

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **RESCUE OUTREACH MISSION OF CENTRAL FLORIDA, INC.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **1701 W. HISTORIC GOLDSBORO BLVD.**
 City or town, state or province, country, and ZIP or foreign postal code: **SANFORD FL 32771-2790**

D Employer identification number: **59-2876415**

E Telephone number: **407-321-8224**

F Name and address of principal officer:
ANDREW POWELL
1701 W. HISTORIC GOLDSBORO BLVD.
SANFORD FL 32771-2790

G Gross receipts \$: **1,427,353**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.RESCUEOUTREACHMISSION.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1987** **M** State of legal domicile: **FL**

H(c) Group exemption number: _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box 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) | 12 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 12 |
| 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 20 |
| 6 Total number of volunteers (estimate if necessary) | 500 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 0 |

| | Prior Year | Current Year |
|--|---------------------------|------------------|
| 8 Contributions and grants (Part VIII, line 1h) | 624,325 | 1,291,690 |
| 9 Program service revenue (Part VIII, line 2g) | 34,231 | 22,310 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 73 | 12 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 68,795 | 75,254 |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 727,424 | 1,389,266 |
| 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) | 424,170 | 446,875 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) 23,325 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 237,872 | 255,630 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 662,042 | 702,505 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 65,382 | 686,761 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 1,272,588 | 1,965,677 |
| 21 Total liabilities (Part X, line 26) | 65,730 | 72,058 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,206,858 | 1,893,619 |

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: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only
 Print/Type preparer's name: **ROBERT KIMELMAN** Preparer's signature: _____ Date: **07/27/15**
 Check if self-employed if not 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. Form **990** (2014)