



THE RESCUE MISSION OF ROANOKE  
INCORPORATED  
P.O. BOX 11525  
ROANOKE, VA 24022-1525  
ATTENTION: MS JOY SYLVESTER-JOHNSON

DEAR JOY:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2007 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2007 FORM 990

2007 FORM 990-T

ENCLOSED IS THE ORGANIZATION'S 2007 EXEMPT ORGANIZATION RETURN.

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURNS FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURNS FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURNS BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE ARE ENCLOSING THE DOCUMENTS YOU GAVE US TO ASSIST IN PREPARATION OF THE RETURNS.

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN FILING THE RETURNS.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURNS.

VERY TRULY YOURS,

MELISSA A. CRAFT

COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**  
**DECEMBER 31, 2007**

<b>Prepared for</b>	THE RESCUE MISSION OF ROANOKE INCORPORATED P.O. BOX 11525 ROANOKE, VA 24022-1525
<b>Prepared by</b>	GOODMAN & COMPANY, L. L. P. 111 FRANKLIN RD SE SUITE 501 ROANOKE, VIRGINIA 24011-2114
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	AUGUST 15, 2008
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2007 calendar year, or tax year beginning and ending**

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

**C Name of organization**  
**THE RESCUE MISSION OF ROANOKE INCORPORATED**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. BOX 11525**  
 City or town, state or country, and ZIP + 4  
**ROANOKE, VA 24022-1525**

**D Employer identification number**  
**54-0573900**

**E Telephone number**  
**540-343-7227**

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

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

**G Website:** ▶ **WWW.RESCUEMISSION.NET**

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

**K Check here** ▶  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **3,552,922.**

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ **N/A**  
**M** Check ▶  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	2,773,866.		
c	Indirect public support (not included on line 1a)	1c	60,000.		
d	Government contributions (grants) (not included on line 1a)	1d			
e	<b>Total</b> (add lines 1a through 1d) (cash \$ 2,833,866. noncash \$ )	1e		2,833,866.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		5,172.	
5	Dividends and interest from securities	5		16,540.	
6a	Gross rents	6a	40,200.		
b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		40,200.	
7	Other investment income (describe )	7			
8a	Gross amount from sales of assets other than inventory	8a			
b	Less: cost or other basis and sales expenses	8b			
c	Gain or (loss) (attach schedule)	8c			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	9,302.		
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		9,302.	
10a	Gross sales of inventory, less returns and allowances	10a	586,913.		
b	Less: cost of goods sold	10b	27,215.		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		559,698.	
11	Other revenue (from Part VII, line 103)	11		60,929.	
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		3,525,707.	
13	Program services (from line 44, column (B))	13		2,658,037.	
14	Management and general (from line 44, column (C))	14		279,752.	
15	Fundraising (from line 44, column (D))	15		151,472.	
16	Payments to affiliates (attach schedule)	16			
17	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17		3,089,261.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		436,446.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		9,988,943.	
20	Other changes in net assets or fund balances (attach explanation)	20		<3,493.>	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		10,421,896.	

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**Part II Statement of Functional Expenses**

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	187,011.	160,830.	18,701.	7,480.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	1,361,698.	1,153,847.	158,964.	48,887.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27				
<b>29</b> Payroll taxes				
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies	129,542.	122,201.	6,538.	803.
<b>34</b> Telephone				
<b>35</b> Postage and shipping				
<b>36</b> Occupancy				
<b>37</b> Equipment rental and maintenance	60,937.	60,328.	609.	
<b>38</b> Printing and publications				
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	374,451.	370,706.	3,745.	
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 6</b>	975,622.	790,125.	91,195.	94,302.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,089,261.	2,658,037.	279,752.	151,472.

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

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

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12-27-07

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**Part III** Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 8</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <b>SEE STATEMENT 7</b> _____ _____ _____ _____ _____	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>2,658,037.</b>
<b>b</b> _____ _____ _____ _____ _____	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b> _____ _____ _____ _____ _____	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b> _____ _____ _____ _____ _____	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>2,658,037.</b>

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**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash - non-interest-bearing .....	63,238.	45	183,379.	
	46 Savings and temporary cash investments .....	883,254.	46	1,370,601.	
	47 a Accounts receivable .....	7,967.			
	b Less: allowance for doubtful accounts .....		405.	47c	7,967.
	48 a Pledges receivable .....	179,813.			
	b Less: allowance for doubtful accounts .....		177,352.	48c	179,813.
	49 Grants receivable .....			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees .....			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....			50b	
	51 a Other notes and loans receivable .....				
	b Less: allowance for doubtful accounts .....			51c	
	52 Inventories for sale or use .....		4,091.	52	
	53 Prepaid expenses and deferred charges .....		54,495.	53	27,262.
	54 a Investments - publicly-traded securities <b>STMT 10</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....		6,108.	54a	5,918.
	b Investments - other securities .....			54b	
	55 a Investments - land, buildings, and equipment: basis .....				
b Less: accumulated depreciation .....			55c		
56 Investments - other .....	<b>SEE STATEMENT 9</b>	<83,460.>	56	<4,427.>	
57 a Land, buildings, and equipment: basis .....	13,105,644.				
b Less: accumulated depreciation .....	3,327,149.	9,174,684.	57c	9,778,495.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> .....			58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....		10,280,167.	59	11,549,008.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	291,224.	60	347,630.	
	61 Grants payable .....		61		
	62 Deferred revenue .....		62		
	63 Loans from officers, directors, trustees, and key employees .....		63		
	64 a Tax-exempt bond liabilities .....		64a		
	b Mortgages and other notes payable .....		64b	779,482.	
	65 Other liabilities (describe <input type="checkbox"/> .....			65	
66 <b>Total liabilities.</b> Add lines 60 through 65 .....		291,224.	66	1,127,112.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted .....	9,796,510.	67	10,132,704.	
	68 Temporarily restricted .....	192,433.	68	289,192.	
	69 Permanently restricted .....		69		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds .....		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71		
	72 Retained earnings, endowment, accumulated income, or other funds .....		72		
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....		9,988,943.	73	10,421,896.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....		10,280,167.	74	11,549,008.	

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<b>Part VI Other Information</b> (continued)		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....	<b>82a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....	<b>82b</b>	<input type="checkbox"/>
			36,000.
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>83a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	<b>83b</b>	<input checked="" type="checkbox"/>
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? .....	<b>84a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>84b</b>	<input type="checkbox"/>
			N/A
<b>85 a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? .....	<b>85a</b>	<input type="checkbox"/>
			N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>85b</b>	<input type="checkbox"/>
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members .....	<b>85c</b>	<input type="checkbox"/>
			N/A
<b>d</b>	Section 162(e) lobbying and political expenditures .....	<b>85d</b>	<input type="checkbox"/>
			N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	<b>85e</b>	<input type="checkbox"/>
			N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	<b>85f</b>	<input type="checkbox"/>
			N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	<b>85g</b>	<input type="checkbox"/>
			N/A
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....	<b>85h</b>	<input type="checkbox"/>
			N/A
<b>86</b>	501(c)(7) organizations. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....	<b>86a</b>	<input type="checkbox"/>
			N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities .....	<b>86b</b>	<input type="checkbox"/>
			N/A
<b>87</b>	501(c)(12) organizations. Enter: <b>a</b> Gross income from members or shareholders .....	<b>87a</b>	<input type="checkbox"/>
			N/A
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>87b</b>	<input type="checkbox"/>
			N/A
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....	<b>88a</b>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI .....	<b>88b</b>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>
<b>89 a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. ....		
<b>b</b>	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....	<b>89b</b>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		0.
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		0.
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....	<b>89e</b>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....	<b>89f</b>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A .....	<b>89g</b>	<input type="checkbox"/>
			<input type="checkbox"/>
<b>90 a</b>	List the states with which a copy of this return is filed ▶ <b>NONE</b> .....		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 .....	<b>90b</b>	<input type="checkbox"/>
			82
<b>91 a</b>	The books are in care of ▶ <b>THE RESCUE MISSION OF ROANOKE, INC.</b> Telephone no. ▶ 540-343-7227 Located at ▶ <b>P.O. BOX 11525, ROANOKE, VA</b> ZIP + 4 ▶ 24022-1525		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>91b</b>	<input type="checkbox"/>
	If "Yes," enter the name of the foreign country ▶ N/A		<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		

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<b>Part VI</b>	<b>Other Information</b> (continued)		<b>Yes</b>	<b>No</b>
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country <span style="float:right">N/A</span>				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <span style="float:right"><input type="checkbox"/></span>				
and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">92</span>		N/A		

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,172.	
96 Dividends and interest from securities			14	16,540.	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531110	18,000.			
b not debt-financed property			16	22,200.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					9,302.
102 Gross profit or (loss) from sales of inventory					559,698.
103 Other revenue:					
a <b>BILLBOARD REVENUE</b>					10,785.
b <b>MISC INCOME</b>					2,096.
c <b>FEES FOR SERVICES</b>					47,985.
d <b>REIMBURSEMENTS</b>					63.
e					
104 Subtotal (add columns (B), (D), and (E))		18,000.		43,912.	629,929.
105 <b>Total</b> (add line 104, columns (B), (D), and (E))					691,841.

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

<b>Part VIII</b>	<b>Relationship of Activities to the Accomplishment of Exempt Purposes</b> (See the instructions.)
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	<b>ALL FUNDS ARISING FROM ABOVE ACTIVITIES IN COLUMN E ARE USED FOR THE EXEMPT PURPOSE SO STATED IN PART III (A)</b>

<b>Part IX</b>	<b>Information Regarding Taxable Subsidiaries and Disregarded Entities</b> (See the instructions.)			
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

<b>Part X</b>	<b>Information Regarding Transfers Associated with Personal Benefit Contracts</b> (See the instructions.)		
(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

THE RESCUE MISSION OF ROANOKE  
INCORPORATED

Form 990 (2007)

54-0573900 Page 9

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

<b>Yes</b>	<b>No</b>

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

**Please Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

LEE CLARK, DIRECTOR OF DEVELOPMENT  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: 06/09/08

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X): P00720497

Firm's name (or yours if self-employed), address, and ZIP + 4: GOODMAN & COMPANY, L. L. P.  
111 FRANKLIN RD SE SUITE 501  
ROANOKE, VIRGINIA 24011-2114

EIN: 54-0640067

Phone no.: 540-989-6144

Form 990 (2007)

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

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

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

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **THE RESCUE MISSION OF ROANOKE INCORPORATED** Employer identification number **54 0573900**

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOHN SYLVESTER-JOHNSON 402 BULLITT AVENUE, SE, ROANOKE, VA 2	KEY EMPLOYEE 40.00	60,900.		
LEE CLARK 1408 WEST DRIVE, ROANOKE, VA 24015	KEY EMPLOYEE 40.00	64,754.		
Total number of other employees paid over \$50,000	0			

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

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

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

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

THE RESCUE MISSION OF ROANOKE

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....	2a	X
b	Lending of money or other extension of credit? .....	2b	X
c	Furnishing of goods, services, or facilities? .....	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	2d	X
e	Transfer of any part of its income or assets? .....	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees? .....	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	4a	X
b	Did the organization make any taxable distributions under section 4966? .....	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person? .....	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year .....	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

THE RESCUE MISSION OF ROANOKE

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,997,695.	1,622,774.	3,026,038.	2,441,036.	9,087,543.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	592,102.	500,960.	458,135.	384,088.	1,935,285.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,525.	4,763.	2,357.	921.	12,566.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	34,537.	45,603.	SEE STATEMENT 14 32,914.	17,042.	130,096.
23 Total of lines 15 through 22	2,628,859.	2,174,100.	3,519,444.	2,843,087.	11,165,490.
24 Line 23 minus line 17	2,036,757.	1,673,140.	3,061,309.	2,458,999.	9,230,205.
25 Enter 1% of line 23	26,289.	21,741.	35,194.	28,431.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 224,048. (2005) 227,480. (2004) 539,930. (2003) 718,523.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 9,087,543. 16 _____ 17 1,935,285. 20 _____ 21 _____					27c 11,022,828.
d Add: Line 27a total 1,709,981. and line 27b total 0.					27d 1,709,981.
e Public support (line 27c total minus line 27d total)					27e 9,312,847.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 11,165,490.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 83.4074%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .1125%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

THE RESCUE MISSION OF ROANOKE

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

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

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

THE RESCUE MISSION OF ROANOKE

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

N/A

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

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

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

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

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
45	Lobbying nontaxable amount .....				0.
46	Lobbying ceiling amount (150% of line 45(e)) .....				0.
47	Total lobbying expenditures .....				0.
48	Grassroots nontaxable amount .....				0.
49	Grassroots ceiling amount (150% of line 48(e)) .....				0.
50	Grassroots lobbying expenditures .....				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines c through h.) .....			0.

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



**Schedule A** **Payments from Disqualified Persons** **2007**  
**Included on Part IV-A, Line 27a**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Payer's Name	2006 Amount	2005 Amount	2004 Amount	2003 Amount
MR. CARL S. CROSS	100.	305.	25.	0.
MR. GEORGE A. KEGLEY	585.	775.	4,050.	0.
MR. JOHN G. ROCOVICH	1,000.	1,000.	1,000.	0.
MR. GEORGE E. & MRS. L	0.	809.	870.	0.
MR. AARON J. CONNER	0.	225.	0.	0.
MRS. JUNE N. BUTLER	0.	25.	0.	0.
DRS. JOHN & NANCY J.	5,872.	11,942.	7,957.	0.
MR. SIDNEY G. MILLER	830.	1,525.	2,456.	0.
MRS. JUDY RUMFORD	0.	6,523.	3,647.	0.
WILLIAM MORRIS	100.	0.	0.	0.
ALVIN SCHMITT	25.	0.	0.	0.
SCOTT AND KAREN BERGLUND	12,425.	7,600.	5,300.	0.
BLACKWELL D. BROWN	5,300.	5,000.	10,100.	0.
LACY EDWARDS	257.	0.	0.	0.
GERTRUDE JAMISON	0.	0.	20,025.	0.
WILLIAM W. PASLEY	3,000.	0.	0.	0.
CARILION HEALTH SERVICES	5,000.	0.	0.	75,000.
ELBERT H. EVELYN & KAR	0.	0.	5,000.	0.
JOCO FOUNDATION	0.	0.	0.	150,000.
MAUPIN-SIZEMORE FOUNDATION	50,000.	50,000.	50,000.	68,025.
ESTATE OF LYNWOOD WELL	0.	0.	16,862.	50,000.
MR. & MRS. PAUL F WILEY	12,050.	27,120.	26,000.	0.
VIRGINIA HEALTHCARE FOUNDATION	40,556.	0.	38,050.	0.
CREWS LIVING TRUST	0.	0.	0.	125,000.
Total to Schedule A, Line 27a .....				

**Schedule A** **Payments from Disqualified Persons** **2007**  
**Included on Part IV-A, Line 27a**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Payer's Name	2006 Amount	2005 Amount	2004 Amount	2003 Amount
WILLIAM BECKER	0.	0.	0.	91,412.
BILL BRANCH	21,564.	11,125.	306,883.	159,086.
MICHAEL M. BRANCH	0.	1,000.	10,700.	0.
WILLIAM E. HONEYCUTT	600.	15,401.	8,822.	0.
CARTLEDGE FOUNDATION	9,000.	39,600.	5,000.	0.
DONAL ROBB	0.	0.	800.	0.
HARRY F. DAVIS	375.	600.	525.	0.
LARRY N. LILLY	200.	0.	1,850.	0.
AL HAGY	0.	250.	275.	0.
ALMA HUNT	400.	200.	1,300.	0.
RON DINGLER	2,700.	2,000.	1,750.	0.
JAMES AND MAY JUSTICE	3,200.	2,650.	4,550.	0.
PHILLIP BOGGS	510.	0.	950.	0.
CAROL CHAPPELL	5,865.	2,020.	1,000.	0.
MARY ALLEN	475.	550.	696.	0.
AUDREY WHEATON	640.	0.	625.	0.
KARA SYLVESTER-JOHNSON	0.	0.	302.	0.
BRANCH & ASSOCIATES	100.	0.	500.	0.
PETER D. VIETH	0.	1,500.	1,000.	0.
BILLY KINGERY	375.	1,025.	1,060.	0.
DAVID WALLENBURN	27,000.	25,500.	0.	0.
NINA BOYD	0.	50.	0.	0.
ELIZABETH VAIL	1,200.	1,095.	0.	0.
DEAN A WADSWORTH	2,339.	5,805.	0.	0.
Total to Schedule A, Line 27a .....				



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

THE RESCUE MISSION OF ROANOKE  
INCORPORATED

Employer identification number

54-0573900

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

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

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

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

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization THE RESCUE MISSION OF ROANOKE INCORPORATED	Employer identification number 54-0573900
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SUNSHINE LADY FOUNDATION INC.  	\$ 500,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	SAM & MARION GOLDEN HELPING HAND FOUNDATION  	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BILL BRANCH  	\$ 72,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ANITA M. CRANFORD, LIVING TRUST  	\$ 64,554.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	NEWELL KEY  	\$ 50,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	SIDNEY MILLER  	\$ 50,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> THE RESCUE MISSION OF ROANOKE INCORPORATED	<b>Employer identification number</b> 54-0573900
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	MAUPIN-SIZEMORE FOUNDATION OF BEDFORD	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	ANOYOMOUS	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	ANOYOMOUS	\$ 6,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	LYNN HAMMOND	\$ 44,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	EDITH BLACE LUCADO LIVING TRUST	\$ 34,714.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	NEW BEGINNINGS CHRISTIAN FELLOWSHIP	\$ 32,769.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> THE RESCUE MISSION OF ROANOKE INCORPORATED	<b>Employer identification number</b> 54-0573900
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	THE UPS FOUNDATION	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	HOME INSTEAD SENIOR CARE	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	PAUL F WILEY	\$ 22,738.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	KROGER	\$ 20,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	VIRGINIA ASSOCIATION OF FREE CLINICS	\$ 20,022.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	ADVANCE AUTO PARTS	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> THE RESCUE MISSION OF ROANOKE INCORPORATED	<b>Employer identification number</b> 54-0573900
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	SCOTT BURGLUND <hr/> <hr/>	\$ 16,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	FNB CORPORATION <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	WILLIAM HONEYCUTT <hr/> <hr/>	\$ 14,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	CAROL HENDERSON <hr/> <hr/>	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	GE FOUNDATIN <hr/> <hr/>	\$ 13,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	MICHAEL BRANCH <hr/> <hr/>	\$ 12,883.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> THE RESCUE MISSION OF ROANOKE INCORPORATED	<b>Employer identification number</b> 54-0573900
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	CHURCH OF THE HOLY SPIRIT   	\$ 12,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	DIXON HUBARD & FEINOUR INC.   	\$ 12,707.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	JOHN SYLVESTER-JOHNSON   	\$ 11,136.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	PLASTICS ONE INC.   	\$ 11,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	FORREST DEYERLE   	\$ 10,731.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	WILLIAM NEAL   	\$ 10,506.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> THE RESCUE MISSION OF ROANOKE INCORPORATED	<b>Employer identification number</b> 54-0573900
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	SARAH HANCOCK MCCLAIN	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	ESTATE OF PEGGY ELLER	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	AMY ELIZABETH LAUTH CHARITABLE FOUNDATION	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	D CHRISTOPHER WELLS	\$ 9,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	RONALD E SINK	\$ 8,491.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	WESSON M BROWN	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> THE RESCUE MISSION OF ROANOKE INCORPORATED	<b>Employer identification number</b> 54-0573900
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	DEAN A WADSWORTH <hr/> <hr/>	\$ 7,798.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	LARRY G CONNER <hr/> <hr/>	\$ 7,586.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	NEW RIVER ELECTRICAL CORP <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	CARTLEDGE FOUNDATION <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	DAVID WILLIAMS <hr/> <hr/>	\$ 7,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	ESTATE OF NANCY HALL <hr/> <hr/>	\$ 7,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> THE RESCUE MISSION OF ROANOKE INCORPORATED	<b>Employer identification number</b> 54-0573900
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	GRACE DENSMORE - SUNTRUST BANK	\$ 6,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	CINDY FENDLEY	\$ 6,769.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	C E ALFORD	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	CARTER'S CABINET SHOP	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	LOUIS NEWTON	\$ 6,158.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	EDWARD GRIFFIN	\$ 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE RESCUE MISSION OF ROANOKE INCORPORATED	Employer identification number 54-0573900
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	BLACKWELL D BROWN	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	PAUL L MONTGOMERY	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	RALPH SHIVERS	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	FIRST BAPTIST CHURCH	\$ 5,977.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	COMMONWEALTH OF VA CAMPAIGN	\$ 5,908.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	WILLIAM PASLEY	\$ 5,811.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> THE RESCUE MISSION OF ROANOKE INCORPORATED	<b>Employer identification number</b> 54-0573900
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	NEW YORK LIFE FOUNDATION	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	ROBERT COOPER	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	GARY BRADFORD	\$ 5,494.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	JUNE BUTLER	\$ 5,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	RONALD B DINGLER	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	JAMES GURLEY	\$ 5,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> THE RESCUE MISSION OF ROANOKE INCORPORATED	<b>Employer identification number</b> 54-0573900
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	TL PLUNKETT	\$ 5,173.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	JAMES ROBERT JUSTICE	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	DAVID L WALLENBORN	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	STEPHEN H SEWELL	\$ 5,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	CARILION HEALTH SERVICES	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	UKROP FOUNDATION	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> THE RESCUE MISSION OF ROANOKE INCORPORATED	<b>Employer identification number</b> 54-0573900
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67	THOMAS R BROCK	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	SPENCER FRANTZ	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	GRAHAM-WHITE MANUFACTURING	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	WALTER C HAMILTON	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	BARRY HENDERSON - SUNTRUST BANK	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	ESTATE OF MEDA E NORTH	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> THE RESCUE MISSION OF ROANOKE INCORPORATED	<b>Employer identification number</b> 54-0573900
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**Part I Contributors** (See Specific Instructions.)

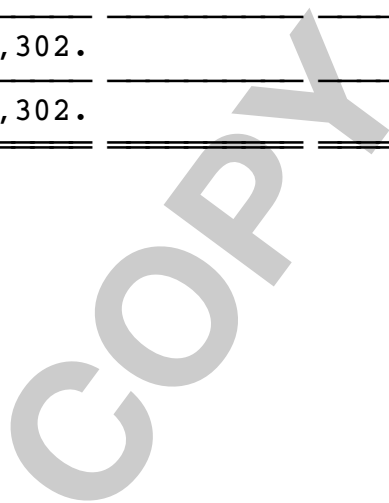
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73	WILLIAM S MORRIS	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	CHALFONT FOUNDATION, INC.	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	ELBERT H, EVELYN J & KAREN H WALDRON CHARITABLE FOUNDATION	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	DANA WALKER	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
321 TAZEWELL RENT	1	22,200.
612 BULLITT AVENUE RENT	2	18,000.
TOTAL TO FORM 990, PART I, LINE 6A		40,200.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
FASHION SHOW	9,302.		9,302.		9,302.
TO FM 990, PART I, LINE 9	9,302.		9,302.		9,302.



FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

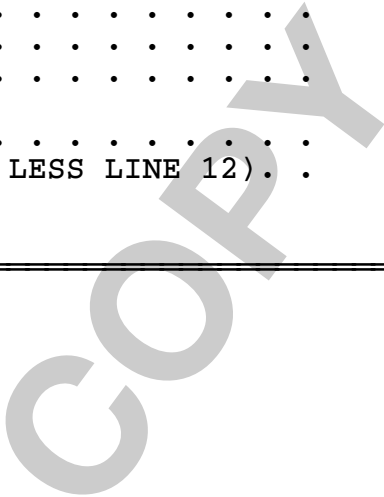
STATEMENT 3

INCOME

1. GROSS RECEIPTS . . . . .	586,913	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		586,913
4. COST OF GOODS SOLD (LINE 13) . . . . .	27,215	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		559,698

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .	27,215	
11. ADD LINES 6 THROUGH 10 . . . . .		27,215
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		27,215



FORM 990 COST OF GOODS SOLD - OTHER COSTS STATEMENT 4

DESCRIPTION	AMOUNT
COST OF GOODS SOLD-OTHER COSTS	27,215.
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B	27,215.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED LOSS	<3,493.>
TOTAL TO FORM 990, PART I, LINE 20	<3,493.>

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PRINTING AND POSTAGE	115,223.	28,246.	21,933.	65,044.
UTILITIES	278,012.	275,232.	2,780.	
ADMINISTRATIVE	72,672.	35,913.	36,231.	528.
MISCELLANEOUS	13,695.	13,559.	136.	
VEHICLE EXPENSES	39,441.	39,047.	394.	
FOOD	46,636.	46,636.		
PROGRAMS: ALLOWANCE, GROUPS, AND SU	7,845.	7,845.		
INSURANCE	305,498.	268,460.	29,115.	7,923.
GIFTS TO THE FOUNDATION	18,140.	18,140.		
ADVERTISING	2,098.	2,098.		
SPECIAL EVENTS	24,484.	4,257.		20,227.
HEALTHCARE	19,066.	19,066.		
CONTINUING EDUCATION AND STAFF DEVE	32,812.	31,626.	606.	580.
TOTAL TO FM 990, LN 43	975,622.	790,125.	91,195.	94,302.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE ONE

THE RESCUE MISSION WORKS 24 HOURS A DAY, 365 DAYS A YEAR TO COMBAT THE PROBLEMS OR HOMELESSNESS, HUNGER AND POVERTY, IN 2007, 274,587 MEALS WERE SERVED, 93,341 NIGHTS OF SHELTER WERE PROVIDED, 28,873 HOURS OF CLASSES TAUGHT. THE RESCUE MISSION'S FREE CLINIC SAW 6,936 PATIENTS, AND PROVIDED \$1,084,175 IN FREE HEALTHCARE. 68,137 VOLUNTEERS HELPED TO PROVIDE ALL THESE SERVICES TO THE COMMUNITIES NEEDIEST CITIZENS. AS A RESULT OF THE WORK OF THE MISSION, THERE WERE 1,278 PROFESSIONS OF FAITH.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		2,658,037.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8  
PART III

EXPLANATION

THE RESCUE MISSION OF ROANOKE IS A NOT FOR PROFIT CORPORATION ORGANIZED UNDER VIRGINIA LAWS AS A CHRISTIAN CRISIS INTERVENTION CENTER WHICH SEEKS TO MINISTER TO THE WHOLE PERSON AND PROVIDE EMERGENCY FOOD, SHELTER AND CLOTHING TO ANYONE IN NEED, REGARDLESS OF AN INDIVIDUAL'S RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN.

FORM 990 OTHER INVESTMENTS STATEMENT 9

DESCRIPTION	VALUATION METHOD	AMOUNT
OTHER INVESTMENTS	COST	<4,427.>
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		<4,427.>

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
NON-GOVERNMENT SECURITIES	FMV	5,918.			5,918.
TO FORM 990, LINE 54A, COL B		5,918.			5,918.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
REVENUE OF RESCUE MISSION FOUNDATION UNREALIZED LOSS	277,979. <3,569.>
TOTAL TO FORM 990, PART IV-A	274,410.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
EXPENSES OF RESCUE MISSION FOUNDATION ON CONSOLIDATED FINANCIAL STATEMENTS	15,661.
TOTAL TO FORM 990, PART IV-B	15,661.

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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 13  
TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
REV. JOY SYLVESTER-JOHNSON P.O. BOX 11525 ROANOKE, VA 24022-1525	CEO 40.00	61,357.	0.	0.
LEE CLARK P.O. BOX 11525 ROANOKE, VA 24022-1525	KEY EMPLOYEE 40.00	64,754.	0.	0.
MR. JOHN SYLVESTOR-JOHNSON P.O. BOX 11525 ROANOKE, VA 24022-1525	KEY EMPLOYEE 40.00	60,900.	0.	0.
MR. PETER VIETH P.O. BOX 11525 ROANOKE, VA 24022-1525	PRESIDENT 0.00	0.	0.	0.
MR BILLY KINGERY P.O. BOX 11525 ROANOKE, VA 24022-1525	VICE PRESIDENT 0.00	0.	0.	0.
MR. NICK AMMAR P.O. BOX 11525 ROANOKE, VA 24022-1525	2ND VICE PRESIDENT 0.00	0.	0.	0.
MRS. SUSAN HONEYCUTT P.O. BOX 11525 ROANOKE, VA 24022-1525	TREASURER 0.00	0.	0.	0.
MR. DAVID WALLENBORN P.O. BOX 11525 ROANOKE, VA 24022-1525	ASSISTANT TREASURER 0.00	0.	0.	0.
MR. GEORGE KEGLEY P.O. BOX 11525 ROANOKE, VA 24022-1525	SECRETARY 0.00	0.	0.	0.
MRS. DARLENE WILEY P.O. BOX 11525 ROANOKE, VA 24022-1525	ASSISTANT SECRETARY 0.00	0.	0.	0.
MRS. MARY ALLEN P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.

MR. BILL BRANCH P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.
MR. GEORGE B. CARTLEDGE III P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.
MR. CARL CROSS P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.
MR. RON DINGLER P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.
DR. AL HAGY P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.
MR. SIDNEY MILLER P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.
MS. ELIZABETH VAIL P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.
MRS. KAYE YOUNG P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.
MS. MINA BOYD P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.
MRS. LEE ANN CARTER P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.
MRS. CAROL CHAPPELL P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.
MR. HARRY DAVIS P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.
MRS. CINDY N. FINDLEY P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.

MRS. MAY M. JUSTICE P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.
MR. WREN ROBERTS P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.
MRS. ELEANOR WELLS P.O. BOX 11525 ROANOKE, VA 24022-1525	OFFICER 0.00	0.	0.	0.
MRS. JUNE BUTLER P.O. BOX 11525 ROANOKE, VA 24022-1525	EMERITUS MEMBER 0.00	0.	0.	0.
DR. ALMA HUNT P.O. BOX 11525 ROANOKE, VA 24022-1525	EMERITUS MEMBER 0.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A	187,011.	0.	0.
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SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	34,537.	45,603.	32,914.	17,042.
TOTAL TO SCHEDULE A, LINE 22	34,537.	45,603.	32,914.	17,042.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

**FOR THE YEAR ENDING**  
**DECEMBER 31, 2007**

<b>Prepared for</b>	THE RESCUE MISSION OF ROANOKE INCORPORATED P.O. BOX 11525 ROANOKE, VA 24022-1525
<b>Prepared by</b>	GOODMAN & COMPANY, L. L. P. 111 FRANKLIN RD SE SUITE 501 ROANOKE, VIRGINIA 24011-2114
<b>Amount due or refund</b>	NO AMOUNT IS DUE.
<b>Make check payable to</b>	NO AMOUNT IS DUE.
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	NOVEMBER 17, 2008
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2007

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service (77)

For calendar year 2007 or other tax year beginning , and ending

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity. TO RENT THE CHURCH LOCATED ON THE PROPERTY.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of THE RESCUE MISSION OF ROANOKE, INC Telephone number 540-343-7227

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 detailing gross receipts, cost of goods sold, and total income/expenses.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows 14-34 detailing various deductions like compensation, salaries, repairs, interest, taxes, and total deductions.

THE RESCUE MISSION OF ROANOKE  
INCORPORATED

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ <b>c</b> Income tax on the amount on line 34	<b>35c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b>	0.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>	
<b>b</b> Other credits (see instructions)	<b>40b</b>	
<b>c</b> General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) _____	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>	
<b>e Total credits.</b> Add lines 40a through 40d	<b>40e</b>	
<b>41</b> Subtract line 40e from line 39	<b>41</b>	0.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b>	0.
<b>44a</b> Payments: A 2006 overpayment credited to 2007	<b>44a</b>	
<b>b</b> 2007 estimated tax payments	<b>44b</b>	
<b>c</b> Tax deposited with Form 8868	<b>44c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>	
<b>e</b> Backup withholding (see instructions)	<b>44e</b>	
<b>f</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Other _____ Total	<b>44f</b>	
<b>45 Total payments.</b> Add lines 44a through 44f	<b>45</b>	
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>	
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>	0.
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>	0.
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2008 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>49</b>	

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 18)

<b>1</b> At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation  N/A

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs	<b>4a</b>				X
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>				

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer _____	Date _____	<b>DIRECTOR OF DEVELOPMENT</b> Title _____		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Paid Preparer's Use Only</b> Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP code <b>GOODMAN &amp; COMPANY, L. L. P.</b> <b>111 FRANKLIN RD SE SUITE 501</b> <b>ROANOKE, VIRGINIA 24011-2114</b>	Date <b>06/09/08</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <b>P00720497</b>	

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instr. on pg 20)

**1** Description of property

(1)		
(2)		
(3)		
(4)		

**2** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

**Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 20)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) 612 BULLITT AVENUE	18,000.	STATEMENT 15 9,691.	STATEMENT 16 18,947.
(2)			
(3)			
(4)			

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
STATEMENT 17 511,109.	STATEMENT 18 576,620.	88.64%	15,955.	25,385.
(2)		%		
(3)		%		
(4)		%		

**Totals** Enter here and on page 1, Part I, line 7, column (A) **15,955.** Enter here and on page 1, Part I, line 7, column (B) **25,385.**  
**Total dividends-received deductions** included in column 8 **0.**

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 21)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

**Totals** Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) **0.** Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) **0.**

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
 (see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
 (see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	0.	0.				0.

**Schedule J - Advertising Income** (see instructions on page 22)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II</b> (lines 1-5) .....	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 15

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		9,691.	
- SUBTOTAL -	1		9,691.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			9,691.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 16

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MAINTENANCE		1,269.	
UTILITIES		458.	
INTEREST EXPENSE		17,196.	
FEES & LICENSES		24.	
- SUBTOTAL -	1		18,947.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			18,947.

FORM 990-T AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 17

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT		511,109.	
- SUBTOTAL -	1		511,109.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			511,109.

FORM 990-T AVERAGE ADJUSTED BASIS OF OR STATEMENT 18  
 ALLOCABLE TO DEBT-FINANCED PROPERTY

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS		576,620.	
- SUBTOTAL -	1		576,620.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			576,620.

COPY

Depreciation and Amortization 990 (Including Information on Listed Property)

2007

Attachment Sequence No. 67

See separate instructions. Attach to your tax return.

Name(s) shown on return: THE RESCUE MISSION OF ROANOKE INCORPORATED
Business or activity to which this form relates: FORM 990 PAGE 2
Identifying number: 54-0573900

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.

Table with 5 rows for Section 179 election details. Line 1: 125,000. Line 3: 500,000.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-7.

Table with 13 rows for Section 179 calculations. Line 8: Total elected cost. Line 13: Carryover of disallowed deduction to 2008.

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

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

Table with 3 rows for Special Depreciation Allowance. Line 16: 16,534.

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

Section A

Table with 2 rows for MACRS deductions. Line 17: 357,917.

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-c.

Part IV Summary (see instructions)

Table with 3 rows for Summary. Line 22: 374,451. Line 23: portion of the basis attributable to section 263A costs.

**THE RESCUE MISSION OF ROANOKE  
INCORPORATED**

Form 4562 (2007)

54-0573900 Page 2

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use ..... **25**

**26** Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
:	:	%						
:	:	%						
:	:	%						

**27** Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
:	:	%				S/L -		
:	:	%				S/L -		
:	:	%				S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles) .....												
<b>31</b> Total commuting miles driven during the year .....												
<b>32</b> Total other personal (noncommuting) miles driven .....												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 .....												
<b>34</b> Was the vehicle available for personal use during off-duty hours? .....												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .....												
<b>36</b> Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

**42** Amortization of costs that begins during your 2007 tax year:

(a)	(b)	(c)	(d)	(e)	(f)
:	:				
:	:				

**43** Amortization of costs that began before your 2007 tax year ..... **43**

**44 Total.** Add amounts in column (f). See the instructions for where to report ..... **44**

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization <b>THE RESCUE MISSION OF ROANOKE INCORPORATED</b>	Employer identification number <b>54-0573900</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 11525</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ROANOKE, VA 24022-1525</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **THE RESCUE MISSION OF ROANOKE, INC.**  
Telephone No. ▶ **540-343-7227** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2007** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.