

Burgess, Schultz & Robb, P.C.
P.O. Box 467
East Longmeadow, MA 01028-0467
413-525-0025

January 31, 2022

CONFIDENTIAL

SPRINGFIELD RESCUE MISSION
10 MILL STREET, P.O. BOX 9045
SPRINGFIELD, MA 01102

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Burgess, Schultz & Robb, P.C.

Accepted By: _____

Date: _____

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning **06/01/20** , and ending **05/31/21**

52-1047790

SPRINGFIELD RESCUE MISSION

Net Asset / Fund Balance at Beginning of Year 1,334,461

Revenue

Contributions	<u>12,363,920</u>	
Program service revenue		
Investment income	<u>96,373</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>529,345</u>	
Total revenue		<u>12,989,638</u>

Expenses

Program services	<u>10,740,940</u>	
Management and general	<u>624,380</u>	
Fundraising	<u>639,221</u>	
Total expenses		<u>12,004,541</u>

Excess / (deficit) 985,097

Changes

Net Asset / Fund Balance at End of Year 2,319,558

Copy

Reconciliation of Revenue

Total revenue per financial statements	<u>13,011,414</u>
Less:	
Unrealized gains	
Donated services	<u>21,776</u>
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>12,989,638</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>12,026,317</u>
Less:	
Donated services	<u>21,776</u>
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>12,004,541</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>1,718,462</u>	<u>2,405,283</u>	
Liabilities	<u>384,001</u>	<u>85,725</u>	
Net assets	<u><u>1,334,461</u></u>	<u><u>2,319,558</u></u>	<u>985,097</u>

Miscellaneous Information

Amended return
 Return / extended due date 04/18/22
 Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 6/01, 2020, and ending 5/31, 2021

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2020

Name of exempt organization or person subject to tax

SPRINGFIELD RESCUE MISSION

Taxpayer identification number

52-1047790

Name and title of officer or person subject to tax

**KEVIN RAMSDELL
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>12,989,638</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Burgess, Schultz & Robb, P.C. to enter my PIN 20808 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax }

Date } 12/15/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

04632220619

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } James B. Hawkes

Date } 12/15/21

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 06/01/20, and ending 05/31/21

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SPRINGFIELD RESCUE MISSION	D Employer identification number 52-1047790
	Doing business as	E Telephone number 413-732-0808
	Number and street (or P.O. box if mail is not delivered to street address) 10 MILL STREET, P.O. BOX 9045	Room/suite
	City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD MA 01102	G Gross receipts \$ 12,989,638

F Name and address of principal officer:
THOMAS MANZI
1 LEE LANE
WILBRAHAM MA 01095

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) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u** **SPRINGFIELDRESCUEMISSION.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1954** **M** State of legal domicile: **MA**

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"/> 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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	300
	7a Total unrelated business revenue from Part VIII, column (C), line 2	7a	0
b Net unrelated business taxable income from Form 990-T, Part 1, line 1	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,418,929	12,363,920
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	796	96,373
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,283	529,345
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,481,008	12,989,638
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	300	2,750
	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)	1,175,980	1,340,592
	16a Professional fundraising fees (Part IX, column (A), line 11e)	122,476	189,099
	b Total fundraising expenses (Part IX, column (D), line 25) u 639,221		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,997,355	10,472,100
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,296,111	12,004,541	
19 Revenue less expenses. Subtract line 18 from line 12	184,897	985,097	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,718,462	2,405,283
	22 Net assets or fund balances. Subtract line 21 from line 20	384,001	85,725
		1,334,461	2,319,558

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: **KEVIN RAMSDELL** Date: _____
Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **James B. Hawkes** Preparer's signature: **James B. Hawkes** Date: **01/31/22** Check if self-employed PTIN: **P00315708**

Firm's name: **Burgess, Schultz & Robb, P.C.** Firm's EIN: **04-3578147**

Firm's address: **P.O. Box 467 East Longmeadow, MA 01028-0467** Phone no.: **413-525-0025**

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 \$ **10,740,940** including grants of \$ **2,750**) (Revenue \$)

See Schedule O

Copy

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

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

4e Total program service expenses **u 10,740,940**

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 donor-restricted endowments or in 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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

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Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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, Part 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	

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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		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No		
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	2a	28		
b	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)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
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)?	4a			X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	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?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	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.	13a			
b	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

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 on 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 on Schedule O.	7	
b Enter the number of voting members included on line 1a, above, who are independent	6	
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?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	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?	7a	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?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	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 on Schedule O.	9	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?	10a	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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
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?	16a	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?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u CT**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records **u**

**BOARD OF DIRECTORS
SPRINGFIELD**

10 MILL STREET

MA 01102

413-732-0808

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week 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) KEVIN RAMSDELL EXECUTIVE DIRECTOR	40.00 0.00	X		X				56,187	0	0
(2) ROBERT R BLAKESLEE DIRECTOR	0.00 0.00	X						0	0	0
(3) KEVIN R DAY SEC, TREA & DIRECTOR	0.00 0.00	X		X				0	0	0
(4) JODY HART DIRECTOR	0.00 0.00	X						0	0	0
(5) HAROLD C. KING DIRECTOR	0.00 0.00	X						0	0	0
(6) GLEN KOTFILA VCHAIRMAN & DIRECTOR	0.00 0.00	X		X				0	0	0
(7) THOMAS MANZI DIRECTOR & CHAIRMAIN	0.00 0.00	X		X				0	0	0
(8)										
(9)										
(10)										
(11)										

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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					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,363,920				
	g Noncash contributions included in lines 1a-1f	1g	\$ 9,420,715				
	h Total. Add lines 1a-1f	u	12,363,920				
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	96,373	96,373			
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
c Gain or (loss)	7c						
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	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a Real Estate Tax Refund	Business Code	238,614	238,614			
	b PPP Forgiveness Income		212,500	212,500			
	c Radiothon		35,851	35,851			
	d All other revenue		42,380	42,380			
	e Total. Add lines 11a-11d	u	529,345				
	12 Total revenue. See instructions	u	12,989,638	625,718	0	0	

Copy

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 domestic organizations and domestic governments. See Part IV, line 21	2,750	2,750		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	56,187	28,094	26,408	1,685
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	877,873	576,773	248,074	53,026
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,158	33,878	17,247	1,033
9 Other employee benefits	283,339	184,034	93,693	5,612
10 Payroll taxes	71,035	46,138	23,490	1,407
11 Fees for services (nonemployees):				
a Management	6,773		6,773	
b Legal				
c Accounting	12,900		12,900	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	189,099			189,099
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				
14 Information technology				
15 Royalties				
16 Occupancy	90,811	84,454	6,357	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	354		354	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	94,140	87,551	6,589	
23 Insurance	74,315	62,789	11,526	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD & CLOTHING	8,784,397	8,784,397		
b SUPPLIES	689,609	668,170	21,439	
c FUND RAISING-PRINTING & P	387,359			387,359
d NEWSLETTER-PRINTING & POS	96,984	48,492	48,492	
e All other expenses	234,458	133,420	101,038	
25 Total functional expenses. Add lines 1 through 24e	12,004,541	10,740,940	624,380	639,221
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	405,285	1	1,009,160
	2	Savings and temporary cash investments	627	2	628
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	49,140	9	57,004
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,638,660		
	b	Less: accumulated depreciation	10b 1,305,912	10c 1,237,002	1,332,748
	11	Investments—publicly traded securities		11	5,743
	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	26,408	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,718,462	16	2,405,283	
Liabilities	17	Accounts payable and accrued expenses	32,512	17	36,941
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	245,729	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	105,760	25	48,784
	26	Total liabilities. Add lines 17 through 25	384,001	26	85,725
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	1,314,861	27	2,319,558
	28	Net assets with donor restrictions	19,600	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	1,334,461	32	2,319,558	
33	Total liabilities and net assets/fund balances	1,718,462	33	2,405,283	

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	12,989,638
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,004,541
3	Revenue less expenses. Subtract line 2 from line 1	3	985,097
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,334,461
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	21,776
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-21,776
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,319,558

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
b 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	
c 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 on 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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

SPRINGFIELD RESCUE MISSION

Employer identification number

52-1047790

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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 331/3% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,027,278	4,750,040	6,053,707	6,418,929	12,363,920	35,613,874
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	6,027,278	4,750,040	6,053,707	6,418,929	12,363,920	35,613,874
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)						1,250,014
6 Public support. Subtract line 5 from line 4						34,363,860

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	6,027,278	4,750,040	6,053,707	6,418,929	12,363,920	35,613,874
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	547	65				612
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 VI.)						
11 Total support. Add lines 7 through 10						35,614,486
12 Gross receipts from related activities, etc. (see instructions)					12	830,106
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	96.49 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test—2020. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test—2019. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

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Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) = 15%. Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 = 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Percentage, %. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) = 17%. Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 = 18%.

- 19a 33 1/3% support tests—2020. 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—2019. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (or greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Copy

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 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

SPRINGFIELD RESCUE MISSION

52-1047790

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

Copy

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

SPRINGFIELD RESCUE MISSION

Employer identification number

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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	PROVISION MINISTRY 7 Thomas Newton Dr Westborough MA 01581	\$ 1,962,304	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.)

Copy

Name of organization

SPRINGFIELD RESCUE MISSION

Employer identification number

52-1047790

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
1	FOOD, CLOTHING MISCELLANEOUS	\$ 1,962,304	05/31/21
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on 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 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

SPRINGFIELD RESCUE MISSION

52-1047790

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on 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 value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (sub-rows a-d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

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 make 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 program
- 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" on 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, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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** Term endowment **u** %

The percentages on 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" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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" on 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		43,657		43,657
b Buildings		1,610,993	609,091	1,001,902
c Leasehold improvements				
d Equipment		984,010	696,821	287,189
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **1,332,748**

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on 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" on 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	

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Part IX Other Assets.

Complete if the organization answered "Yes" on 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" on 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) ACCRUED EXPENSES	48,784
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 48,784

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information *(continued)*

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

⚡ Attach to Form 990 or Form 990-EZ.

⚡ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

SPRINGFIELD RESCUE MISSION

Employer identification number

52-1047790

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 10 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			
DOUGLAS SHAW AND ASSOCIATES 1 1717 PARK ST NAPERVILLE IL 60563	DIRECT MAI		X	1,574,802	576,458	998,344
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,574,802	576,458	998,344

Copy

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.

Massachusetts, Connecticut

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

Copy

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

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- Director/officer
- Employee
- Independent contractor

Copy

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Sch G, Part I, Line 2b, Col (v) - Fundraising vs. Reimbursement Explanation
DOUGLAS SHAW AND ASSOCIATES
EXPENSES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**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 Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

SPRINGFIELD RESCUE MISSION

Employer identification number

52-1047790

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	X		2,087,478	ESTIMATED FMV
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	X	15000	7,220,638	ESTIMATED RETAIL VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()	X	2	112,599	
26 Other u ()				
27 Other u ()				
28 Other u ()				

Copy

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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Copy

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

SPRINGFIELD RESCUE MISSION

Employer identification number

52-1047790

Form 990 - Organization's Mission or Most Significant Activities

THE MISSION'S PRIMARY TASK IS TO PRESENT THE GOSPEL OF JESUS CHRIST
ACCORDING TO GOD'S WORD (THE BIBLE) TO THOSE WE SERVE. TO AID THE
HOMELESS, ADDICTED, AND POOR OF GREATER SPRINGFIELD TO PRODUCTIVE LIVES BY
ASSISTING INDIVIDUALS IN CONFRONTING THE ROOT CAUSES OF HOMELESSNESS. TO
THIS END, THE MISSION PROVIDES BASIC LIFE NEEDS SUCH AS FOOD, SHELTER, AND
LIFE SKILL TRAINING PROGRAMS. THE GOAL IS TO PROVIDE THE HOMELESS AND POOR
WITH THE SUPPORT, TRAINING, AND RESOURCES NECESSARY TO BECOME PRODUCTIVE
CITIZENS AND APPLY THE WORD OF GOD TO EVERY AREA OF THEIR LIVES.

Copy

Form 990 - Organization's Mission

THE GOAL OF THE SPRINGFIELD RESCUE MISSION SINCE 1892 HAS BEEN TO MEET THE
PHYSICAL AND SPIRITUAL NEEDS OF THE HUNGRY, HOMELESS, ADDICTED, AND POOR BY
INTRODUCING THEM TO CHRIST AND HELPING THEM APPLY THE WORD OF GOD TO EVERY
AREA OF THEIR LIVES.

Form 990, Part I, Line 6

VOLUNTEERS PROVIDE VARIOUS SERVICES WHICH ALLOW THE MISSION TO BETTER USE
ITS RESOURCES. VOLUNTEER SERVICES INCLUDE, BUT ARE NOT LIMITED TO, REPAIRS
AND MAINTENANCE, PICK-UP AND DELIVERY SERVICES, FOOD PREPARATION ,
COUNSELING AND TUTORING, FOOD AND CLOTHING DISTRIBUTION, AND A HOST OF
OTHER MISCELLANEOUS SERVICES.

Form 990, Part III, Line 4a - First Accomplishment

GUESTS ARE READY TO EMBRACE INDEPENDENT LIVING WITH A COMMUNITY-BASED

Name of the organization

Employer identification number

SPRINGFIELD RESCUE MISSION

52-1047790

SUPPORT NETWORK, GRADUATES ARE PROVIDED WITH COMMUNITY AVOCACY AND
AFTERCARE PLANNING. ON A YEARLY BASIS HUNDREDS OF LIVES ARE TRANSFORMED
THROUGH OUR RESIDENTIAL REHABILITATION PROGRAM.

ALL PROGRAM SERVICES ARE PROVIDED FREE OF CHARGE. THIS PROVIDES AN
OPPORTUNITY FOR FISCAL SAVINGS AS WELL AS COMMUNITY INVOLVEMENT.

THEREFORE, RESIDENTS ARE EXPECTED TO HELP MAINTAIN THE MISSIONS' FACILITIES
AND SERVICES TO OTHERS. THIS PROVIDES A STRUCTURED ENVIRONMENT FOR EACH OF
OUR RESIDENTS IN DEVELOPING NEW LIFE SKILLS AND FUTURE SUCCESS.

EMMERGENCY SHELTER:

EMERGENCY SHELTER PROGRAM IS A PLACE WHERE MEN WHO ARE HOMELESS CAN FIND
HOT MEALS AND SAFE REFUGE FROM WEATHER AND CITY STREETS. ANY GUEST MAY
REQUEST CASE MANAGEMENT SERVICES, APPLY FOR OTHER MISSION PROGRAMS, AND
RECEIVE OPPORTUNITIES TO PARTICIPATE IN MISSION SPONSORED ACTIVITIES.

OPERATION SONSHINE-MEALS PROGRAM:

MANY PEOPLE DO NOT HAVE THE MEANS TO BOTH PAY MONTHLY BILLS AND TO FEED
THEIR FAMILIES. AS A RESULT, THEY FALL BEHIND ON THEIR RENT AND UTILITIES
BILLS, AND EVENTUALLY RISK LOSING THEIR HOME. OUR COMMUNITY MEALS, FOOD
AND CLOTHING SERVICE PROGRAMS FEED AND CLOTHE FAMILIES AND EASE FINANCIAL
STRAINS SO OUR NEIGHBORS MAY STRECH ALREADY THIN RESOURCES TO PAY RENT AND
MAINTAIN A STABLE LIVING SITUATION. THROUGH OUR OPERATION SONSHINE
PROGRAM, RESIDENTIAL REHABILITATION PROGRAM AND FOOD PANTRY, THE MISSION
SERVES OVER 100,000 MEALS EACH YEAR.

MINISTRY ABD SPIRITUAL DEVELOPMENT:

THROUGH THE MISSIONS SPIRITUAL DEVELOPMENT PROGRAM THE HEALING POWER OF
GOD'S LOVE CAN TRANSFORM LIVES IN A MEANINGFUL AND LASTING WAY. A NETWORK
OF RESOURCES IS AVAILABLE FOR THOSE SEEKING SPIRITUAL COUNCIL. OUR GUESTS
PARTICIPATE IN LOCAL CHURCH SERVICES, BIBLE STUDY CLASSES, AND DEVELOP

Name of the organization

Employer identification number

SPRINGFIELD RESCUE MISSION

52-1047790

SPIRITUAL MENTORING RELATIONSHIPS ON THEIR JOUTNEY THROUGH FORGIVENESS, ACCEPTANCE AND REBUILDING.

EMPLOYMENT AND SPIRITUAL DEVELOPMENT:

THROUGH THE MISSIONS SPIRITUAL DEVELOPMENT PROGRAM THE HEALING POWER OF GOD'S LOVE CAN TRANSFORM LIVES IN A MEANINGFUL AND LASTING WAY. A NETWORK OF RESOURCES IS AVAILABLE FOR THOSE SEEKING SPIRITUAL COUNCIL. OUR GUESTS PARTICIPATE IN LOCAL CHURCH SERVICES, BIBLE STUDY CLASSES, AND DEVELOP SPIRITUAL MENTORING RELATIONSHIPS ON THEIR JOURNEY THROUGH FORGIVENESS, ACCEPTANCE AND REBUILDING.

EMPLOYMENT PREPARATION PROGRAM:

OUR EMPLOYMENT PREPARATION PROGRAM IS DESIGNED TO PROVIDE MISSION PROGRAM MEMBERS WITH THE EFFECTIVE TRAINING NECESSARY FOR THEM TO SUCCESSFULLY BECOME PART OF THE WORKFORCE. WE TEACH AND DEVELOP WORK ETHICS AS SKILLS, COPING ABILITIES, POSITIVE ATTITUDES AND SELF CONFIDENCE TO BE SUCCESSFUL IN TODAYS EMPLOYMENT ENVIRONMENT. THE MISSIONS LEARNING CENTER IS A COMPUTER BASED LEARNING PROGRAM ASSESSING RESIDENT LEARNING LEVEL AND AIDING IN RESUME, JOB APPLICATION, INTERVIEW SKILLS, AND IF NEEDED, FURTHER EDUCATION TO FIND LONG-TERM EMPLOYMENT FOR SUSTAINED INDEPENDENCE.



Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING AND BEING SIGNED BY THE EXECUTIVE DIRECTOR.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

ALL OFFIERS AND DIRECTORS ARE REQUIRED ANNUALLY TO REVIEW LIST OF VENDORS AND NOTIFY MANAGEMENT OF ANY CONFLICTS OF INTEREST.

Name of the organization

Employer identification number

SPRINGFIELD RESCUE MISSION

52-1047790

Form 990, Part VI, Line 15a - Compensation Process for Top Official

A REVIEW OF OTHER MISSIONS WAS PERFORMED BY THE BOARD OF DIRECTORS TO DETERMINE IF CURRENT SALARY FOR THE EXECUTIVE DIRECTOR IS REASONABLE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILBLE FOR PUBLIC INSPECTION AT ITS MAIN OFFICES.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

donated services \$ -21,776

Copy

Form **4562**
Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

SPRINGFIELD RESCUE MISSION

Identifying number
52-1047790

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	1,040,000
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	2,590,000
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 2019 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't 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	94,140

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
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 2020 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	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	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	94,140
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** (2020)

52-1047790

Federal Asset Report

FYE: 5/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	LAND-BLISS ROAD	6/01/62	8,657			8,657	0 -- Land	0	0
2	LAND-15 BLISS	2/09/98	25,000			25,000	0 -- Land	0	0
3	LAND-TAYLOR	6/01/04	10,000			10,000	0 -- Land	0	0
4	BUILDING-19 BLISS	6/01/62	9,782			9,782	40 MO S/L	9,782	0
5	BUILING-15 BLISS	2/09/98	77,591			77,591	40 MO S/L	43,322	1,940
6	BUILDING-TAYLOR	1/01/03	62,373			62,373	40 MO S/L	26,509	1,559
9	1993 FORD CLUB WAGON	3/16/94	16,793			16,793	5 MO S/L	16,793	0
10	2004 ISUZU TRUCK	12/09/03	33,170			33,170	5 MO S/L	33,170	0
11	2009 TOYOTA	12/21/09	18,900			18,900	5 MO S/L	18,900	0
12	2011 TOYOTA HIGHLANDER	12/30/10	28,757			28,757	10 MO S/L	27,319	1,438
14	FURNITURE & EQUIPMENT-TAYLOR	12/01/97	44,990			44,990	10 MO S/L	44,990	0
15	EQUIPMENT-TAYLOR	10/06/12	782			782	5 MO S/L	782	0
17	IMPROVEMENTS-TAYLOR	12/01/12	259,171			259,171	40 MO S/L	48,595	6,479
18	computer equipment	8/22/13	6,839			6,839	5 MO S/L	6,839	0
19	improvements-taylor	10/14/14	53,820			53,820	40 MO S/L	7,625	1,345
20	Well ejector pump-Taylor	11/25/14	13,800			13,800	10 MO S/L	7,705	1,380
21	Architectual irr Cadillac	12/01/15	60,415			60,415	40 MO S/L	6,797	1,510
22	Equipment-Orr	12/01/15	193,401			193,401	10 MO S/L	88,202	19,340
23	isuzu truck	12/13/16	56,018			56,018	10 MO S/L	19,606	5,602
24	ac upgrade	12/01/16	10,000			10,000	40 MO S/L	875	250
25	ac upgrade	10/24/17	37,922			37,922	40 MO S/L	2,528	948
26	bullet prrof glass	4/27/18	8,778			8,778	40 MO S/L	475	220
27	awnings upgrade	3/09/18	4,000			4,000	40 MO S/L	225	100
28	bullety proof glass	8/03/18	12,236			12,236	40 MO S/L	561	306
29	washer	3/18/18	5,131			5,131	10 MO S/L	1,154	513
30	equipment new building	5/31/18	52,106			52,106	10 MO S/L	29,204	5,211
31	equipment	5/31/19	40,964			40,964	10 MO S/L	8,647	4,096
32	1458 misc fully depreciated	1/01/06	2,037			2,037	10 MO S/L	2,037	0
33	New vulcan range model	2/11/13	6,182			6,182	10 MO S/L	4,534	618
34	Walk in freezer - 19 Bliss	6/18/12	19,703			19,703	10 MO S/L	15,763	1,970
35	Scanner for check deposits	11/15/12	654			654	10 MO S/L	496	65
36	Misc	1/01/10	29,732			29,732	10 MO S/L	28,574	1,158
37	Misc - fully depreciated	1/01/00	54,508			54,508	10 MO S/L	54,508	0
38	Hobart Dishwasher	8/04/11	14,125			14,125	10 MO S/L	12,477	1,413
39	Garland 60" Range	10/27/11	11,937			11,937	10 MO S/L	10,346	1,193
40	Envelope Opener	11/14/14	1,500			1,500	10 MO S/L	838	150
41	Building materials	3/09/00	1,216			1,216	40 MO S/L	616	30
42	New kitchen renovations	1/04/01	119,077			119,077	40 MO S/L	57,802	2,977
43	Hurley & David	11/09/00	20,073			20,073	10 MO S/L	20,073	0
44	New Boiler	11/28/01	7,200			7,200	40 MO S/L	3,345	180
45	Misc fully depreciated	1/01/00	172,270			172,270	10 MO S/L	172,270	0
46	New shower stalls 2nd floor bathroom	11/06/04	1,670			1,670	40 MO S/L	651	41
47	Electric upgrades	12/23/10	2,300			2,300	40 MO S/L	546	58
48	Sprinkler System	1/13/12	63,730			63,730	40 MO S/L	13,410	1,593
49	Fire alarm system	1/05/12	31,100			31,100	40 MO S/L	6,544	777
50	Roof replacement	1/11/12	34,550			34,550	40 MO S/L	7,270	864
51	General building	3/22/12	16,020			16,020	40 MO S/L	3,304	401
52	Stair hut modifications	1/11/12	3,660			3,660	40 MO S/L	770	92
53	Fire system	12/01/11	35,650			35,650	40 MO S/L	7,576	891
54	Building upgrade	5/31/12	30,000			30,000	40 MO S/L	6,063	750
55	Bsaebord units	7/22/11	3,509			3,509	10 MO S/L	3,129	351
56	Install boiler	7/22/11	7,800			7,800	10 MO S/L	6,955	780
57	Baseboard units	3/08/12	5,596			5,596	10 MO S/L	4,617	559
58	New furnace	10/12/06	4,400			4,400	40 MO S/L	1,503	110
59	Lights and switches	2/23/12	4,925			4,925	40 MO S/L	1,026	123
60	2 Flood Lights	12/16/98	476			476	10 MO S/L	476	0
Sold/Scrapped: 5/31/21									
61	Improvements - Various	5/31/98	29,285			29,285	10 MO S/L	29,285	0
62	Upgrade heating system	9/28/00	6,766			6,766	40 MO S/L	3,341	169
63	New boiler system	11/27/02	11,100			11,100	40 MO S/L	4,879	278
64	Taylor st upgrades	11/01/10	125,153			125,153	40 MO S/L	29,985	3,128
65	Pavings - Taylor	11/01/10	17,744			17,744	20 MO S/L	8,502	888
66	6' Fence	1/05/12	1,350			1,350	20 MO S/L	568	68
67	Building repair	12/15/11	32,300			32,300	40 MO S/L	6,864	807
68	Building repair	2/16/12	33,510			33,510	40 MO S/L	6,981	838
69	Misc fully depreciated	1/01/00	216,835			216,835	10 MO S/L	216,835	0
70	Boiler Upgrades	12/01/19	24,200			24,200	20 MO S/L	1,210	1,210
71	Awnings	4/22/20	74,494			74,494	20 MO S/L	3,725	3,724

Copy

52-1047790

Federal Asset Report

FYE: 5/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
72	Land Improvements - Ondrick	9/29/20	78,056			78,056	15	MO S/L	0	3,469
73	Guard Shack Roof	8/21/20	2,400			2,400	20	MO S/L	0	90
74	2018 Ford T-150	1/19/21	24,150			24,150	5	MO S/L	0	1,610
75	2016 Ford F-150	8/31/20	31,330			31,330	5	MO S/L	0	4,700
76	Storage Containers	6/11/19	3,475			3,475	10	MO S/L	348	347
77	Storage Containers	10/30/19	3,475			3,475	10	MO S/L	348	347
78	Equipment	3/27/20	12,565			12,565	10	MO S/L	1,257	1,256
79	Computer equipment	8/21/20	2,200			2,200	5	MO S/L	0	330
80	Computer equipment	10/01/20	1,891			1,891	5	MO S/L	0	252
81	Computer equipment	11/19/20	2,751			2,751	5	MO S/L	0	275
83	Computer equipment	3/23/21	500			500	5	MO S/L	0	17
84	Computer equipment	3/25/21	18,643			18,643	5	MO S/L	0	621
85	Computer equipment	5/06/21	14,887			14,887	5	MO S/L	0	252
87	Computer equipment	5/31/21	3,078			3,078	5	MO S/L	0	0
88	Donated Kitchen Equip	5/05/21	10,000			10,000	10	MO S/L	0	83
Total Other Depreciation			<u>2,639,134</u>			<u>2,639,134</u>			<u>1,212,252</u>	<u>94,140</u>
Total ACRS and Other Depreciation			<u>2,639,134</u>			<u>2,639,134</u>			<u>1,212,252</u>	<u>94,140</u>
Grand Totals			2,639,134			2,639,134			1,212,252	94,140
Less: Dispositions and Transfers			476			476			476	0
Less: Start-up/Org Expense			0			0			0	0
Net Grand Totals			<u>2,638,658</u>			<u>2,638,658</u>			<u>1,211,776</u>	<u>94,140</u>

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52-1047790

AMT Asset Report

FYE: 5/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	LAND-BLISS ROAD	6/01/62	0			0	0 HY	0	0
2	LAND-15 BLISS	2/09/98	0			0	0 HY	0	0
3	LAND-TAYLOR	6/01/04	0			0	0 HY	0	0
4	BUILDING-19 BLISS	6/01/62	0			0	0 HY	0	0
5	BUILING-15 BLISS	2/09/98	0			0	0 HY	0	0
6	BUILDING-TAYLOR	1/01/03	0			0	0 HY	0	0
9	1993 FORD CLUB WAGON	3/16/94	0			0	0 HY	0	0
10	2004 ISUZU TRUCK	12/09/03	0			0	0 HY	0	0
11	2009 TOYOTA	12/21/09	0			0	0 HY	0	0
12	2011 TOYOTA HIGHLANDER	12/30/10	0			0	0 HY	0	0
14	FURNITURE & EQUIPMENT-TAYLOR	12/01/97	0			0	0 HY	0	0
15	EQUIPMENT-TAYLOR	10/06/12	0			0	0 HY	0	0
17	IMPROVEMENTS-TAYLOR	12/01/12	0			0	0 HY	0	0
18	computer equipment	8/22/13	0			0	0 HY	0	0
19	improvements-taylor	10/14/14	0			0	0 HY	0	0
20	Well ejector pump-Taylor	11/25/14	13,800			13,800	10 MO S/L	13,800	0
21	Architectual jrr Cadillac	12/01/15	0			0	0 HY	0	0
22	Equipment-Orr	12/01/15	0			0	0 HY	0	0
23	isuzu truck	12/13/16	0			0	0 HY	0	0
24	ac upgrade	12/01/16	0			0	0 HY	0	0
25	ac upgrade	10/24/17	0			0	0 HY	0	0
26	bullet prrof glass	4/27/18	0			0	0 HY	0	0
27	awnings upgrade	3/09/18	0			0	0 HY	0	0
28	bullety proof glass	8/03/18	0			0	0 HY	0	0
29	washer	3/18/18	0			0	0 HY	0	0
30	equipment new building	5/31/18	0			0	0 HY	0	0
31	equipment	5/31/19	0			0	0 HY	0	0
32	1458 misc fully depreciated	1/01/06	2,037			2,037	10 MO S/L	2,037	0
33	New vulcan range model	2/11/13	0			0	0 HY	0	0
34	Walk in freezer - 19 Bliss	6/18/12	0			0	0 HY	0	0
35	Scanner for check deposits	11/15/12	0			0	0 HY	0	0
36	Misc	1/01/10	0			0	0 HY	0	0
37	Misc - fully depreciated	1/01/00	0			0	0 HY	0	0
38	Hobart Dishwasher	8/04/11	0			0	0 HY	0	0
39	Garland 60" Range	10/27/11	0			0	0 HY	0	0
40	Envelope Opener	11/14/14	0			0	0 HY	0	0
41	Building materials	3/09/00	0			0	0 HY	0	0
42	New kitchen renovations	1/04/01	0			0	0 HY	0	0
43	Hurley & David	11/09/00	0			0	0 HY	0	0
44	New Boiler	11/28/01	0			0	0 HY	0	0
45	Misc fully depreciated	1/01/00	0			0	0 HY	0	0
46	New shower stalls 2nd floor bathroom	11/06/04	0			0	0 HY	0	0
47	Electric upgrades	12/23/10	0			0	0 HY	0	0
48	Sprinkler System	1/13/12	0			0	0 HY	0	0
49	Fire alarm system	1/05/12	0			0	0 HY	0	0
50	Roof replacement	1/11/12	0			0	0 HY	0	0
51	General building	3/22/12	0			0	0 HY	0	0
52	Stair hut modifications	1/11/12	0			0	0 HY	0	0
53	Fire system	12/01/11	0			0	0 HY	0	0
54	Building upgrade	5/31/12	0			0	0 HY	0	0
55	Bsaeboard units	7/22/11	0			0	0 HY	0	0
56	Install boiler	7/22/11	0			0	0 HY	0	0
57	Baseboard units	3/08/12	0			0	0 HY	0	0
58	New furnace	10/12/06	0			0	0 HY	0	0
59	Lights and switches	2/23/12	0			0	0 HY	0	0
60	2 Flood Lights	12/16/98	0			0	0 HY	0	0
Sold/Scrapped: 5/31/21									
61	Improvements - Various	5/31/98	0			0	0 HY	0	0
62	Upgrade heating system	9/28/00	0			0	0 HY	0	0
63	New boiler system	11/27/02	0			0	0 HY	0	0
64	Taylor st upgrades	11/01/10	0			0	0 HY	0	0
65	Pavings - Taylor	11/01/10	0			0	0 HY	0	0
66	6' Fence	1/05/12	0			0	0 HY	0	0
67	Building repair	12/15/11	0			0	0 HY	0	0
68	Building repair	2/16/12	0			0	0 HY	0	0
69	Misc fully depreciated	1/01/00	0			0	0 HY	0	0
70	Boiler Upgrades	12/01/19	0			0	0 HY	0	0
71	Awnings	4/22/20	0			0	0 HY	0	0

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52-1047790

AMT Asset Report

FYE: 5/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
72	Land Improvements - Ondrick	9/29/20	0				0	0	HY	0	0
73	Guard Shack Roof	8/21/20	0				0	0	HY	0	0
74	2018 Ford T-150	1/19/21	0				0	0	HY	0	0
75	2016 Ford F-150	8/31/20	0				0	0	HY	0	0
76	Storage Containers	6/11/19	0				0	0	HY	0	0
77	Storage Containers	10/30/19	0				0	0	HY	0	0
78	Equipment	3/27/20	0				0	0	HY	0	0
79	Computer equipment	8/21/20	0				0	0	HY	0	0
80	Computer equipment	10/01/20	0				0	0	HY	0	0
81	Computer equipment	11/19/20	0				0	0	HY	0	0
83	Computer equipment	3/23/21	0				0	0	HY	0	0
84	Computer equipment	3/25/21	0				0	0	HY	0	0
85	Computer equipment	5/06/21	0				0	0	HY	0	0
87	Computer equipment	5/31/21	0				0	0	HY	0	0
88	Donated Kitchen Equip	5/05/21	0				0	0	HY	0	0
	Total Other Depreciation		<u>15,837</u>				<u>15,837</u>			<u>15,837</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>15,837</u>				<u>15,837</u>			<u>15,837</u>	<u>0</u>
	Grand Totals		15,837				15,837			15,837	0
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>15,837</u>				<u>15,837</u>			<u>15,837</u>	<u>0</u>

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Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<p>There are no assets that meet the criteria of this report</p>						

Copy

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	LAND-BLISS ROAD	6/01/62	8,657	0	0
2	LAND-15 BLISS	2/09/98	25,000	0	0
3	LAND-TAYLOR	6/01/04	10,000	0	0
4	BUILDING-19 BLISS	6/01/62	9,782	0	0
5	BUILING-15 BLISS	2/09/98	77,591	1,939	0
6	BUILDING-TAYLOR	1/01/03	62,373	1,559	0
9	1993 FORD CLUB WAGON	3/16/94	16,793	0	0
10	2004 ISUZU TRUCK	12/09/03	33,170	0	0
11	2009 TOYOTA	12/21/09	18,900	0	0
12	2011 TOYOTA HIGHLANDER	12/30/10	28,757	0	0
14	FURNITURE & EQUIPMENT-TAYLOR	12/01/97	44,990	0	0
15	EQUIPMENT-TAYLOR	10/06/12	782	0	0
17	IMPROVEMENTS-TAYLOR	12/01/12	259,171	6,479	0
18	computer equipment	8/22/13	6,839	0	0
19	improvements-taylor	10/14/14	53,820	1,346	0
20	Well ejector pump-Taylor	11/25/14	13,800	1,380	0
21	Architectual)rr Cadillac	12/01/15	60,415	1,510	0
22	Equipment-Orr	12/01/15	193,401	19,340	0
23	isuzu truck	12/13/16	56,018	5,602	0
24	ac upgrade	12/01/16	10,000	250	0
25	ac upgrade	10/24/17	37,922	948	0
26	bullet prrof glass	4/27/18	8,778	219	0
27	awnings upgrade	3/09/18	4,000	100	0
28	bullety proof glass	8/03/18	12,236	306	0
29	washer	3/18/18	5,131	513	0
30	equipment new building	5/31/18	52,106	5,211	0
31	equipment	5/31/19	40,864	4,096	0
32	1458 misc fully depreciated	1/01/06	2,037	0	0
33	New vulcan range model	2/11/13	6,182	618	0
34	Walk in freezer - 19 Bliss	6/18/12	19,703	1,970	0
35	Scanner for check deposits	11/15/12	654	65	0
36	Misc	1/01/10	29,732	0	0
37	Misc - fully depreciated	1/01/00	54,508	0	0
38	Hobart Dishwasher	8/04/11	14,125	235	0
39	Garland 60" Range	10/27/11	11,937	398	0
40	Envelope Opener	11/14/14	1,500	150	0
41	Building materials	3/09/00	1,216	31	0
42	New kitchen renovations	1/04/01	119,077	2,977	0
43	Hurley & David	11/09/00	20,073	0	0
44	New Boiler	11/28/01	7,200	180	0
45	Misc fully depreciated	1/01/00	172,270	0	0
46	New shower stalls 2nd floor bathroom	11/06/04	1,670	42	0
47	Electric upgrades	12/23/10	2,300	57	0
48	Sprinkler System	1/13/12	63,730	1,593	0
49	Fire alarm system	1/05/12	31,100	778	0
50	Roof replacement	1/11/12	34,550	863	0
51	General building	3/22/12	16,020	400	0
52	Stair hut modifications	1/11/12	3,660	91	0
53	Fire system	12/01/11	35,650	891	0
54	Building upgrade	5/31/12	30,000	750	0
55	Bsaeboard units	7/22/11	3,509	29	0
56	Install boiler	7/22/11	7,800	65	0
57	Baseboard units	3/08/12	5,596	420	0
58	New furnace	10/12/06	4,400	110	0
59	Lights and switches	2/23/12	4,925	123	0
61	Improvements - Various	5/31/98	29,285	0	0
62	Upgrade heating system	9/28/00	6,766	169	0
63	New boiler system	11/27/02	11,100	277	0
64	Taylor st upgrades	11/01/10	125,153	3,129	0
65	Pavings - Taylor	11/01/10	17,744	887	0
66	6' Fence	1/05/12	1,350	67	0
67	Building repair	12/15/11	32,300	808	0
68	Building repair	2/16/12	33,510	838	0
69	Misc fully depreciated	1/01/00	216,835	0	0
70	Boiler Upgrades	12/01/19	24,200	1,210	0
71	Awnings	4/22/20	74,494	3,725	0
72	Land Improvements - Ondrick	9/29/20	78,056	5,204	0

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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
73	Guard Shack Roof	8/21/20	2,400	120	0
74	2018 Ford T-150	1/19/21	24,150	4,830	0
75	2016 Ford F-150	8/31/20	31,330	6,266	0
76	Storage Containers	6/11/19	3,475	348	0
77	Storage Containers	10/30/19	3,475	348	0
78	Equipment	3/27/20	12,565	1,257	0
79	Computer equipment	8/21/20	2,200	440	0
80	Computer equipment	10/01/20	1,891	378	0
81	Computer equipment	11/19/20	2,751	550	0
83	Computer equipment	3/23/21	500	100	0
84	Computer equipment	3/25/21	18,643	3,729	0
85	Computer equipment	5/06/21	14,887	2,978	0
87	Computer equipment	5/31/21	3,078	616	0
88	Donated Kitchen Equip	5/05/21	10,000	1,000	0
Total Other Depreciation			<u>2,638,658</u>	<u>102,908</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>2,638,658</u>	<u>102,908</u>	<u>0</u>
Grand Totals			<u>2,638,658</u>	<u>102,908</u>	<u>0</u>

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Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning 06/01/20 , ending 05/31/21		

Name **SPRINGFIELD RESCUE MISSION** Taxpayer Identification Number **52-1047790**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	6,418,929	12,363,920	5,944,991
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	110	96,373	96,263
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	686		-686
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	61,283	529,345	468,062
	12. Total revenue. Add lines 1 through 11	6,481,008	12,989,638	6,508,630
Expenses	13. Grants and similar amounts paid	300	2,750	2,450
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	78,100	56,187	-21,913
	16. Salaries, other compensation, and employee benefits	1,097,880	1,284,405	186,525
	17. Professional fundraising fees	122,476	189,099	66,623
	18. Other professional fees	22,798	19,673	-3,125
	19. Occupancy, rent, utilities, and maintenance	108,658	90,811	-17,847
	20. Depreciation and Depletion	91,776	94,140	2,364
	21. Other expenses	4,774,123	10,267,476	5,493,353
	22. Total expenses. Add lines 13 through 21	6,296,111	12,004,541	5,708,430
	23. Excess or (Deficit). Subtract line 22 from line 12	184,897	985,097	800,200
Other Information	24. Total exempt revenue	6,481,008	12,989,638	6,508,630
	25. Total unrelated revenue			
	26. Total excludable revenue	62,079	625,718	563,639
	27. Total assets	1,718,462	2,405,283	686,821
	28. Total liabilities	384,001	85,725	-298,276
	29. Retained earnings	1,334,461	2,319,558	985,097
	30. Number of voting members of governing body	6	7	
	31. Number of independent voting members of governing body	5	6	
32. Number of employees	29	28		
33. Number of volunteers		300		

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Form 990	Tax Return History	2020
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Name SPRINGFIELD RESCUE MISSION	Employer Identification Number 52-1047790
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	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	6,027,278	4,750,040	6,053,707	6,418,929	12,363,920	
Membership dues						
Program service revenue						
Capital gain or loss	1,070	-450		686		
Investment income	547	65	19	110	96,373	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	16,081	130,305	12,606	61,283	529,345	
Total revenue	6,044,976	4,879,960	6,066,332	6,481,008	12,989,638	
Grants and similar amounts paid	641	650	336	300	2,750	
Benefits paid to or for members						
Compensation of officers, etc.	123,673	126,072	92,371	78,100	56,187	
Other compensation	879,363	941,928	988,141	1,097,880	1,284,405	
Professional fees	279,300	146,595	43,967	145,274	208,772	
Occupancy costs	104,260	107,800	111,708	108,658	90,811	
Depreciation and depletion	77,335	82,478	86,413	91,776	94,140	
Other expenses	4,429,614	3,374,291	4,704,311	4,774,123	10,267,476	
Total expenses	5,894,186	4,779,814	6,027,247	6,296,111	12,004,541	
Excess or (Deficit)	150,790	100,146	39,085	184,897	985,097	
Total exempt revenue	6,044,976	4,879,960	6,066,332	6,481,008	12,989,638	
Total unrelated revenue						
Total excludable revenue	17,698	129,920	12,625	62,079	625,718	
Total Assets	1,461,792	1,417,096	1,356,081	1,718,462	2,405,283	
Total Liabilities	374,227	229,348	206,517	384,001	85,725	
Net Fund Balances	1,087,565	1,187,748	1,149,564	1,334,461	2,319,558	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Bank Interest	\$ 614					
Interest on Realestate Tax R	95,759					
Total	<u>\$ 96,373</u>					

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Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
REPAIRS AND MAINTENANCE	\$ 69,597	\$ 55,711	\$ 13,886	\$
RADIO MINISTRY	48,248	48,248		
POSTAGE AND PRINTING	41,546		41,546	
MISCELAANEOUS	38,202	8,113	30,089	
EQUIPMENT RENTAL	14,830	7,415	7,415	
TELEPHONE	11,663	8,747	2,916	
CONFERENCES & MEETINGS	7,442	3,721	3,721	
DUES AND SUBSCRIPTIONS	2,930	1,465	1,465	
Total	<u>\$ 234,458</u>	<u>\$ 133,420</u>	<u>\$ 101,038</u>	<u>\$ 0</u>

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52-1047790

Federal Statements

FYE: 5/31/2021

Schedule A, Part II, Line 1(e)

Description	Amount
CASH	\$ 2,933,319
FOOD	5,258,334
CLOTHING	1,457,474
HOUSEHOLD GOODS	630,004
UNITED WAY	9,886
BIG Y FOODS-ST JAMES	
DAY OLD FOOD	76,317
BIG Y FOODS-MAIN STREET	
DAY OLD FOOD	
COSTCO	
DAY OLD FOOD	
BJ'S	
DAY OLD FOOD	36,282
PROVISION MINISTRY	
FOOD, CLOTHING MISCELLANEOUS	1,962,304
Total	<u>\$ 12,363,920</u>

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Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
BIG Y FOODS-ST JAMES	\$ 76,317	\$
BIG Y FOODS-MAIN STREET	58,313	
COSTCO		
BJ'S	55,254	
PROVISION MINISTRY	1,962,304	1,250,014
BIG Y FOODS-N. MAIN ST	225,446	
BJ'S WHOLESALE CLUB	89,982	
Total	<u>\$ 2,467,616</u>	<u>\$ 1,250,014</u>

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52-1047790

Federal Statements

FYE: 5/31/2021

Schedule A, Part II, Line 12 - Current year

Description	Amount
Bank Interest	\$ 614
Interest on Realestate Tax R	95,759
5K ROAD RACE	29,995
Radiothon	35,851
PPP Forgiveness Income	212,500
Miscellaneous	12,385
Real Estate Tax Refund	238,614
Total	\$ <u>625,718</u>

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