depreciation Report**FYE: 12/31/14****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total Other Depreciation		<u>171,709</u>	<u>1,216</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>171,709</u>	<u>1,216</u>	<u>0</u>
Listed Property:					
2	SHOWER UPGRADE WOMANS BLD	10/15/07	<u>3,110</u>	<u>0</u>	<u>0</u>
			<u>3,110</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>1,447,528</u>	<u>44,753</u>	<u>47,294</u>

Asset	Description	Date In Service	Cost	FL
Prior MACRS:				
3	SHED	10/31/07	1,726	113
4	BUILDING - UPGRADES	7/31/07	728,531	29,141
5	Computer System	12/31/04	1,218	0
6	LAPTOP	12/31/05	831	0
8	6 DELL WORKSTATIONS 1 of	6/30/07	673	0
14	DELL COMPUTER 1 of 2	1/03/08	740	0
15	DELL COMPUTER 2 of 2	1/03/08	738	0
16	COMP USA COMPUTER	7/03/09	860	50
17	Computer Table	12/31/97	139	0
18	FARMERS FURNITURE -HIV PR	4/21/05	2,300	0
24	Building	1/01/97	394,962	10,127
26	Water Heater	12/31/97	855	0
27	Fire Suppression System	12/31/97	1,478	0
28	Misc Building Improvement	12/31/98	2,336	0
29	Water heater	5/11/99	390	0
30	Tile	12/12/01	5,000	0
31	THRICE, INC, EQUIP	7/18/03	1,500	0
32	THRICE, INC, EQUIP	7/18/03	1,750	0
33	THRICE, INC, EQUIP	7/18/03	640	0
34	ALARM SYSTEM	12/31/03	5,090	0
35	WALK IN COOLER/FREEZER	5/01/07	15,866	1,040
36	REFRIGERATOR T23	8/20/96	1,600	0
37	FREEZER T23F	8/20/96	1,900	0
38	COMMERCIAL GAS STOVE (IN	12/15/03	3,000	0
39	FREEZER (IN KIND)	12/15/03	2,233	0
40	20 lockers	4/21/03	3,555	0
41	PLAYGROUND EQUIP (IN KIND	12/15/03	500	0
42	TV (INKIND)	12/15/03	329	0
43	WASHER/DRYER	3/09/04	2,170	0
44	LOCKERS	4/28/05	2,250	225
45	PLAYGROUND	6/30/06	4,017	0
46	TELEPHONE HEADSETS	6/30/06	534	0
47	LAWN EQUIP - SEARS	7/15/07	1,476	0
48	FLAT SCREEN TV 1 of 2	10/15/07	1,000	0
49	FLAT SCREEN TV 2 of 2	10/15/07	1,000	0
50	HICKORY SPRINGS BEDS	6/05/07	10,993	721
51	1999 Ford van	1/15/99	20,481	0
53	CLASSIC CHEVY -VAN	6/15/08	29,756	0
54	A/C SYSTEM NEW BLDG	7/30/07	1,763	115
55	Optiplex Computer 2/4	5/03/10	666	77
56	Optiplex Computer 3/4	5/03/10	666	77
57	Optiplex Computer 4/4	5/03/10	666	77
58	2 Student testing Carrel	4/21/10	2,196	253
59	PLUMBING UPGRADES	7/15/11	2,916	281
60	ELECTRICAL UPGRADES	7/15/11	2,071	200
61	HP PRINTER	7/15/11	385	44
62	DESK	7/15/11	729	70
63	Dell Latitude E5520	10/14/11	939	108
64	Dell E series wide screen	10/14/11	300	34
65	Dell Optiplex 390 Desktop	10/14/11	652	75
66	dell pc's	6/30/12	3,677	706
69	Optiplex Computer 1/4	5/03/10	666	77
			<u>1,272,709</u>	<u>43,611</u>

Other Depreciation:

19	Lot 7 Georgia Acres	11/30/92	38,000	0
20	Lot 4 Georgia Acres	9/02/93	12,798	0
21	Lots 9 & 10 Georgia Acres	9/09/93	16,278	0
22	Lot 8 Georgia Acres	3/10/94	12,500	0
23	Lot 16 Georgia Acres	2/02/94	3,668	0
25	Land	1/01/97	45,015	0
67	2105 Hartwell AVE - LAND	10/17/13	10,000	0
68	Hartwell Property - Building	10/17/13	33,450	1,216

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>FL</u>
	Total Other Depreciation		<u>171,709</u>	<u>1,216</u>
	Total ACRS and Other Depreciation		<u>171,709</u>	<u>1,216</u>
Listed Property:				
2	SHOWER UPGRADE WOMANS BLD	10/15/07	<u>3,110</u>	<u>0</u>
			<u>3,110</u>	<u>0</u>
	Grand Totals		<u>1,447,528</u>	<u>44,827</u>

Form **990****Two Year Comparison Report****2012 & 2013**

For calendar year 2013, or tax year beginning , ending

Name

Taxpayer Identification Number

**RESCUE OUTREACH MISSION OF CENTRAL
FLORIDA, INC.****59-2876415**

		2012	2013	Differences
Revenue	1. Contributions, gifts, grants	1. 392,858	424,129	31,271
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 139,488	200,196	60,708
	4. Program service revenue	4. 37,524	34,231	-3,293
	5. Investment income	5. 128	73	-55
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 85,226	68,795	-16,431
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 655,224	727,424	72,200
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 48,627	56,170	7,543
	16. Salaries, other compensation, and employee benefits	16. 392,791	368,000	-24,791
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 16,308	14,525	-1,783
	19. Occupancy, rent, utilities, and maintenance	19. 52,569	44,398	-8,171
	20. Depreciation and Depletion	20. 49,527	46,592	-2,935
	21. Other expenses	21. 201,749	132,357	-69,392
	22. Total expenses. Add lines 13 through 21	22. 761,571	662,042	-99,529
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -106,347	65,382	171,729
Other Information	24. Total exempt revenue	24. 655,224	727,424	72,200
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 655,224	727,424	72,200
	27. Total assets	27. 1,165,457	1,272,588	107,131
	28. Total liabilities	28. 23,981	65,730	41,749
	29. Retained earnings	29. 1,141,476	1,206,858	65,382
	30. Number of voting members of governing body	30. 12	10	
	31. Number of independent voting members of governing body	31. 12	10	
	32. Number of employees	32. 25	19	
	33. Number of volunteers	33. 500	500	

Form **990T**

Two Year Comparison Report

2012 & 2013

For calendar year 2013, or tax year beginning _____, ending _____

Name

Taxpayer Identification Number

**RESCUE OUTREACH MISSION OF CENTRAL
FLORIDA, INC.**

59-2876415

		2012	2013	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.			
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	23. Total deductions. Add lines 12 through 22	23.			
	24. Taxable income before NOL. Subtract line 23 from 11	24.			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000	1,000	
	27. Unrelated business taxable income.	27.	-1,000	-1,000	
	Tax & Credits	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
31. Total taxes		31.			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
35. Total credits		35.			
36. Net tax after credits		36.			
37. Recapture taxes		37.			
38. Total Taxes	38.				
Due/Refund	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	43. Total payments	43.			
	44. Balance due/(Overpayment)	44.			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
47. Total due/(Refund)	47.				

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 73					
TOTAL	\$ 73					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
GRANT WRITING	\$	\$	\$	\$
OTHER COSTS				
OTHER				
TOTAL	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
GRANTS	\$ 31,545
UNITED WAY	
SEMINOLE COUNTY- ESGP	
CASH CONTRIBUTION	60,506
HEART OF FL UNITED WAY	
CASH CONTRIBUTION	175,916
MICHAEL J GOOD/KBC	
CASH CONTRIBUTION	166,082
CHATLOS FOUNDATION	
CASH CONTRIBUTION	12,500
JAMES VICKARYOUS	
CASH CONTRIBUTION	10,975
THE RYAN FOUNDATION, INC.	
CASH CONTRIBUTION	15,000
HOMELESS SERVICES NETWORK	
CASH CONTRIBUTION	33,656
CHELSEY MAGRUDER FOUNDATION	
CASH CONTRIBUTION	10,000
CDBG-SEMINOLE COUNTY	
BUILDING RENOVATIONS	108,145
TOTAL	\$ <u>624,325</u>

Schedule A, Part II, Line 12

<u>Description</u>	<u>Amount</u>
SHELTER FEES	\$ 34,231
INTEREST	73
SERVANTS OF THE PEOPLE	53,332
RESCUE RUN	51,494
TOTAL	\$ <u>139,130</u>