Form **990** | **Return of Organization Exempt From Income Tax** | OMB No 1545-0047

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

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

Department of the Treasury
Internal Revenue Service

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning 1/1, 2004, and ending 12/31, 20 04

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

17661 ********AUTO**3-DIGIT 611
ROCKFORD RESCUE MISSION MINISTRIES
ROCKFORD RESCUE MISSION P240
PO BOX 4083 B 26
ROCKFORD IL 61110-0583

D Employer identification number 36 6132381

E Telephone number (815) 965-5332

F Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify) ▶

trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ rockfordrescuemission.org

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☐ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	2,511,140		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	**Total** (add lines 1a through 1c) (cash $ 2,385,781 noncash $ 125,359)			1d	2,511,140
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	664,158
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	5,958
	5	Dividends and interest from securities			5	
	6a	Gross rents Statement 1	6a	10,125		
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	10,125
	7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory		8a	750,098
b	Less. cost or other basis and sales expenses		8b	96,278
c	Gain or (loss) (attach schedule)		8c	653,820

d	Net gain or (loss) (combine line 8c, columns (A) and (B)) Statement 2			8d	653,820
9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ ☐				
a	Gross revenue (not including $ 183,763 of contributions reported on line 1a)	9a	48,905		
b	Less: direct expenses other than fundraising expenses	9b	70,007		
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	-21,102
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	55,014
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	3,879,113

Expenses	13	Program services (from line 44, column (B))	13	2,500,537
	14	Management and general (from line 44, column (C))	14	221,680
	15	Fundraising (from line 44, column (D))	15	402,679
	16	Payments to affiliates (attach schedule)	16	
	17	**Total expenses** (add lines 16 and 44, column (A))	17	3,124,896
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	754,217
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,819,505
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	5,573,722

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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 (See page 22 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ ____ noncash $ ____)	22				
23 Specific assistance to individuals (attach schedule)	23	30,964	30,964	Statement 3	
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	59,755	29,877	14,939	14,939
26 Other salaries and wages	26	1,175,235	940,392	131,169	103,674
27 Pension plan contributions	27	6,550		6,550	
28 Other employee benefits	28	120,346	100,793	5,428	14,125
29 Payroll taxes	29	87,717	68,158	11,222	8,336
30 Professional fundraising fees	30	127,196			127,196
31 Accounting fees	31	25,262	11,486	10,712	3,065
32 Legal fees	32				
33 Supplies	33	10,866	9,147	704	1,015
34 Telephone	34	16,736	12,124	2,475	2,137
35 Postage and shipping	35	66,926	359	2,609	63,958
36 Occupancy	36	96,816	88.462	5,204	3,150
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	38,217	33,634	2,292	2,291
42 Depreciation, depletion, etc. (attach schedule)	42	204,330	188,558	8,839	6,933
43 Other expenses not covered above (itemize) a	43a				
b STATMENT 4	43b	371,105	299,800	19,446	51,859
c	43c				
d STATEMENT 5	43d	686,875	686.875		
e	43e				
44 **Total functional expenses** (add lines 22 through 43). *Organizations completing columns (B)-(D), carry these totals to lines 13—15*	44	3,124,896	2,500,629	221,589	402,678

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☑ No

If "Yes," enter (i) the aggregate amount of these joint costs $______; (ii) the amount allocated to Program services $______; (iii) the amount allocated to Management and general $______; and (iv) the amount allocated to Fundraising $______

Part III **Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶

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

	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)
a Rescue Services: Food service, homeless shelter, medical clinic, life recovery program, education center (Grants and allocations $)	1,813,754
b Mission Mart thrift stores (Grants and allocations $)	686,875
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services). ▶	2,500,629

Part IV Balance Sheets (See page 25 of the instructions.)

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

Section	Line	Description	Sub-line	Sub-amount	(A) Beginning of year	Line	(B) End of year
Assets	45	Cash—non-interest-bearing			174.228	45	741.502
	46	Savings and temporary cash investments				46	
	47a	Accounts receivable	47a	4,309			
	b	Less: allowance for doubtful accounts	47b		3,186	47c	4,309
	48a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b		-0-	48c	-0-
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less: allowance for doubtful accounts	51b		-0-	51c	-0-
	52	Inventories for sale or use			334,924	52	278,652
	53	Prepaid expenses and deferred charges			61,843	53	81,141
	54	Investments—securities (attach schedule) ▶ ☐ Cost ☐ FMV				54	
	55a	Investments—land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis	57a				
	b	Less: accumulated depreciation (attach schedule)	57b		5,006,643	57c	4,754,956
	58	Other assets (describe ▶ Gift cards, rent deposits)			4,380	58	29,644
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			5,585,204	59	5,890,204
Liabilities	60	Accounts payable and accrued expenses			59,121	60	90.259
	61	Grants payable				61	
	62	Deferred revenue			5,000	62	10,000
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)			489,606	64b	-0-
	65	Other liabilities (describe ▶ STATEMENT 6)			211,972	65	216,223
	66	**Total liabilities** (add lines 60 through 65)			765,699	66	316,482
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** ☐ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			4,815,056	67	5,551,758
	68	Temporarily restricted			4,449	68	21,964
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	***Total net assets or fund balances*** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			4,819,505	73	5,573,722
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			5,585,204	74	5,890,204

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	4,062,176
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $ 113,056		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): cost of fund raisn special events $ 70,007		
	Add amounts on lines (1) through (4) ▶	b	183,063
c	Line a minus line b ▶	c	3,879,113
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990. $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	3,879,113

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

a	Total expenses and losses per audited financial statements ▶	a	3,307,959
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $ 113,056		
(2)	Prior year adjustments reported on line 20, Form 990. $		
(3)	Losses reported on line 20, Form 990. $		
(4)	Other (specify): cost of fund raising $ 70,007		
	Add amounts on lines (1) through (4) ▶	b	183,063
c	Line a minus line b ▶	c	3,124,896
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	3,124,896

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See attached list				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☑ No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76		✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		✓
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		✓
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		✓
b	If "Yes," enter the name of the organization ▶ .... and check whether it is ☐ exempt **or** ☐ nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions — 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		✓
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	✓	
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.) — Statement 7 — 82b 113,056			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		✓
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members — 85c			
d	Section 162(e) lobbying and political expenditures — 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter: **a** Initiation fees and capital contributions included on line 12 — 86a			
b	Gross receipts, included on line 12, for public use of club facilities — 86b			
87	*501(c)(12) orgs.* Enter: **a** Gross income from members or shareholders — 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		✓
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		✓

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ -0-

d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ -0-

90a List the states with which a copy of this return is filed ▶ Illinois

b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) 90b 85

91 The books are in care of ▶ Beverly Giloy Telephone no. ▶ (815) 965-5332 x105

Located at ▶ 715 W. State St. Rockord, IL ZIP + 4 ▶ 61102

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

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

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Resale shops					621,526
b Recycle - bulk clothing					42,632
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					5,958
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	2.200	7.925
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					653,820
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					-21,102
103 Other revenue: a					7,204
b					7,810
c					
d					40,000
e					
104 Subtotal (add columns (B), (D), and (E))				2,200	1,365,773

105 **Total** (add line 104, columns (B), (D), and (E)) . . . ▶ 1,367,973

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	STATEMENT 8

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

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

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☐ No

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

Please Sign Here

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.

▶ Signature of officer — Date 4/18/05

▶ Stanley Valulis [redacted] Board of Directors President

Date | Check if self-employed ▶ ☐ | Preparer's SSN or PTIN (See Gen Inst W)

EIN ▶

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

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

OMB No 1545-0047

2004

Name of the organization: Rockford Rescue Mission Ministries, Inc.

Employer identification number: 36-6132381

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
Rev. Patrick Clinton 2307 Jonquil Pl. Rockford, IL 61107	Director of Church & Community Relations 45	34,147	4,120	20,000 housing
Total number of other employees paid over $50,000 ▶	-0-			

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

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

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Grizzard 110 N. Maryland Ave Glendale, CA 91206	Direct mail & Acquisition	55,682
Russ Reid P.O. Box 60140 Los Angeles, CA 90060-0140	Direct mail & Acquisition	58,672
Total number of others receiving over $50,000 for professional services ▶	-0-	

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		✓
	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			
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		✓
b	Lending of money or other extension of credit?	2b		✓
c	Furnishing of goods, services, or facilities?	2c		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		✓
e	Transfer of any part of its income or assets?	2e		✓
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		✓
b	Do you have a section 403(b) annuity plan for your employees?	3b	✓	
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		✓
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		✓

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

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

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives **(1) more than 33⅓%** 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 33⅓%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,627,427	2,576,216	2,456,465	2,483,543	10,143,651
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	823,531	794,855	670,503	547,302	2,836,191
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	182	1,808	12,813	17,093	31,896
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	STATEMENT 9				
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	15,978	19,697	24,951	24,813	85,439
23 Total of lines 15 through 22	3,467,118	3,392,576	3,164,732	3,072,751	13,097,177
24 Line 23 minus line 17	2,643,587	2,597,721	2,494,228	2,525,449	10,260,986
25 Enter 1% of line 23	34,671	33,926	31,647	30,728	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 205,220

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b -0-

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 10,260,986

d Add Amounts from column (e) for lines: 18 31,896 19 -0- 22 85,439 26b -0- ▶ 26d 117 335

e Public support (line 26c minus line 26d total) ▶ 26e 10,143,651

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 98.856 %

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:

(2003) .... (2002) .... (2001) .... (2000) ....

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger of (1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2003) .... (2002) .... (2001) .... (2000) ....

c Add. Amounts from column (e) for lines: 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶ 27c

d Add: Line 27a total. ____ and line 27b total ____ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

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

Part V **Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Line	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?	29		
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?	30		
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?	31		
	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?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	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.)			
34a	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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table—			
If the amount on line 40 is— / **The lobbying nontaxable amount is—**			
Not over $500,000 — 20% of the amount on line 40			
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 11 of the instructions.)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		✓
(ii) Other assets	a(ii)		✓
b Other transactions			✓
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		✓
(iii) Rental of facilities, equipment, or other assets	b(iii)		✓
(iv) Reimbursement arrangements	b(iv)		✓
(v) Loans or loan guarantees	b(v)		✓
(vi) Performance of services or membership or fundraising solicitations	b(vi)		✓
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		✓

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☐ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

ROCKFORD RESCUE MISSION MINISTRIES
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Page 1, Part I: Revenue, Expenses & Changes in Net Assets or Fund Balances, Line 9 Special Events

Event	Receipts	Contributions	Revenue	Expenses	Net Income
Telethon	125,000	125,000	0	27,775	-27,775
Walkathon	17,639	0	17,639	1,940	15,699
Banquet	37,356	26,731	10,625	24,218	-13,593
Women's Gathering	21,801	8,171	13,630	7,707	5,923
Birdies for Charity	17,448	17,448	0	300	-300
Golf Playday	0	0	0	500	-500
Fall Concert	13,424	6,413	7,011	7,567	-556
	232,668	183,763	48,905	70,007	-21,102
Included in line 1a		183,763			
Total for line 9a			48,905		
Total for line 9b				70,007	
Net Income for line 9c					-21,102

ROCKFORD RESCUE MISSION MINISTRIES
FORM 990
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Page 2, Part II, Statement of Functional Expenses Line 42, Depreciation:

	Total	Program	General	Fund Raising
Building & property improvements	129,857	120,444	5,361	4,052
Vehicles	11,218	11,218		
Tools and equipment	2,766	2,766		
Office & kitchen equipment	60,273	54,130	3,478	2,665
Musical equipment	216	0	0	216
	204,330	188,558	8,839	6,933

ROCKFORD RESCUE MISSION MINISTRIES
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Page 2, Part III, Statement of Program Accomplishments:

a. Rescue Services: Aid assistance and care of homeless men, women and children through provision of temporary lodging, meals, clothing, counseling, etc. during 2004, 45,928 cases of temporary lodging, 120,353 meals and 31,518 items of food, clothing, and household items were provided to individuals and families.

b. Mission Mart Resale Stores: Provides outlet for sale of used, donated clothing and merchandise

ROCKFORD RESCUE MISSION MINISTRIES
FORM 990
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Page 3, Part IV, Balance Sheets, Line 57, Land, Buildings and Equipment:

	2004			
	Basis	Accumulated Depreciation	Net Book Value	Depreciation Expense
Land	279,516		279,516	
Buildings & improvements	5,079,785	847,177	4,232,609	141,383
Land Improvement	16,049	4,016	12,033	1,217
Vehicles	64,438	46,022	18,416	11,218
Musical Instruments & sound equipment	13,675	12,742	933	216
Furnishing, Program	261,732	179,887	81,846	30,476
Office Equipment	209,350	159,896	49,454	17,766
Kitchen Equipment	111,167	53,578	57,589	6,620
Tools & equipment	31,845	28,521	3,323	2,766
Fixtures & equipment in resale store	64,872	45,635	19,237	5,412
	6,132,429	1,377,473	4,754,956	217,074

	2003			
	Basis	Accumulated Depreciation	Net Book Value	Depreciation Expense
Land	323,227		323,227	
Buildings & improvements	5,376,038	985,132	4,390,906	135,663
Land Improvement	15,194	5,709	9,485	1,250
Vehicles	78,438	48,804	29,634	11,010
Musical Instruments & sound equipment	13,675	12,526	1,149	643
Furnishing, Program	261,732	149,411	112,321	34,229
Office Equipment	197,970	142,131	55,839	18,817
Kitchen Equipment	111,167	46,958	64,209	6,943
Tools & equipment	31,845	25,755	6,090	3,743
Fixtures & equipment in resale store	54,007	40,223	13,784	0
	6,463,293	1,456,649	5,006,644	212,298

ROCKFORD RESCUE MISSION MINISTRIES
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Page 3, Part IV, Balance Sheets, Line 64b, Mortgages:

Lender's Name	Relationship of Lender	Beginning of Yr. Amt.	End of Yr. Amt.	Borrower's Security	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Original Amount
AMCORE Bank	None	489,606	0	Real Estate	6/15/99	8/13/08	Monthly Principal + Interest	5.75%	1,000,000

ROCKFORD RESCUE MISSION MINISTRIES
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Page 4, Part V, List of Officers, Directors and Trustees:

(A) Name & Address	(B) Title and Avg. Hrs. per Wk	(C) Compensation	(D) Contributions to Employee Benefit Plans	(E) Expense Act. and Other Allowance
Stanley Valiulis 2869 Hanford Dr. Rockford, IL 61114	Board Director, President	-0-	-0-	-0-
Gary Bocker 10662 IL Rt 64 W Polo, IL 61064	Board Director,	-0-	-0-	-0-
Judy Bocker 10662 IL Rt 64 W Polo, IL 61064	Board Director,	-0-	-0-	-0-
Robert Griffith 11358 Joncey Drive Roscoe, IL 61073	Board Director, Secretary	-0-	-0-	-0-
Glenn Miller 7120 Windsor Lake Parkway Loves Park, IL 61111	Board Director	-0-	-0-	-0-
David Bates 817 Midlothian Way Rockford, IL 61107	Board Director,	-0-	-0-	-0-
Michael Kalodimos 724 N. Highland Rockford, IL 61107	Board Director, Treasurer	-0-	-0-	-0-
Richard Farb 1788 Sweetbriar Lane Rockford, IL 61107	Board Director, Vice Chariman	-0-	-0-	-0-
Carol Klint 422 Wood Rd. Rockford, IL 61107	Board Director,	-0-	-0-	-0-
Charles Inskeep, MD 16 Johns Woods Dr Rockford, IL 61103	Board Director,	-0-	-0-	-0-

ROCKFORD RESCUE MISSION MINISTRIES
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Page 4, Part V, List of Officers, Directors and Trustees:

(A) Name & Address	(B) Title and Avg. Hrs. per Wk	(C) Compensation		(D) Contributions to Employee Benefit Plans	(E) Expense Act. and Other Allowance
Larry Johnson 3360 Twin Ridge Lane Rockford, IL 61109	Board Director,	-0-		-0-	-0-
Dave Ross 3722 Foxborough Lane Rockford, IL 61114	Board Director,	-0-		-0-	-0-
Gerald Pitney 2006 Fremont St. Rockford, IL 61103	Sr. Board Director	$6,550	x	-0-	-0-
Cheryl Pitney 2103 Maple St Loves Park, IL 61111	Executive Director	$59,755	*	-0-	-0-
		$66,305			

x Retirement
* Salary

ROCKFORD RESCUE MISSION MINISTRIES 36-6132381

FORM 990 - 2004 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	GROSS RENTAL INCOME
FACILITIES	10,125
TOTAL TO FORM 990, PART I, LINE 6A	10,125

FORM 990 - 2004 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
LAND & BUILDINGS			
727 ELM	JULY 1979	AUGUST 2004	PURCHASED
723 ELM	MAY 1984	AUGUST 2004	PURCHASED
731 ELM	MAY 1984	AUGUST 2004	PURCHASED
730 W. STATE	JANUARY 1985	AUGUST 2004	PURCHASED
1992 FORD CLUB WAGON	JULY 1996	NOVEMBER 2004	PURCHASED

ROCKFORD RESCUE MISSION MINISTRIES 36-6132381

FORM 990 - 2004 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 3

DESCRIPTION	AMOUNT
SUNDRY ASSISTANCE TO HOMELESS, INCLUDING MEDICAL CARE, EDUCATION, AND RECREATION	30,964
TOTAL TO FM 990, PART II, LINE 23	30,964

ROCKFORD RESCUE MISSION MINISTRIES

FORM 990 - 2004	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C.) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BUILDING MAINT	42,312	35,613	4,167	2,532
DONATED FOOD, CLOTHES HOUSEWARES	172,040	171,870	170	
EDUCATION/AWARENESS	13,000	12,205		795
INSURANCE	57,734	47,659	5,836	4,239
MISCELLANEOUS	579	150	196	233
OFFICE SUPPLIES & SERVICE	12,139	5,152	4,490	2,497
OTHER EMPLOYEE EXP	4,440		4,440	
PROMOTION, PUBLICATIONS	58,051	17,969		40,082
R/E TAXES	306	306		
VEHICLE OPERATIONS	7,787	6,159	147	1,481
VOLUNTEER OPERATIONS	2,717	2,717		
TOTAL TO FM 990, LN 43	371,105	299,800	19,446	51,859

ROCKFORD RESCUE MISSION MINISTRIES

FORM 990 - 2004 MISSION MART THRIFT STORES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C0) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ACCOUNTING, AUDITING & LEGAL	993	993		
ADVERTISING	284	284		
BUILDING MAINTENANCE & SUPPLIE!	4,270	4,270		
BUILDING INSURANCE	1,957	1,957		
BUILDING RENTAL	139,872	139,872		
DEPRECIATION	12,744	12,744		
EDUCATION	943	943		
EQUIPMENT REPAIRS	1,506	1,506		
HEALTH, DISABILITY, & FLEX INS.	27,857	27,857		
LIABILITY & OTHER INSURANCE	3,173	3,173		
MISCELLANEOUS	3,216	3,216		
OFFICE SUPPLIES & SERVICES	1,293	1,293		
PAYROLL TAXES	24,927	24,927		
POSTAGE	61	61		
PURCHASED ITEMS FOR RESALE	18,496	18,496		
SALARIES & WAGES	347,690	347,690		
SMALL EQUIPMENT PURCHASES	7,131	7,131		
RETAIL SUPPLIES	5,464	5,464		
OTHER SUPPLIES	7,285	7,285		
TELEPHONE	3,386	3,386		
UTILITIES	50,126	50,126		
VEHICLE INSURANCE	5,078	5,078		
VEHICLE OPERATION	10,084	10,084		
WORKER'S COMPENSATION INS.	9,039	9,039		
TOTAL TO FM 990, LN 43	686,875	686,875	0	0

ROCKFORD RESCUE MISSION MINISTRIES

Form 990 - 2004	BALANCE SHEET OTHER LIABILITIES	STATEMENT 6

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
FUNDS HELD FOR RESIDENTS	3,790	5,245
ACCRUED LONG-TERM COMPENSATION	208,182	210,978
TOTAL TO FORM 990, PART IV, LINE 65	211,972	216,223

LINE

82b. LINE 1 AND LINE 43 INCLUDE DONATED PROFESSIONAL SERVICES AS FOLLOWS:

UNRESTRICTED SUPPORT	
PROGRAM ACTIVITIES	34,031
ADMINISTRATIVE ACTIVITIES	4,200
FUNDRAISING ACTIVITIES	74,825
TOTAL	113,056

FORM 990-2004 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 8

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	SALE OF DONATED HOUSEHOLD ITEMS AT RESALE SHOP
93B	DONATED PERSONAL/HOUSEHOLD ITEMS SOLD AS RECYCLE OR BULK MATERIALS.
103A	REFRESHMENTS TO PROGRAM PARTICIPANTS, WORKERS AND STAFF
103B	REVENUE FROM SALE OF SCRAP MATERIALS, GARNISHMENT FEES, PAY PHONE COMMISSION USED TO COVER GENERAL COSTS OF MINISTRY TO HOMELESS AND HURTING PEOPLE

ROCKFORD RESCUE MISSION MINISTRIES 36-6132381

FORM 990 - 2004 OTHER INCOME STATEMENT 9

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
RENT	6,713	12,214	16,179	13,875
SOFT DRINKS	7,102	6,372	7,012	7,882
MISC SCRAP MAT	675	500	880	1,545
MISC REC & REFUNDS	1,488	611	880	1,511
TOTAL TO SCHEDULE A, LINE 22	15,978	19,697	24,951	24,813