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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A **For the 2008 calendar year, or tax year beginning** 12/1/2008 , **and ending** 11/30/2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Old Man Rivers Mission

Number and street (or P O box, if mail is not delivered to street address): 703 Pike Street

Room/suite:

City, town, or country: Parkersburg

State: WV

ZIP + 4: 26101-5711

D Employer identification number: 55-0727794

E Telephone number: 304-428-6677

F Group Exemption Number ▶

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

G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶

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

I **Website:** ▶ www oldmanrivers org

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

K Check ▶ ☐ if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 522,360

SCANNED FEB 22 2010

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	503,391
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	1,108
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less. cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶ Rental income)		8	17,861
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	522,360
Expenses	10	Grants and similar amounts paid (attach schedule)		10	0
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	13,612
	14	Occupancy, rent, utilities, and maintenance		14	10,368
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See attached statement)		16	468,306
	17	**Total expenses.** Add lines 10 through 16 ▶		17	492,286
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	30,074
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	382,024
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	412,098

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Part II **Balance Sheets.** If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	123,178	22	157,008
23	Land and buildings	384,657	23	370,697
24	Other assets (describe ▶ Inventory)	4,798	24	5,445
25	**Total assets**	512,633	25	533,150
26	**Total liabilities** (describe ▶ See attached statement)	130,609	26	121,052
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	382,024	27	412,098

98-10

23

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

What is the organization's primary exempt purpose? Assistance for needy and homeless

Describe what was achieved in carrying 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 title

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
28	Provides hot meals, clothing, blankets, accessories, temporary shelter, and training in life and work skills. These services are provided to the homeless, needy and underemployed individuals in Parkersburg, WV (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	474,238
29	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	474,238

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

(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
Name Patricia Riffle Str 703 Pike Street City Parkersburg ST WV ZIP 26101	Title Exec Director Hr/WK 40.00	10,512	0	0
Name Robert Riffle Str 703 Pike Street City Parkersburg ST WV ZIP 26101	Title Director Hr/WK 2.00	0	0	0
Name David Edwards Str 703 Pike Street City Parkersburg ST WV ZIP 26101	Title Director Hr/WK 2.00	0	0	0
Name Wally Earnest Str 703 Pike Street City Parkersburg ST WV ZIP 26101	Title Director Hr/WK 2.00	0	0	0
Name Delta Wix Str 703 Pike Street City Parkersburg ST WV ZIP 26101	Title Director Hr/WK 2.00	0	0	0
Name Steve Shaffer Str 703 Pike Street City Parkersburg ST WV ZIP 26101	Title Director Hr/WK 2.00	0	0	0
Name Kevin Sallee Str 703 Pike Street City Parkersburg ST WV ZIP 26101	Title Director Hr/WK 2.00	0	0	0
Name Mike Tucker Str 703 Pike Street City Parkersburg ST WV ZIP 26101	Title Director Hr/WK 2.00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40 a	Section 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	Section 501(c)(3) and (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," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

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

42 a The books are in care of ▶ Name Patricia Riffle Telephone no ▶ 304-428-6677

Located at ▶ 703 Pike Street City Parkersburg ST WV ZIP + 4 ▶ 26101

			Yes	No
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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51

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

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 of each employee paid more than $100,000	(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
Name None Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Total number of other employees paid over $100,000 ▶	0	0	0	0

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 of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over $100,000 ▶	0	0

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

▶ Patricia Riffle
Signature of officer

Date 2-2-2010

▶ PATRICIA RIFFLE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Alice M Harris CPA	Date 2/1/2010	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions) P00274112
Firm's name (or yours if self-employed), address, and ZIP +4 ▶ Alice M Harris, CPA, A C 1818 Rayon Drive, Parkersburg, WV 26101		EIN ▶ 20-0473428 Phone no ▶ 304-422-5577	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
Old Man Rivers Mission	55-0727794

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 a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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 III)

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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 other than foundation 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, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
Total									0

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 any "unusual grants ")	349,713	381,316	395,963	495,319	503,391	2,125,702
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 **Total** Add lines 1-3	349,713	381,316	395,963	495,319	503,391	2,125,702
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						2,125,702

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	349,713	381,316	395,963	495,319	503,391	2,125,702
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,644	1,223	1,370	1,329	1,108	6,674
9 Net income from unrelated business activities, whether or not the business is regularly carried on	3,070	0	0	2,713		5,783
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						2,138,159
12 Gross receipts from related activities, etc (see instructions)					12	

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 42%
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99 19%

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

b **33 1/3% support test–2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** *The organization qualifies as a publicly supported organization* ► ☐

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 9 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 any "unusual grants ")	0	0	0			0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 **Total.** Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						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 9, 10c, 11, and 12 for the year or $5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6)						0

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 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 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 (Explain in Part IV)	0	0	0			0
13 **Total support.** (Add lines 9, 10c, 11, and 12)						0

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	0 00%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0 00%

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 00%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	0 00%

19a **33 1/3% support tests–2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

Part I, Line 16 (990-EZ) - Other Expenses 468,306

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc	5	26,329
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	5,350
9	Telephone	9	1,661
10	Unrelated business income taxes	10	0
11	Specific assistance to individuals (meals, clothing, supplies, etc)	11	380,812
12	Repairs & maintenance	12	5,404
13	Fuel	13	2,192
14	Food and supplies	14	30,948
15	Insurance	15	5,114
16	Rental property direct expenses	16	8,427
17	Miscellaneous	17	2,069
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part II, Line 24 (990-EZ) - Other Assets

		4,798	5,445
	Description	Beginning	End
1	Inventory	4,798	5,445
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part II, Line 26 (990-EZ) - Liabilities

130,609 121,052

	Description	Beginning	End
1	Mortgages payable	128,359	118,683
2	Security deposits payable	1,400	1,400
3	Accounts payable	850	969
4			
5			
6			
7			
8			
9			
10			

Old Man River's Mission
Depreciation Schedule
Year Ended November 30, 2009

Description	Acct Number	Date Acquired	Est Life	Cost Basis	2008 Accumulated Depreciation	2009 Depreciation	2009 Accumulated Depreciation
Land 100 x 150 Lot	1510	01/2000	N/A	15,000 00			
Building - 703 Pike Street	1510	01/2000	40	70,000 00	15,750 00	1,750 00	17,500 00
Laundry Remodel	1510	12/2000	40	2,125 00	425 01	53 13	478 14
Interior & Office Remodel	1510	03/2001	40	6,778 40	1,355 68	169 46	1,525 14
Storage Shed - 11' X 24'	1510	07/2001	10	3,325 00	2,660 00	332 50	2,992 50
Remodeling	1510	2/2005	40	14,675 84	1,467 58	366 90	1,834 48
Asphalt Parking Lot	1510	11/14/05	15	9,515 00	2,008 72	634 33	2,643 06
Remodeling	1510	5/1/2006	40	31,552 66	2,366 45	788 82	3,155 27
Roof	1510	9/12/06	15	2,000 00	400 00	133 33	533 33
Flooring	1510	8/27/07	7	866 60	154 75	123 80	278 55
Remodeling	1510	5/1/07	40	7,753 18	306 90	193 83	500 73
Roof	1510	3/30/07	20	5,450 00	454 17	272 50	726 67
Furnace & Air Conditioner	1510	3/30/07	20	12,518 00	1,043 17	625 90	1,669 07
				181,559 68	28,392 43	5,444 49	33,836 92
Equipment & Furniture	1500	06/1994	10	25,580 00	25,580 00	-	25,580 00
Equipment & Furniture	1500	06/1995	10	26,597 00	26,597 30	-	26,597 30
Equipment & Furniture	1500	06/1996	10	37,900 00	37,900 00	-	37,900 00
Leasehold Improvements	1500	06/1997	39	6,109 00	1,880 77	156 64	2,037 41
Equipment & Furniture	1500	06/1997	10	55,241 00	55,241 00	-	55,241 00
Equipment & Furniture	1500	06/1998	10	45,399 00	45,399 20	-	45,399 20
Equipment & Furniture	1500	06/1999	10	8,577 00	8,148 30	428 70	8,577 00
Leasehold Improvements	1500	06/1999	39	7,060 00	1,719 23	181 03	1,900 26
Steam Table etc - Meals Truck	1500	06/2000	5	7,892 00	7,892 00	-	7,892 00
Chassis overhaul - Meals Truck	1500	07/2000	5	11,000 00	11,000 00	-	11,000 00
Leasehold Improvements	1500	01/2002	39	6,051 74	1,086 21	155 17	1,241 38
Security System	1500	01/13/03	5	3,300 00	3,300 00	-	3,300 00
Lawn Mowers	1500	7/23/03	5	4,445 69	4,445 69	-	4,445 69
Acquariam	1500	8/22/03	5	502 67	502 67	-	502 67
New Kitchen Floor	1500	1/8/04	10	3,206 00	1,603 00	320 60	1,923 60
Freezer & Fridge	1500	4/7/06	5	1,290 00	774 00	258 00	1,032 00
Kitchen Equipment	1500	3/26/06	5	2,034 76	1,220 86	406 95	1,627 81
Exterior Doors	1500	11/12/08	10	2,242 60	18 69	224.26	242 95
Convection Oven	1500	2/28/08	5	7,537 05	1,130 56	1,507 41	2,637 97
Alarm System	1500	6/12/09	10	4,365 00	-	218 25	218 25
Chain Link Fence	1500	7/13/09	10	6,162 00	-	256 75	256 75
				272,492 51	235,439 47	4,113 76	239,553 23
Walk In Cooler & Freezer	1520	08/2000	10	10,636 00	9,572 40	1,063 60	10,636 00
Shed for Wal-In Cooler	1520	09/2000	10	1,350 00	1,215 00	135 00	1,350 00
Racks for Walk In Cooler	1520	10/2000	5	1,630 00	1,630 00	-	1,630 00
Shelving for Walk In Cooler	1520	08/2001	10	968 68	774 95	96 87	871 82
Tables	1520	2/2005	10	1,136 21	454 48	113 62	568 11
File Cabinet	1520	2/2005	10	532 34	212 94	53 23	266 17
Office Chair	1520	2/2005	10	200 96	80 38	20 10	100 48
Steam Table	1520	3/2005	10	1,298 50	519 40	129 85	649 25

Washer	1520	10/1/08	10	994 99	16 58	99 50	116 08
Orek Vacumm	1520	2/18/08	5	697 93	-	104 69	104 69
Office Chair	1520	2/19/08	5	279 14	-	41 87	41 87
				19,724 75	14,476 14	1,858 33	16,334 46
Kid's Computer & Software	1530	05/2000	5	2,500 00	2,500 00	-	2,500 00
Gateway P 4 - 1300 SE	1530	06/2001	5	2,235 00	2,235 00	-	2,235 00
Kid's Computer & Software	1530	09/2002	5	589 98	589 98	-	589 98
Scanner	1530	7/2/02	5	394 93	394 83	-	394 83
Camera	1530	10/2002	5	318 68	318 68	-	318 68
Dell Computer	1530	7/27/07	5	1,094 95	291 99	218 99	510 98
				7,133 54	6,330 47	218 99	6,549 46
90 White Lift Van	1540	06/2000	5	6,950 00	6,950 00	-	6,950 00
New Food Svc Truck	1540	1/26/04	5	61,416 19	61,416 19	-	61,416 19
Air Conditioner	1540	3/17/05	5	500 00	400 00	100 00	500 00
New Food Delivery Van	1540	3/6/08	5	50,985 33	7,647 80	10,197 07	17,844 87
Custom Work on Truck	1540	3/10/09	5	946 43	-	126 19	126 19
				120,797 95	76,413 99	10,423 26	86,837 25
Land 2503 11th Avenue	1515	5/22/03	N/A	6,000 00	-		-
House 2503 11th Avenue	1515	5/22/03	40	54,522 00	8,405 47	1,363 05	9,768 52
Land 2401 11th Avenue	1515	4/25/03	N/A	12,000 00	-	-	-
House 2401 11th Avenue	1515	4/25/03	40	108,433 00	17,168 56	2,710 83	19,879 38
Water Heater	1515	4/29/04	7	343 06	196 03	49 01	245 04
Refrigerator	1515	2/7/08	7	509 99	60 71	72 86	133 57
Water Heater	1515	4/7/08	7	524 18	49 92	74 88	124 80
Total rental properties				182,332 23	25,880 69	4,270 62	30,151 32
				784,040 66	386,933 19	26,329 45	413,262 65