

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.

Open to Public Inspection

A For the **2009** calendar year, or tax year beginning _____ and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE RESCUE MISSION OF ROANOKE INCORPORATED		D Employer identification number 54-0573900
		Doing Business As		E Telephone number 540-343-7227
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,300,399.
		P.O. BOX 11525		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or country, and ZIP + 4 ROANOKE, VA 24022-1525		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)	
F Name and address of principal officer: LEE CLARK P.O. BOX 11525, ROANOKE, VA 24022-1525		H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.RESCUEMISSION.NET				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1948
				M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EMERGENCY FOOD, SHELTER AND CLOTHING TO ANYONE IN NEED.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of employees (Part V, line 2a)	5	130
	6 Total number of volunteers (estimate if necessary)	6	6000
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,705,611.	4,192,935.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,485.	3,679.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98,466.	103,785.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,821,562.	4,300,399.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,098,244.	2,276,320.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 159,333.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,489,625.	1,663,451.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,587,869.	3,939,771.	
19 Revenue less expenses. Subtract line 18 from line 12	233,693.	360,628.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	11,032,156.	11,509,659.
	22 Net assets or fund balances. Subtract line 21 from line 20	373,155.	489,532.
		10,659,001.	11,020,127.

Part II Signature Block

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

Sign Here ▶ *Lee Clark* Signature of officer **18-11-10** Date
▶ **LEE CLARK, DIRECTOR OF DEVELOPMENT** Type or print name and title

Paid Preparer's Use Only Preparer's signature ▶ *Walter C Stanley* Date **07/29/10** Check if self-employed Preparer's identifying number (see instructions)
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 ▶
Phone no. ▶ **540-989-6144**

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