

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

What activity or activities did your organization accomplish? See Statement 1
 Describe what was achieved. If carried out the organization's exempt purposes, in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program.

Expenses
 (Required for 501(c)(3) and (1) organizations and 4947(a)(2) trusts, unless otherwise specified.)

28 See Statement 1
 (Grants \$ _____) If this amount includes foreign grants, check here. 28a

29 _____
 (Grants \$ _____) If this amount includes foreign grants, check here. 29a

30 _____
 (Grants \$ _____) If this amount includes foreign grants, check here. 30a

31 Other program services (attach schedule G)
 (Grants \$ _____) If this amount includes foreign grants, check here. 31a

32 Total program service expenses (add lines 28a through 31a) 32

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instructions.)

(a) Name and address	(b) Title and average hours per week devoted (based on _____)	(c) Compensation (if not paid, enter -0-)	(d) Contribution to employee benefit plans and federal pension plan	(e) Expense account and other allowances
Mike Sardo 717 Locust Festus, MO 63028	President 0	21,093.	0.	0.
Louise Sardo 717 Locust Festus, MO 63028	Vice President 0	0.	0.	0.
Norma Pullen 30 Oakland Woods Drive Festus, MO 63028	Secretary/Treas 0	0.	0.	0.
Joe Buffa 7123 Fall Oak Drive St Louis, MO 63129	Director 0	0.	0.	0.
Dr Robert Cayse 501 Rose Lane Festus, MO 63028	Director 0	0.	0.	0.
Dan Fisher 2139 Windswept Estates Drive Imperial, MO 63052	Director 0	0.	0.	0.
Gerry Galdiny 1305 Beriah Drive Festus, MO 63028	Director 0	0.	0.	0.
Ron Nolan P O Box 263 Festus, MO 63028	Director 0	0.	0.	0.
David Kennedy 2015 The Woods Circle Barabara, MO 63012	Director 0	0.	0.	0.
Gerry Texa 2023 Marine Road Festus, MO 63028	Director 0	0.	0.	0.
Joyce Sullivan 1057 Crystal Court Proclamaum, MO 63048	Director 0	0.	0.	0.
Jeran Sage P O Box 886 Ellisboro, MO 63080	Director 0	0.	0.	0.

Part VI Section 501(c)(3) organizations only. All small (MSE) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 3

- 46 Did the organization engage in direct or indirect political campaign activities or financial promotion in support of candidates for public office? If "Yes," complete Schedule C, Part I. 46 Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 47 Yes No
- 48 Is the organization operating a school as described in section 170(b)(1)(D)(ii)? If "Yes," complete Schedule E. 48 Yes No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No
- 49b If "Yes," was the related organization a section 527 organization? 49b Yes No

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address (street, city, state, zip) (do not include P.O. box)	(b) Title and number of hours worked during the year	(c) Compensation	(d) Other salary or benefits (do not include employee stock or bonus) (do not include salary)	(e) Total compensation (sum of (c) and (d))
None				
Total number of other employees who received \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address (street, city, state, zip) (do not include P.O. box)	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000		

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, the information is true, correct, and complete. I declare under penalty of perjury that I am the preparer (other than a bookkeeper) of this return and I am not a partner, officer, director, trustee, or key employee.

Sign Here:
Signature: [Signature]
Title: [Title]

Paid Preparer's Use Only:
Preparer's Signature: [Signature] Date: 4-23-09
Firm's Name: Louis J. Veger & Associates, L.C.
Firm's Address: 662 North Creek Drive PO Box 776, Festus, MO 63028
Firm's Phone: (636) 937-8351

May the IRS discuss this return with the preparer shown above? See instructions. Yes [X] No []

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Name of the organization

Jefferson County Rescue Mission, Inc.

Employer identification number

43-1146094

Part I Reason for Public Charity Status (All organizations must complete this part.) (See instructions.)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule E.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local governmental or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt purpose — 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). (Complete Part II.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (See instructions.)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III — Functionally integrated
 - d Type III — Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons, a foreign foundation or managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) a person who directly or indirectly controls, in fact alone or together with persons described in (i) and (ii) below, the governing body of the supported organization? Yes No
 - (ii) a family member of a person described in (i) above? 11g (ii)
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g (iii)

11 Provide the following information about the organizations the organization supports.

11b Name of Supported Organization	11c EIN	11d Type of organization described in line 9 (Type or IRS section) (See instructions.)	11e Is the organization (a) a 35% controlled entity of a person described in (i) or (ii) above?		11f Do you have a disqualified person (b) of your support?		11g Is the organization (c) organized in the U.S.?		11h Amount Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) *	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include amount grants.)	106,297.	123,905.	143,800.	460,789.	484,611.	1,319,490.
2 Tax revenues levied by the organization's bonds and either paid to or expended on its behalf						0.
3 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						0.
4 Total. Add lines 1-3	106,297.	123,905.	143,800.	460,789.	484,611.	1,319,490.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 14, column (f)						0.
6 Public support. Subtract line 5 from line 4						1,319,490.

Section B. Total Support

Calendar year (or fiscal year beginning in) *	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amount from line 4	106,297.	123,905.	143,800.	460,789.	484,611.	1,319,490.
8 Gross income from interest, dividends, payees is received on securities, annuities, rents, royalties and income from other sources	749.	1,150.	13.	5.	18.	2,135.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (except as defined in Part IV)						0.
11 Total support. Add lines 7 through 10						1,321,625.
12 Gross receipts from related activities, e.g., (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.8%
15 Public support percentage for 2007 (Schedule A, Part VII, line 26)	15	99.1%

16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. X

b 33-1/3 support test — 2007. If the organization did not check a box on line 13, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 1 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees (see instructions) (Do not include for annual grants)	106,297	123,905	143,888	460,789	484,611	1,319,490
2 Gross receipts from admissions, merchandise sold, or services performed, or facilities furnished (if a activity that is related to the organization's tax-exempt purpose)						0
3 Fees received from activities that are not an unrelated trade or business (see instructions)						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on behalf of						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1-5.	106,297	123,905	143,888	460,789	484,611	1,319,490
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 1, 2, 3, 11, and 12 for the year or \$5,000	0	0	0	0	0	0
c Add lines 7a and 7b.	0	0	0	0	0	0
8 Public support. Subtract line 7c from line 6.						1,319,490

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 8	106,297	123,905	143,888	460,789	484,611	1,319,490
10a Gross income from interest, dividends, payments received on securities loans, annuities, royalties and income from sales of assets	749	1,350	13	5	18	2,135
b Unrelated business taxable income (less section 511 tax) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b.	749	1,350	13	5	18	2,135
11 Net capital gain or loss from business activities not included in 10b whether or not the business is regularly carried on						0
12 Other income (Do not include gain or loss from the sale of capital assets (see instructions))						0
13 Total support. Add lines 9, 10c, 11, and 12.						1,321,625

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.8%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27c	16	99.1%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.2%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27a	18	0.2%

9a 33-1/3 support tests - 2008. If the organization did not check this box on line 14 and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Client 1001260

Jefferson County Rescue Mission, Inc.

43-1146064

4/20/08

04/20/08

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	5	2,381.
Amortization		157.
Auto expense		5,634.
Bank charges		120.
Contributions		623.
Depreciation		7,297.
Dues and subscriptions		1,739.
Entertainment		578.
Equipment repairs & maintenance		5,467.
Food donated		297,906.
Food purchased		2,281.
Insurance		6,419.
Interest		8,203.
Miscellaneous		29.
Office Expenses		1,170.
Outside services		500.
Security		322.
Supplies		1,048.
Taxes and licenses		81.
Telephone		2,931.
Total		<u>\$ 344,747.</u>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Automobiles	\$ 12,748.	\$ 12,748.
Furniture and Fixtures	4,346.	7,255.
Intangible Assets	167.	0.
Total	<u>\$ 17,261.</u>	<u>\$ 20,003.</u>

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 2,941.	\$ 2,556.
Secured Mortgages and Notes Payable	137,262.	132,593.
Total	<u>\$ 140,203.</u>	<u>\$ 135,149.</u>

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Homeless shelter providing food and clothing to homeless people.

Client 1001260

Jefferson County Rescue Mission, Inc.

43-1146064

4/22/09

04:13PM

Statement 5
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Jefferson County Rescue Mission is a homeless shelter organized to provide food, clothing and relief to destitute and homeless people. Funds have been used throughout the year to pay for the upkeep of the Mission, to provide for food for the poverty-stricken and shelter for homeless people in the Jefferson County area.

Statement 6
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

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