

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning , **and ending**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization: Las Cruces Gospel Rescue Mission Inc

Doing business as: _____

Number and street (or P.O. box if mail is not delivered to street address): PO Box 386 Room/suite: _____

City or town, state or province, country, and ZIP or foreign postal code: Las Cruces NM 88004

F Name and address of principal officer:
Pastor Henry Young
PO Box 386
Las Cruces NM 88004

D Employer identification number: ***-***1992

E Telephone number: 575-523-7727

G Gross receipts \$: 617,130

- H(a)** Is this a group return for subordinates? Yes No
- H(b)** Are all subordinates included? Yes No
- If "No," attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: www.lcgrm.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 1972 **M** State of legal domicile: NM

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: We provide a faith-based recovery program for men, women, and children who need help overcoming life's challenges.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 34			
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	516,508	509,230
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,647	1,793
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	105,716	106,107
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	623,871	617,130	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	232,691	265,797
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 61,580		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	389,782	349,363
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	622,473	615,160
19	Revenue less expenses. Subtract line 18 from line 12	1,398	1,970	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,621,574	1,634,120
	22	Net assets or fund balances. Subtract line 21 from line 20	9,153	19,732
			1,612,421	1,614,388

Part II Signature Block

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

Sign Here

Signature of officer: Pastor Henry Young Date: _____

Type or print name and title: Executive Director

Paid Preparer Use Only

Print/Type preparer's name: Bradley M. Beasley, CPA Preparer's signature: Bradley M. Beasley, CPA Date: 05/12/17 Check if self-employed PTIN: *****

Firm's name: Beasley Mitchell & Co., LLP Firm's EIN: **-***6848

Firm's address: PO Drawer 550 Las Cruces, NM 88004-0550 Phone no.: 575-528-6700

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

For Paperwork Reduction Act Notice, see the separate instructions.