

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

OMB No 1545-0047
2004
Open to Public Inspection

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

A For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

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

C Name of organization: **THE SPRINGS RESCUE MISSION**
 Number and street (or P.O. box if mail is not delivered to street address): **PO BOX 2108**
 Room/suite:
 City or town, state or country, and ZIP + 4: **COLORADO SPRINGS, CO 80901-9862**

D Employer identification number: **84-1340824**

E Telephone number: **(719) 632-1822**

F Accounting method: Cash Accrual
 Other (specify):

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates:
H(c) Are all affiliates included? **N/A** Yes No
 (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number:
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: **WWW.SPRINGSRESCUEMISSION.ORG**

J Organization type (check only one): 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **2,015,690.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	1,998,458.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 1,585,129. noncash \$ 413,329.)	1d		1,998,458.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a	SEE STATEMENT 1	13,582.	
	b	Less: rental expenses	6b	SEE STATEMENT 2	12,097.	
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		1,485.	
7	Other investment income (describe)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a			
		(B) Other	8b			
			8c			
			8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ 34,548. of contributions reported on line 1a)	9a	3,627.			
b	Less: direct expenses other than fundraising expenses	9b	15,513.			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 3	<11,886.>		
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
	Other revenue from Part VII, line 103	11		23.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,988,080.		
Expenses	13	Program services (from line 44, column (B))	13	1,260,125.		
	14	Management and general (from line 44, column (C))	14	190,426.		
	15	Fundraising (from line 44, column (D))	15	425,689.		
	16	Expenses to affiliates (attach schedule)	16			
	17	Total expenses (add lines 13 and 14, column (A))	17	1,876,240.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	111,840.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,211,440.		
	20	Other changes in net assets or fund balances (attach explanation)	20	0.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,323,280.		

SCANNED APR 18 2006

RECEIVED
MAR 27 2006
OPEN UP

THE SPRINGS RESCUE MISSION

84-1340824

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ <u>3,119.</u> noncash \$ _____)	3,119.	3,119.	STATEMENT 6		
23	Specific assistance to individuals (attach schedule)	426,414.	426,414.	STATEMENT 7		
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc.	55,700.	33,420.	19,495.	2,785.	
26	Other salaries and wages	426,922.	270,632.	86,682.	69,608.	
27	Pension plan contributions					
28	Other employee benefits	51,184.	32,246.	11,261.	7,677.	
29	Payroll taxes					
30	Professional fundraising fees	15,053.			15,053.	
31	Accounting fees	9,114.		9,114.		
32	Legal fees	226.		226.		
33	Supplies	40,097.	35,676.	2,818.	1,603.	
34	Telephone	20,597.	18,579.	1,284.	734.	
35	Postage and shipping	111,822.	1,347.	16,320.	94,155.	
36	Occupancy	55,291.	46,615.	4,614.	4,062.	
37	Equipment rental and maintenance	23,698.	21,424.	1,447.	827.	
38	Printing and publications	86,457.	7,401.		79,056.	
39	Travel					
40	Conferences, conventions, and meetings	11,389.	11,389.			
41	Interest	52,798.	46,990.	3,696.	2,112.	
42	Depreciation, depletion, etc. (attach schedule)	106,172.	75,382.	18,049.	12,741.	
43	Other expenses not covered above (itemize):					
a	_____	43a				
b	_____	43b				
c	_____	43c				
d	_____	43d				
e	SEE STATEMENT 4	43e	380,187.	229,491.	15,420.	135,276.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,876,240.	1,260,125.	190,426.	425,689.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	PROVIDED 113,856 MEALS, 8,994 NIGHTS OF SHELTER, 20,850 ARTICLES OF CLOTHING, 34,455 CLIENTS SERVED.	(Grants and allocations \$ <u>429,533.</u>)	1,260,125.
b	_____	(Grants and allocations \$ _____)	
c	_____	(Grants and allocations \$ _____)	
d	_____	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		1,260,125.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	39,849.	45	184,780.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 1,353.		
	b Less: allowance for doubtful accounts	47b	4,020.	47c 1,353.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	387.	51c
	52 Inventories for sale or use		203,693.	52 188,187.
	53 Prepaid expenses and deferred charges		8,329.	53 5,548.
	54 Investments - securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b		55c	
56 Investments - other			56	
57 a Land, buildings, and equipment: basis	57a 2,234,821.			
b Less: accumulated depreciation STMT 8	57b 444,587.	1,858,833.	57c 1,790,234.	
58 Other assets (describe ► ADVANCE)		1,733.	58 2,904.	
59 Total assets (add lines 45 through 58) (must equal line 74)		2,116,844.	59 2,173,006.	
Liabilities	60 Accounts payable and accrued expenses	54,370.	60	48,801.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 9 STMT 10		851,034.	64b 800,925.
	65 Other liabilities (describe ►)			65
66 Total liabilities (add lines 60 through 65)		905,404.	66 849,726.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,180,502.	67	1,266,894.
	68 Temporarily restricted	30,938.	68	56,386.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		1,211,440.	73 1,323,280.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		2,116,844.	74 2,173,006.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	2,015,690.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify):		
	STMT 11 \$ 27,610.		
	Add amounts on lines (1) through (4)	b	27,610.
c	Line a minus line b	c	1,988,080.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): \$ _____		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,988,080.

a	Total expenses and losses per audited financial statements	a	1,903,850.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify):		
	STMT 12 \$ 27,610.		
	Add amounts on lines (1) through (4)	b	27,610.
c	Line a minus line b	c	1,876,240.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): \$ _____		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,876,240.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JOSEPH VAZQUEZ 5646 VERMILLION BLUFFS DR COLORADO SPRINGS, CO 80922	EXECUTIVE DIRECTOR	55,700.	3,234.	0.
TOM PERKINS 721 ORION DR COLORADO SPRINGS, CO 80906	PRESIDENT	0.	0.	0.
RUSSELL WELLS 1115 BROADVIEW PL COLORADO SPRINGS, CO 80904	VICE PRESIDENT	0.	0.	0.
VINCENT J. PETTI, II 19550 SOARING WING DR COLORADO SPRINGS, CO 80908	TREASURER	0.	0.	0.
DALE FRANCIS 335 MOUNTAIN LOVER TERR COLORADO SPRINGS, CO 80921	BOARD MEMBER	0.	0.	0.
SANDRA JANZEN 4050 ZURICH DR COLORADO SPRINGS, CO 80920	BOARD MEMBER	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ► RESCUE MISSION, INC. and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ► 0.		
90 a	List the states with which a copy of this return is filed ► NONE		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 14		
91	The books are in care of ► SPRINGS RESCUE MISSION Telephone no. ► 719-632-1822		

Located at **► 5 WEST LAS VEGAS, COLORADO SPRINGS, CO**

ZIP + 4 **► 80903**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year ► 92 | N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property			30	1,485.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	<11,886.>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME					23.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		<10,401.>	23.
105 Total (add line 104, columns (B), (D), and (E))					<10,378.>

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103A	MISCELLANEOUS INCOME GENERATED WHILE FULFILLING THE EXEMPT PURPOSE OF THE ORGANIZATION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

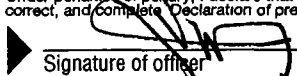
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
RESCUE MISSION, INC.	%			
	100%	COMMUNITY SERVICES		
	%			
	%			

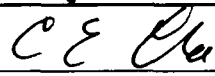
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here:  Date: 3/22/06 Type or print name and title: Joe Vazquez Exec Director

Paid Preparer's Use Only: Preparer's signature:  Date: 3/13/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: CAPIN CROUSE, LLP
 1465 KELLY JOHNSON BLVD, SUITE 230
 COLORADO SPRINGS, CO 80920

EIN: _____ Phone no.: (719) 528-6225

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SPRINGS RESCUE MISSION

Employer identification number

84 1340824

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

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶		0		

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		0

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) SEE STATEMENT 13		
a Sale, exchange, or leasing of property?	X	
b Lending of money or other extension of credit?	X	
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,114,215.	2,775,010.	1,246,462.	425,501.	6,561,188.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose				771.	771.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18	<1,646.>	<11,973.>	<4,356.>	<10,043.>	<28,018.>
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	6,524.	8,685.	48.	11,664.	26,921.
23 Total of lines 15 through 22	2,119,093.	2,771,722.	1,242,154.	427,893.	6,560,862.
24 Line 23 minus line 17	2,119,093.	2,771,722.	1,242,154.	427,122.	6,560,091.
25 Enter 1% of line 23	21,191.	27,717.	12,422.	4,279.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	131,202.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	6,560,091.
d Add: Amounts from column (e) for lines: 18 _____ 19 <28,018.> 22 26,921. 26b _____	26d	<1,097.>
e Public support (line 26c minus line 26d total)	26e	6,561,188.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	100.0167%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: **N/A**

	(2003)	(2002)	(2001)	(2000)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A				
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				
d Add: Line 27a total _____ and line 27b total _____				
e Public support (line 27c total minus line 27d total)				
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40	}	41
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

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

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
MOTEL BUILDING	2	13,582.
TOTAL TO FORM 990, PART I, LINE 6A		13,582.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
EXPENSES RELATED TO DEBT-FINANCED MOTEL BUILDING			
- SUBTOTAL -	2	12,097.	12,097.
TOTAL TO FORM 990, PART I, LINE 6B			12,097.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
BANQUET	38,175.	34,548.	3,627.	15,513.	<11,886.>
TO FM 990, PART I, LINE 9	38,175.	34,548.	3,627.	15,513.	<11,886.>

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	5,427.		5,427.	
ADVERTISING	74,527.	70,801.		3,726.
ACQUISITION EXPENSES	104,677.			104,677.
DUES	3,415.	3,415.		
FUND RAISING	26,395.			26,395.
HOUSING/SHELTER	41,200.	41,200.		
CLIENT EXPENSES	26,247.	26,247.		

TAXES/LICENSES	10,364.	10,364.		
VEHICLE EXPENSES	28,343.	25,508.	2,835.	
MEALS FOR HOMELESS	21,126.	20,103.	1,023.	
INSURANCE	36,267.	31,115.	4,693.	459.
CHRISTMAS GIVEAWAY	350.	350.		
OUTREACH	440.	440.		
MISCELLANEOUS	1,409.	<52.>	1,442.	19.
TOTAL TO FM 990, LN 43	380,187.	229,491.	15,420.	135,276.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

TO SERVE THE POOR AND NEEDY IN COLORADO SPRINGS WITH THE RESULT BEING THAT LIVES ARE CHANGED AND RESTORED TO PRODUCTIVITY AS WELL AS SPIRITUALLY AND SOCIALLY REGENERATED. IT IS THE INTENT TO MAINTAIN AND OPERATE THIS MISSION USING ONLY THOSE FUNDS WHICH ARE GIVEN FOR THIS PURPOSE BY PERSONS AND ENTITIES OTHER THAN AGENCIES OF THE STATE, LOCAL OR FEDERAL GOVERNMENT WHICH CAN AND DO LIMIT OTHER ORGANIZATIONS RIGHTS TO FREELY PREACH THE GOSPEL OF JESUS CHRIST. THE PROGRAMS AND SERVICES BY THIS MINISTRY WILL BE UNDER SEVERAL DIFFERENT TITLES AND USE MANY DIFFERENT WAYS OF ACCOMPLISHING THE STATED PURPOSE OF LEADING INDIVIDUALS INTO A LIFE CHANGING RELATIONSHIP WITH JESUS CHRIST.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
RESCUE MISSIONS	ASSOCIATION OF GOSPEL RESCUE MISSIO		NONE	935.
AGRM	CITIBUSINESS CARD		NONE	99.
RESCUE MISSIONS	CROSSROADS NOGALES MISSION		NONE	200.
RESCUE MISSIONS	BAY AREA RESCUE MISSION		NONE	100.
RESCUE MISSIONS	VICTOR VALLEY RESCUE MISSION		NONE	200.
RESCUE MISSIONS	ANDREW WOMMACK MINISTRIES		NONE	100.

THE SPRINGS RESCUE MISSION

84-1340824

NON EXEMPT ORGANIZATION	LIGHTEN THE LOAD	NONE	25.
NON EXEMPT ORGANIZATION	BETHANY CHRISTIAN SERVICES	NONE	50.
RESCUE MISSIONS	CENTRAL UNION MISSION	NONE	20.
RESCUE MISSIONS	BUFFALO CITY MISSION	NONE	20.
RESCUE MISSIONS	NEW YORK CITY RESCUE MISSION	NONE	20.
RESCUE MISSIONS	MILWAUKEE RESCUE MISSION	NONE	25.
RESCUE MISSIONS	BOSTON RESCUE MISSION	NONE	25.
NON EXEMPT ORGANIZATION	KTLF LIGHT PRAISE RADIO	NONE	50.
NON EXEMPT ORGANIZATION	LIVING FOR GOD	NONE	50.
NON EXEMPT ORGANIZATION	COLORADO SPRINGS GOSPEL HOME	NONE	200.
NON EXEMPT ORGANIZATION	CARE & SHARE, INC	NONE	100.
NON EXEMPT ORGANIZATION	RADIANT CHRUCH	NONE	100.
NON EXEMPT ORGANIZATION	WOMEN OF COURAGE	NONE	200.
RESCUE MISSIONS	WAYSIDE CROSS GOSPEL RESCUE MISSION	NONE	100.
RESCUE MISSIONS	BROOKLYN RESCUE MISSION	NONE	100.
RESCUE MISSIONS	EMPORIA RESCUE MISSION	NONE	100.
RESCUE MISSIONS	PANHANDLE RESCUE MISSION	NONE	100.
RESCUE MISSIONS	UNION MISSION MINISTRIES	NONE	100.

NON EXEMPT ORGANIZATION	CROSSROADS MINISTRIES	NONE	100.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22			<u>3,119.</u>

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 7

DESCRIPTION	AMOUNT
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.	426,414.
TOTAL TO FORM 990, PART II, LINE 23	<u>426,414.</u>

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	454,011.	0.	454,011.
LAND IMPROVEMENTS	11,650.	4,105.	7,545.
BUILDINGS	1,523,722.	258,691.	1,265,031.
EMERGENCY SHELTER - CIP	10,543.	0.	10,543.
EQUIPMENT	180,942.	150,231.	30,711.
VEHICLES	53,953.	31,560.	22,393.
TOTAL TO FORM 990, PART IV, LN 57	<u>2,234,821.</u>	<u>444,587.</u>	<u>1,790,234.</u>

FORM 990 MORTGAGES PAYABLE STATEMENT 9

DESCRIPTION	BALANCE DUE
US BANK	161,240.
US BANK	560,780.
LA MISSION, INC.	0.
US BANK	62,498.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	<u>784,518.</u>

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 10

<u>LENDER'S NAME</u>		<u>TERMS OF REPAYMENT</u>	
FINZER EQUIPMENT		60 MONTHS	
<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
10/27/00	10/27/05	74,975.	10.00%
<u>SECURITY PROVIDED BY BORROWER</u>		<u>PURPOSE OF LOAN</u>	
NONE			
<u>RELATIONSHIP OF LENDER</u>			
NONE			
<u>DESCRIPTION OF CONSIDERATION</u>		<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
		0.	7,770.

<u>LENDER'S NAME</u>		<u>TERMS OF REPAYMENT</u>	
LANDMARK FINANCIAL CORPORATION		179/MONTH	
<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
10/01/03	02/01/06	4,501.	10.00%
<u>SECURITY PROVIDED BY BORROWER</u>		<u>PURPOSE OF LOAN</u>	
SECURITY EQUIPMENT			
<u>RELATIONSHIP OF LENDER</u>			
NONE			
<u>DESCRIPTION OF CONSIDERATION</u>		<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
		0.	1,340.

<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
PERKINS MOTOR CITY DODGE	310/MONTH

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
05/26/05	11/01/06	7,580.	.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
DELIVERY VAN	

RELATIONSHIP OF LENDER
NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	7,297.
<u>TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B</u>		<u>16,407.</u>

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 11
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
RENTAL EXPENSES REPORTED ON LINE 6B	12,097.
SPECIAL EVENT EXPENSES REPORTED ON LINE 9B	15,513.
<u>TOTAL TO FORM 990, PART IV-A</u>	<u>27,610.</u>

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 12
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
RENTAL EXPENSES REPORTED ON LINE 6B	12,097.
SPECIAL EVENT EXPENSES REPORTED ON LINE 9B	15,513.
<u>TOTAL TO FORM 990, PART IV-B</u>	<u>27,610.</u>

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2 STATEMENT 13

LEASED PROPERTY FROM A BOARD MEMBER FOR \$8,958.
 PAYMENT OF RENT TO CURRENT EXECUTIVE DIRECTOR OF \$16,800.
 THE EXECUTIVIE DIRECTOR PURCHASED VECHICLES AND OTHER ITEMS FOR \$3,020.
 SEE ALSO 990 PART V.

SCHEDULE A OTHER INCOME STATEMENT 14

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER INCOME	6,524.	8,685.	48.	11,664.
TOTAL TO SCHEDULE A, LINE 22	6,524.	8,685.	48.	11,664.

Asset Number	Description of property						Basis reduction	Accumulated depreciation/amortization	Current year deduction
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis				
1	LAND								
	VARIABLE	SL			454,011.			0.	
2	LAND IMPROVEMENTS								
	VARIABLE	SL	.000	16	11,650.		2,940.	1,165.	
3	BUILDINGS								
	VARIABLE	SL	.000	16	1,523,722.		183,653.	75,038.	
4	EMERGENCY SHELTER - CIP								
	VARIABLE	SL	.000	16	10,543.			0.	
5	EQUIPMENT								
	VARIABLE	SL	.000	16	180,942.		124,826.	25,405.	
6	VEHICLES								
	VARIABLE	SL	.000	16	53,953.		26,996.	4,564.	
	* TOTAL 990 PAGE 2 DEPR								
					2,234,821.	0.	338,415.	106,172.	