	~	~~	Return of Orga	nization Exemp	ot From I	ncome Tax	OMB No. 1545-0047
For	пy	90	Under section 501(c), 527, or 49				2021
-				security numbers on this	-		Open to Public
Depa Inter	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
ΑΙ	or the	e 2021 calend		SEP 1, 2021	and ending A		
Β	Check if	C Name o	organization			D Employer identificat	tion number
á	pplicabl						
	Addre chang	ge WEST	MINSTER RESCUE MI	SSION			
	Name chang	ge Doing b	usiness as			52-0891628	3
	Initial return	Number	and street (or P.O. box if mail is not	delivered to street address)	Room/suite	E Telephone number	
	Final return termir	n	BOX 285			410-848-22	
	ated Amen	City or t	own, state or province, country, ar	÷ .)	G Gross receipts \$	2,134,467.
	return	MEDI	MINSTER, MD 2115			H(a) Is this a group retu	
	tion pendi	FName a	nd address of principal officer: TH GABLEHAMMER RD,W	ESTMINSTER, MD	21157	for subordinates?	
		empt status:				H(b) Are all subordinates inclu-	
			X 501(c)(3) 501(c) (WESTMINSTERRESCUE		a)(1) or 527	If "No," attach a lis H(c) Group exemption r	
			\mathbf{X} Corporation Trust	Association Other	I Vear	of formation: 1968 M S	
	art I	Summary					
	1		e the organization's mission or mc	st significant activities. TE	IE WESTMI	NSTER RESCUE	MISSION
ce Ice	·		MMUNITY THAT PROV				
Governance	2	Check this bo		continued its operations or c			
ver	3	Number of vo	ing members of the governing boo		-	3	12
	4	Number of inc	lependent voting members of the g				11
ې د			of individuals employed in calenda				53
/itie			of volunteers (estimate if necessar			6	80
Activities &			d business revenue from Part VIII,				0.
_	b	Net unrelated	business taxable income from For	m 990-T, Part I, line 11 C		7b	0.
					_	Prior Year	Current Year
e			and grants (Part VIII, line 1h)			1,195,147.	1,186,214.
Revenue			ce revenue (Part VIII, line 2g)			969,923.	779,859.
Rev			come (Part VIII, column (A), lines 3,			<u> 12,927.</u> 17,271.	<u>-2,390.</u> 31,043.
			(Part VIII, column (A), lines 5, 6d, 8			2,195,268.	1,994,726.
			<u>- add lines 8 through 11 (must equ</u> nilar amounts paid (Part IX, colum			0.	<u> </u>
			to or for members (Part IX, column			0.	0.
		•	compensation, employee benefits			1,478,856.	1,492,415.
ses			undraising fees (Part IX, column (A)			0.	0.
Expense	b		ng expenses (Part IX, column (D),		,907.	-	
ы	17		es (Part IX, column (A), lines 11a-11			745,300.	839,632.
			s. Add lines 13-17 (must equal Par			2,224,156.	2,332,047.
	19	Revenue less	expenses. Subtract line 18 from lir	ne 12		-28,888.	-337,321.
OL					Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)			4,398,838.	3,900,489.
tAs	21	Total liabilities	(Part X, line 26)			842,154.	696,956.
		Net assets or	fund balances. Subtract line 21 fro	m line 20		3,556,684.	3,203,533.
	art II	Signature					
			I declare that I have examined this retu				owledge and belief, it is
true	, correc	ct, and complete	Declaration of preparer (other than off	licer) is based on all information	of which preparer	has any knowledge.	
						1	
-			a of officer			 Data	
Sig Hei		, -	e of officer ESA BETHUNE, PRES	IDENT		Date	

	Type of prin	it fidfile allu title					
	Print/Type prepar	er's name	Preparer's signature	Date	Check	PTIN	
Paid	ASHLEY Z	UMBRUN		11/06/23	if self-employed	P0205085	56
Preparer		SC&H GROUP, INC.		Firm's	s EIN ▶ 20	-5991824	4
Use Only	Firm's address	910 RIDGEBROOK R	OAD				
		SPARKS, MD 21152		Phone	e no. (410) 403-15	500
May the IF	RS discuss this re	eturn with the preparer shown abo	ve? See instructions			X Yes	No
100001 10 0		Depenverk Reduction Act Notic	so, soo the congrate instructions			Eorm 990	(2021)

13200112-09-21LHA For Paperwork Reduction Act Notice, see the separate instructions.SEESCHEDULEOFORORGANIZATIONMISSIONSTATEMENTCONTINUATION

Form **990** (2021)

	990 (2021) WESTMINSTER RESCUE MISSION	52-0891628	Page 2
Pa	t III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE WESTMINSTER RESCUE MISSION IS A NONPROFIT CHRISTIAN O COMMITTED TO SEEING LIVES HEALED AND TRANSFORMED.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.		ıd
4a	(Code:) (Expenses \$1,341,047. including grants of \$) (Revenue THE MISSION MAINTAINS A HOME AND REHABILITATION CENTER TO WOMEN OVERCOME ALCOHOL AND DRUG ADDICTION. MANY COMPLETED REHABILITATION PROGRAM AND RETURNED TO SOCIETY AS PRODUCT	HELP MEN AN THE ALCOHOI	L I
4b	(Code:) (Expenses \$) (Revenue THE MISSION PARTICIPATES IN THE FEEDING AMERICA AND OTHER NETWORKS, RECLAIMING SURPLUS FOOD FROM OVER 40 LOCAL STOR DISTRIBUTING TO THOSE IN NEED WITHIN THE LOCAL AREA OF CA	R FOOD RES AND	<u>600.</u>) Y.
4c	(Code:) (Expenses \$236,244. including grants of \$) (Revenue THE MISSION RAISES FUNDS TO SUPPORT THE CENTER THROUGH SA GOODS AT THE MISSION'S THRIFT STORE.		854.) TED
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,919,938.	/	
132002	2 12-09-21	Form 9	90 (2021)

Form 990 (2021	WESTMINSTER	RESCUE	MISSION
Part IV	Ch	ecklist of Required Schedule	6	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	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	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
46	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
4.4	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u></u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
Ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			- 23
u		11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
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Form	aan	(2021)
FUIII	330	(2021)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<u> </u>
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20				
	instructions for applicable filing thresholds, conditions, and exceptions):			
d	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a	х	
L	"Yes," complete Schedule L, Part IV	20a 28b		x
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
C		00-		x
00	"Yes," complete Schedule L, Part IV	28c	X	
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	л	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\square
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
132004	↓ 12-09-21	Form	990	(2021)
	4			

Form	990 (2021) WESTMINSTER RESCUE MISSION 52-0891	628	Р	age 5
Par				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
•••	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u>7h</u>		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	1	
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
	If "Yes," complete Form 6069.			
132005	12-09-21 5	Form	9 90	(2021)

^{2021.06020} WESTMINSTER RESCUE MISSIO WES658.1

Form 990	(2021)
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	990 (2021) WESTMINSTER RESCOE MISSION		77-0021			age U
Pai	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th			"No" r	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x
6	Did the organization have members or stockholders?			6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?		-	8a	Х	
b				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters.	affiliates,			
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MD, PA

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨
	LAURA WALTRUP - 410-848-2222

658 LUCABAUGH MILL RD, WESTMINSTER,

132006 12-09-21

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21157

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16a

16b

Form 990 (2021) WESTMINSTER RESCUE MISSION	52-0891628	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest (Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year endir	ng with or within the organization's	s tax year.
● List a	Il of the organization's current officers, directors, trustees (whether individuals or organizations),	regardless of amount of compens	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	۱ than e		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week		cer ar I	ndad I	irecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		æ	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ual tru	onal		ploye	ee com		1099-NEC)		and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEPHANIE HALLEY	40.00				×	Ξæ	ш			
EXECUTIVE DIRECTOR		х		х				92,500.	Ο.	377.
(2) LAURA WALTRUP	40.00						5			
CHIEF OPERATING OFFICER				Х				83,903.	0.	683.
(3) THERESA BETHUNE	2.00					\mathcal{D}				
PRESIDENT		Х		X				0.	0.	0.
(4) STEWART EIDEL	2.00			\cup	Ť					•
VICE PRESIDENT	1 0 0	X		X				0.	0.	0.
(5) DANIEL COOPER	1.00								0	0
TREASURER	1 0 0	X		X		<u> </u>		0.	0.	0.
(6) MARK WESTCOTT	1.00	v							0	0
SECRETARY (7) LYNETTE BREWER	0.00	Х		X		-		0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(8) DOROTHY FOX	1.00	Λ				-			0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(9) MARTHA MEEHAN-COHEN	1.00									
DIRECTOR		х						0.	0.	0.
(10) GREGORY PINKARD	1.00									
DIRECTOR		х						0.	0.	0.
(11) RONALD SHAW	0.00									
DIRECTOR		Х						0.	0.	0.
(12) SHEILA SMITH	2.00									
DIRECTOR		Х						0.	0.	0.
(13) BENJAMIN SUTLEY	2.00									
DIRECTOR (PARTIAL YEAR)		Х						0.	0.	0.
		-								
				-		\vdash				
						1				
132007 12-09-21										Form 990 (2021)

132007 12-09-21

Form 990 (2021)

12141106 769024 WES658.1A

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Form	<u>990 (2021)</u> WESTMINST	<u>'ER RESC</u>	UE	M	IS	SI	ON			52-08	<u>916</u>	28	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	l Hig	ghes	st Co	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not cł , unles	ss per	ition more rson i	than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatior from related		am	(F) imate ount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		orga and	oensa om the inizati relate nizatie	e ion ed
										% ,				
									K					
							C	0						
1b	Subtotal								176,403.		0.	1	.,00	60.
	Total from continuation sheets to Part VII								0. 176,403.		0.	1	0.	0.
 2	Total (add lines 1b and 1c)				 d ab) wh	► o re		000 of reportable	0.1	<u> </u>	.,00	00.
_	compensation from the organization)			,							0
													Yes	No
3	Did the organization list any former officer,				•	-		Ŭ	• •			3		х
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the sur and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		x
5	Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services				
Sec	rendered to the organization? If "Yes." comp tion B. Independent Contractors	plete Schedule	e J fo	or su	ich r	oers	on .					5		X
1	Complete this table for your five highest con the organization. Report compensation for t	-								· · · · ·	ensatio	on froi	m	
	(A) Name and business			ONE					(B) Description of s		Со	(C) mpen		n
								-						
2	Total number of independent contractors (in \$100,000 of compensation from the organiz		ot lin	nited	d to f	thos (ted	above) who received mo	pre than				

Form 990 (2021)

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m ar	<u>990 (</u>			JILIN .	RESCUE MIS	5510N		52-0891	628 Pag
		Check if Schedule O		a respons	e or note to anv lin	e in this Part VIII			Г
				·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 -
ts	1 a	Federated campaigns		1a					
uno	b	Membership dues		1b					
Å Å	с	Fundraising events		1c					
and Other Similar Amounts	d	Related organizations		1d					
E	е	Government grants (contr	ributions)	1e	476,888.				
š	f	All other contributions, gifts,	grants, an	d					
Ę		similar amounts not included	l above 📖	1f	709,326.				
	g	Noncash contributions included in		1g \$	91,845.	1 100 014			
an	h	Total. Add lines 1a-1f				1,186,214.			
		VEDIALID			Business Code	700 405	700 405		
		MEDICAID	21.00		623990	700,405.			
Pe	b	THIRFT SHOP S		0	453310	58,854.	58,854		
/eni	C.	FOOD DISTRIBU			624210	20,600.	20,600.		
Revenue	d							•	
	e				-				
		All other program service Total. Add lines 2a-2f				779,859.			
+	3	Investment income (includ		ends inte	·····	115,055.	2		
	Ū	other similar amounts)	-			6,751.	N		6,75
	4	Income from investment of							
	5	Royalties		•	•		ľ.		
		,		(i) Real	(ii) Personal	6			
	6 a	Gross rents	6a						
	b		6b			\mathbf{O}			
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss))						
	7 a	Gross amount from sales of		Securities					
		assets other than inventory	7a 12	5,000	. 5,600.				
	b	Less: cost or other basis							
		and sales expenses	<u>7b</u> 12	7,616	12,125.				
		Gain or (loss)		2,616	6,525.				
		Net gain or (loss)		······	····	-9,141.			-9,14
	8 a	Gross income from fundraisi		(not					
)		including \$		of					
		contributions reported on							
	L	Part IV, line 18 Less: direct expenses			b				
		Net income or (loss) from		····· –					
		Gross income from gamin		· –					
	υu	Part IV, line 19			a				
	b	Less: direct expenses			b				
		Net income or (loss) from			►				
		Gross sales of inventory, I							
		and allowances			Da				
	b	Less: cost of goods sold			Db				
		Net income or (loss) from							
ſ					Business Code				
e	11 a	RECYCLING			900099	17,721.			17,72
enu	b	OTHER INCOME			900099	13,322.			13,32
Revenue	с				.				
μΩ,	d	All other revenue							
	е	Total. Add lines 11a-11d			►	31,043.			
	12	Total revenue. See instruction	one			1,994,726.	779,859.	0.	28,65

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Form 990 (2021)

WESTMINSTER RESCUE MISSION Part IX Statement of Functional Expenses

~	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 100	01 202		00 105
	trustees, and key employees	180,183.	81,323.	75,735.	23,125
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 102 204	1 070 000	<u> </u>	40 440
7	Other salaries and wages	1,183,284.	1,070,922.	69,919.	42,443
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	25,587.	23,029.	1,279.	1 270
9	Other employee benefits	103,361.	87,029.	1,279.	<u>1,279</u> 5,075
0	Payroll taxes	103,301.	01,009.	<u> </u>	5,075
1	Fees for services (nonemployees):	28,000.		28,000.	
a	Management	20,000.		20,000.	
b		22,500.		22,500.	
C d	Accounting	22,300.		22,500.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
י g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	4,563.		4,563.	
12	Advertising and promotion	10,487.	9,439.	524.	524
3	Office expenses	51,857.	46,673.	2,592.	2,592
4	Information technology	69,738.	62,764.	3,487.	3,487
15	Royalties			.,	- /
16	Occupancy	112,665.	102,015.	5,325.	5,325
7	Travel	,			
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	8,534.	7,680.	427.	427
21	Payments to affiliates	-	-		
22	Depreciation, depletion, and amortization	183,154.	164,838.	9,158.	9,158
23	Insurance	82,174.	73,956.	4,109.	4,109
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	FUNDRAISING EXPENSES	68,459.			68,459
b	REPAIRS & MAINTENANCE	65,677.	60,843.	2,417.	2,417
с	THRIFT SHOP MERCHANDISE	58,821.	58,821.		
d	CLIENT, CLINICAL, AND W	38,208.	38,208.		
е	All other expenses	34,795.	32,418.	890.	1,487
5	Total functional expenses. Add lines 1 through 24e	2,332,047.	1,919,938.	242,202.	169,907
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10

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Form 990 (2021)

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WESTMINSTER RESCUE MISSION

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

158,406.

(B) End of year

(A) Beginning of year

293,262.

1

	2	Savings and temporary cash investments				47,973	• 2	50,373. 215,524.
	3	Pledges and grants receivable, net				160,969	• 3	215,524.
	4	Accounts receivable, net				136,246	• 4	65,625.
	5	Loans and other receivables from any current or						
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%				
		controlled entity or family member of any of thes	e perso	ns			5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined				
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)			6	
s	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
¥	9					13,182	• 9	12,618.
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	5,460,576.				
	b	Less: accumulated depreciation	10b	2,423,440.	3,	100,836		<u>3,037,136.</u> 334,675.
	11	Investments - publicly traded securities				646,370	• 11	334,675.
	12	Investments - other securities. See Part IV, line 1	1				12	
	13	Investments - program-related. See Part IV, line 1	I 1				13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11					15	26,132.
	16	Total assets. Add lines 1 through 15 (must equa				398,838		26,132. 3,900,489. 168,533.
	17	Accounts payable and accrued expenses				445,064	• 17	168,533.
	18	Grants payable					18	
	19	Deferred revenue				247,090		2,291.
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete F					21	
es	22	Loans and other payables to any current or form						
iliti		trustee, key employee, creator or founder, subst						
Liabilities		controlled entity or family member of any of thes				1 5 0 0 0 0	22	E00 000
-	23	Secured mortgages and notes payable to unrela				150,000		500,000.
	24	Unsecured notes and loans payable to unrelated	· · ·				24	
	25	Other liabilities (including federal income tax, pay						
		parties, and other liabilities not included on lines				0	05	26 132
	00					0 842,154	• 25 • 26	<u>26,132.</u> 696,956.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chem	ok boro	\mathbf{N}		<u>, 194</u>	• 20	050,550.
ş		and complete lines 27, 28, 32, and 33.	ck nere					
nce	27				3	475,674	. 97	3 062 006.
ala	28	Net assets with donor restrictions				81,010	• 28	<u>3,062,006.</u> 141,527.
Fund Balances	20	Organizations that do not follow FASB ASC 9				01/010	. 20	
Fun		and complete lines 29 through 33.	<i>b</i> 0, ene					
ç	29	Capital stock or trust principal, or current funds					29	
Net Assets or	30	Paid-in or capital surplus, or land, building, or eq					30	
Ass	31	Retained earnings, endowment, accumulated inc					31	
let,	32				3.	556,684		3,203,533.
2	33				4,	398,838	• 33	3,900,489.
					. ,	•		Form 990 (2021)

Form 990 (2021)

1

Part X Balance Sheet

Form	990 (2021) WESTMINSTER RESCUE MISSION	52-	-08916	528	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,994	4,7	26.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	, 332	2,0	47.
3	Revenue less expenses. Subtract line 2 from line 1	3				21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	,55	6,6	84.
5	Net unrealized gains (losses) on investments	5				30.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3	,203	3,5	33.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit			
	Act and OMB Circular A-133?		·····	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b	000	<u> </u>
				Form	990	(2021)
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits					

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization

Name of	the organization							identification number
			SCUE MISSION					2-0891628
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The orga	nization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only o	one box.)			
1 🛄	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)				
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4] A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	university:							
10 X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section a	509(a)(2).	See section &	509(a)(3). (Check the box on
_	lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
	the supported organization			majority o	of the direc	tors or trustee	es of the su	ipporting
_	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
_	organization(s). You mus	t complete Part IV,	Sections A and C.					
c _	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
_	its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
	that is not functionally int			-		-	an attentiv	veness
_	requirement (see instruct							
e	Check this box if the orga	nization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	I, Type III	
	functionally integrated, or	Type III non-functior	nally integrated supportion	ng organiz	ation.			
	ter the number of supported of							
g Pr	ovide the following information (i) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monoton	(vi) Amount of other
	organization		(described on lines 1-10	in your governi	ng document?	support (see in	2	support (see instructions)
	3		above (see instructions))	Yes	No		,	
Total								

Schedule A	(Form	990	202
		000	202

Part II

WESTMINSTER RESCUE MISSION

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.				~		
Sec	ction B. Total Support				9		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,			6			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	•	6				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	• ()					
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
1 6a	33 1/3% support test - 2021. If the c	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	check a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2018 (c) 2019 (d) 2020 (a) 2017 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1197513 1029551 1342186. 1195147. 1186214. 5950611. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 637,053. 943,558. 987,194. 779,859. organization's tax-exempt purpose 136,836. 3484500. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 77,605 17,721 95,326. 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 2182341 1411954 1666604. 2285744. 1983794. 9530437. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 72,722. 72,085. 68,254. 305,829. 283,825. 802,715. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Ο. c Add lines 7a and 7b 305,829. 283,825 72,722. 72,085. 68,254. 802 715 8727722 Public support. (Subtract line 7c from line 6.) Section B. Total Support (a) 2017 (b) 2018 Calendar year (or fiscal year beginning in) 🕨 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 1411954 2285744 2182341 1983794 9530437. 1666604 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 3,880. 14,272. 13,005. 6,751. 13,615. 51,523. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 3,880, 14,272. 13,005. 13,615. 6,751. 51,523. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 25,014 13,322. 38,336. assets (Explain in Part VI.) 1440848. 1680876. 2298749. 2195956. 2003867. 9620296. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 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 90.72 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 86.77 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .54 17 17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f)) % .51 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. 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 ► X 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 - 2020. 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 Schedule A (Form 990) 2021 132023 01-04-22

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WESTMINSTER RESCUE MISSION

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

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Sch	edule A (Form 990) 2021 WESTMINSTER RESCUE MISSION 52	-089162	<mark>8</mark> Ра	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	rs, ed		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

С	The organization	supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting organiz	zation (see	
	instructions).	-			

WESTMINSTER RESCUE MISSION

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Section D - Distributions

Schedule A (Form 990) 2021

	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				-
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

WESTMINSTER RESCUE MISSION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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1

Current Year

Schedule A (Form 990) 2021 WESTMINSTER RESCUE MISSION	52-0891628 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, li line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; I Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOM	ME:
MISCELLANEOUS INCOME (INSURANCE, REBATES, ETC.)	
2017 AMOUNT: \$ 25,014.	
2021 AMOUNT: \$ 13,322.	
	2
\sim	×
132028 01-04-22 20	Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

52-0891	628
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WESTMINSTER	RESCUE	MISSION

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	0

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Name of organization

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WESTMINSTER RESCUE MISSION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$_	140,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$.	32,269.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$.	26,485.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4_		\$.	20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	11,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6		\$.	10,500.	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Employer identification number

52-0891628

Schedule B (Form 990) (2021)

WESTMINSTER RESCUE MISSION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$9,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$6,000.	Person X Payroll (Complete Part II for noncash contributions.)

Name of organization

123452 11-11-21

12141106 769024 WES658.1A

Employer identification number

52-0891628

Page **2**

Schedule B (Form 990) (2021)

Name of organization

WESTMINSTER RESCUE MISSION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ <u>5,400.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,225.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

52-0891628

123452 11-11-21

12141106 769024 WES658.1A

Schedule E	3 (Form 990) (2021)			Page 3
Name of or	rganization		Emplo	yer identification number
WESTM	INSTER RESCUE MISSION		52	-0891628
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	IT SERVICES/EQUIPMENT			
2				
		\$31,5	64.	08/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$) `	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		

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123453 11-11-21

Schedule B (Form 990) (2021)

12141106 769024 WES658.1A

	B (Form 990) (2021)		Page 4
Name of o	rganization		Employer identification number
WESTM	INSTER RESCUE MISSION		52-0891628
Part III) through (e) and the following line entry. For	501(c)(7), (8), or (10) that total more than \$1,000 for the year
	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gift	
·	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	»I
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee

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123454 11-11-21

Schedule B (Form 990) (2021)

12141106 769024 WES658.1A

Department of the Treasury

Internal Revenue Service

(Form 990))
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Part I

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

52-0891628

Name of the organization

WESTMINSTER RESCUE MISSION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	e 6.			
		(a) Donor ad	lvised funds	(b) Fu	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the asse	s held in donor advis	sed funds	
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor a				
-	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?				Yes No
Par					
1	Purpose(s) of conservation easements held by the organization				
•	Preservation of land for public use (for example, recreation			of a historically	y important land area
	Protection of natural habitat	lien er eddedlien,			istoric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation co	tribution in the form	of a conserva	ation easement on the last
-	day of the tax year.				Held at the End of the Tax Year
-				2a	
h					
С	Number of conservation easements on a certified historic stru	ucture included in (a			
d	Number of conservation easements included in (c) acquired a				
u					
3	listed in the National Register		or torminated by the	·····	l during the tax
3	year	eased, extinguished	, or terminated by the	e organization	r during the tax
4					
4	Number of states where property subject to conservation eas		nantion bandling of		
5	Does the organization have a written policy regarding the per-				
~	violations, and enforcement of the conservation easements it		a and anfaraing aan		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nanuling of violation	s, and emorcing con	Servation eas	ements during the year
-					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conserva	ation easemer	its during the year
~					
8	Does each conservation easement reported on line 2(d) above				
~	and section 170(h)(4)(B)(ii)?				Ves No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	lote to the organizat	on's financial statem	ients that des	cribes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical	Treasures or O	ther Simila	ar Assats
1 41	Complete if the organization answered "Yes" on Form				
				and balance a	haat waxka
Ia	If the organization elected, as permitted under FASB ASC 956	· •			
	of art, historical treasures, or other similar assets held for pub				public
L	service, provide in Part XIII the text of the footnote to its finan				t worke of
D	If the organization elected, as permitted under FASB ASC 956				
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furt	nerance of pl	IDIIC SERVICE,
	provide the following amounts relating to these items:				•
	(i) Revenue included on Form 990, Part VIII, line 1			•	\$
~					\$
2	If the organization received or held works of art, historical treation to the following of the following the follo			ai gain, provid	e
	the following amounts required to be reported under FASB A	-		⊾	•
	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X			>	\$ Calcadula D (Farma 000) 0001
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			Schedule D (Form 990) 2021
132051	10-28-21	28			

Sche		STER RESCU				0891628 Page 2	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	r Other Similar Ass	ets (continued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of th	e following that	t make significant use of	its	
	collection items (check all that apply):						
а	Public exhibition	c	1 📃 Loan or e	xchange progr	am		
b	Scholarly research	e	• 🗌 Other				
с	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explair	n how they further	the organization	on's exempt purpose in F	Part XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical tre	easures, or oth	er similar assets		
	to be sold to raise funds rather than to be ma					Yes No	
Par	t IV Escrow and Custodial Arran		ete if the organiza	tion answered	"Yes" on Form 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa						
1a	Is the organization an agent, trustee, custod						
	on Form 990, Part X?					Yes No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:				
						Amount	
С	Beginning balance						
d	Additions during the year						
е							
f	Ending balance						
	Did the organization include an amount on F						
Par	If "Yes," explain the arrangement in Part XIII.					·····	
ı aı	TV Endowment Funds. Complete	(a) Current year	(b) Prior year	(c) Two yea		ack (e) Four years back	
4.	Destantion of second stores	(a) Current year			IS DACK (U) THEE YEARS D	ack (e) I our years back	
1a	Beginning of year balance						
b	Contributions						
C L	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
	Administrative expenses						
g	End of year balance Provide the estimated percentage of the cur		o (lino 1 a column				
2	Board designated or quasi-endowment			(a)) Helu as.			
a b	Permanent endowment	%	70				
b C		%					
C	The percentages on lines 2a, 2b, and 2c sho	-/-					
39	Are there endowment funds not in the posse	-	ation that are held	and administe	red for the organization		
0u	by:				red for the organization	Yes No	
	(i) Unrelated organizations	•				3a(i)	
						A (11)	
b	If "Yes" on line 3a(ii), are the related organization						
4	Describe in Part XIII the intended uses of the						
Par	t VI Land, Buildings, and Equipm						
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a	. See Form 990), Part X, line 10.		
	Description of property	(a) Cost or c	other (b) Co	ost or other	(c) Accumulated	(d) Book value	
	· · · · · · · · · · · · · · · · · · ·	basis (investr	• • •	sis (other)	depreciation	(,	
1a	Land			98,405.		98,405.	
b	Buildings		4,7	81,118.	2,160,736.	2,620,382.	
	Leasehold improvements				-		
d	Equipment		3	351,301.	141,539.	209,762.	
e	Other		2	29,752.	121,165.	108,587.	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D	(Form 990) 2021	WESTMINSTER	RESCUE	MISSI	NC	52-0891628 Page 3
Part VII	Investments -	Other Securities.				M
		-			11b. See Form 990, Part X, line 1	
(a) Descrip	otion of security or cate	GOTY (including name of security)	(b) Book	value	(c) Method of valuation: Co	st or end-of-year market value
	held equity interest	s				
(3) Other						
(A)						
(B)						
(C)						
(D)						
<u>(E)</u> (F)						
(G)						
(H)						
	b) must equal Form 99	00, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments -	Program Related.				
	Complete if the or	ganization answered "Yes"	on Form 990, I	Part IV, line	11c. See Form 990, Part X, line 1	13.
	(a) Description o	f investment	(b) Book	value	(c) Method of valuation: Co	st or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)				C		
		00, Part X, col. (B) line 13.) 🕨				
Part IX	Other Assets.					
	Complete if the or			Part IV, line	11d. See Form 990, Part X, line 1	
		(a)	Description			(b) Book value
(1)			• 6			
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
<u>(9)</u>	<i>"</i>					
Part X	<u>imn (b) must equal F</u> Other Liabiliti	Form 990, Part X, col. (B) line	e 15.)			🕨
Turtx			on Form 990 I	Part IV line '	11e or 11f. See Form 990, Part X	line 25
4		Description of liability	0111 0111 000, 1	art iv, inic		(b) Book value
1. (1) Fec	leral income taxes					
		ASE LIABILITY				26,132.
(3)						20,152.
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	imn (b) must equal P	orm 990. Part X. col. (B) line	25.)			▶ 26,132.
	., , ,	, , , ,	,	footnote to	the organization's financial state	· ·

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🚺

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 WESTMINSTER RESCUE MISSION	52-0	0891628 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,978,896.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b			
с	Recoveries of prior year grants 2c		
d			
е	Add lines 2a through 2d	2e	-15,830.
3	Subtract line 2e from line 1	3	1,994,726.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,994,726.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,332,047.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,332,047.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,332,047.
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 a and 4; Part IV, lines 1 b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART	Х,	LINE	2:
------	----	------	----

THE MISSION IS AN ORGANIZATION DESCRIBED IN SECTION 170(C) OF THE INTERNAL REVENUE CODE ("THE CODE") AND IS EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE CODE.

ASC 740, INCOME TAXES, PRESCRIBES A RECOGNITION THRESHOLD AND A

MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND

MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN

AS WELL AS GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND

PENALTIES, AND FINANCIAL STATEMENT REPORTING DISCLOSURES. FOR THESE

BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN NOT TO

BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE AMOUNT RECOGNIZED Schedule D (Form 990) 2021 132054 10-28-21 31

12141106 769024 WES658.1A

Schedule D (Form 990) 2021 WESTMINSTER RESCUE MISSION	52-0891628 Page 5
Part XIII Supplemental Information (continued)	
IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS GREATE	R THAN FIFTY
PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT.	THE MISSION HAS
NOT IDENTIFIED ANY UNRECOGNIZED TAX EXPOSURES. THE MISSION	RECOGNIZES
INTEREST AND PENALTIES ACCRUED ON ANY UNRECOGNIZED TAX EXPC	SURES AS A
COMPONENT OF INCOME TAX EXPENSE. THE MISSION DOES NOT HAVE	ANY AMOUNTS
ACCRUED RELATING TO INTEREST AND PENALTIES AS OF AUGUST 31,	2022 AND 2021.
	1
	~
	<u> </u>
0.	
• 6	
	Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE L	I	Tra	nsaction	ıs V	Vith	Int	erested	P	ersons			0	MB No. 1	1545-00)47
(Form 990)	Complete if	the o	rganization ans 28b, or 28c, o						line 25a, 25b, 2 40b.	6, 27,	28a,		2	02	'1
Department of the Treasury		So to 1					r Form 990-E		est information.				pen To spect		olic
Internal Revenue Service			www.irs.gov/ru	011199		nstruc		ale	st mornation.	Em	plove	r ident			umber
······		NST	ER RESCU	ЕМ	ISS	ION						916			
Part I Excess							1(c)(4), and se	ctior	n 501(c)(29) orgai	nizatio	ons on	ıly).			
Complete i	f the organization	n answ	vered "Yes" on F	Form S	990, Pa	art IV, I	line 25a or 25b	o, or	Form 990-EZ, Pa	urt V, I	ine 40	b.			
1 (a) Name of disqual	ified person	(b) F	elationship betv person and or			lified	(c) De	escription of tran	sactio	n				ected?
				gainza									Y	es	No
													-		
											_		—		
2 Enter the amount of	of tax incurred by	the or	canization man	agore	or disc	nualifia	d persons dur	rina t	the year under						
	or tax incurred by		•	•			•	Ũ	-	\cup	▶ \$				
3 Enter the amount c											> \$				
	., _														
	o and/or Fror							_							
•	f the organization n amount on For					, Part '	V, line 38a or I	Form	n 990, Part IV, line	e 26; (or if th	ie orga	nizatio	n	
(a) Name of	(b) Relation		(c) Purpose	(d) La	oan to or	(6	e) Original	(1) Balance due	(a) In	(h) Ap		(i) V	Vritten
interested person			of loan		n the ization?		cipal amount		y Balance ade		ault?	by bo		agree	ement?
				То	From					Yes	No	Yes	No	Yes	No
							\mathbf{G}						<u> </u>		<u> </u>
															+
								+							+
					Ć										+
			٠	C											1
													<u> </u>		
								-							
Total			C	I		I	▶ \$								<u> </u>
	or Assistance	Ben	efiting Inter	este	d Per	sons									
Complete i	f the organizatio	n ansv	vered "Yes" on F	Form 9	990, Pa	art IV, I	line 27.		•						
(a) Name of intere	ested person	\square	b) Relationship			(c) Amount of		(d) Type			•) Purp		νf
			interested pers the organiza		d		assistance		assistan	ce			assista	ance	
	$\mathbf{O}\mathbf{Y}$		5								_				
											-				
		_													
		_				<u> </u>									
											\neg				
LHA For Paperwork R	eduction Act No	otice, s	see the Instruct	tions	for Fo	rm 990) or 990-EZ.				Sche	edule L	. (Forr	n 990) 2021

132131 11-02-21

	NSTER RESCUE MISSION	1	52-0891	628 F	² age 2
Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shai organiza reveni	ation's
				Yes	No
INFOPATHWAYS, INC.	OWNER IS BOARD MEMB	31,564.	IT SERVICE/		Х
Part V Supplemental Information.					
	anaca ta guartiana an Sahadula I. (aca i	natruationa)			
Provide additional information for response	brises to questions on Schedule L (see I	ristructions).			
SCH L, PART IV, BUSINESS T	RANSACUTONS INVOLUTN	C INTERESTE	D PERSONS.		
SCILL, FART IV, BUSINESS I.	KANSACTIONS INVOLVIN	G INTERESTE	D PERSONS.		
(A) NAME OF PERSON: INFOPA	THWAYS, INC.				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
OWNER IS BOARD MEMBER		\mathbf{C}			
(D) DESCRIPTION OF TRANSAC	TION: IT SERVICE/EQU	IPMENT			
	G				
	is				
	$\overline{\mathbf{O}}$				
)				
`					

Schedule L (Form 990) 2021

132132 11-02-21

12141106 769024 WES658.1A

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2021 Open to Public Inspection

Employer identification number 52 - 0891628

► Go	to www.irs.gov/Form990	for	instructions and	the	latest i	nformatio	n.
------	------------------------	-----	------------------	-----	----------	-----------	----

Name of the organization

Pai	rt I Types of Property									
		(a)	(b)	(c)			(d)			
		Check if	Number of contributions or	Noncash contr amounts repor			Method of d		•	
		applicable	items contributed			non	cash contrib	ution an	nounts	\$
1	Art - Works of art			· · · ·	<u> </u>					
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	X		58	821.	THRT	FT SALE	s		
6	Cars and other vehicles				/0210			10		
7										
	Boats and planes) /			
8	Intellectual property									
9	Securities - Publicly traded						•			
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests			0						
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies	•								
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► (<u>IT</u> •)	X	1				VALUE			
26	Other (LAWN EQUIPMEN)									
27	Other (TELEVISION)	Х	1		460.	FAIR	VALUE			
28	Other ► (
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions						
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement	29				0	
									Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, line	s 1 throug	h 28, tha	ıt it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't require	ed to be us	sed for				
	exempt purposes for the entire holding period?							30a		Х
b	If "Yes," describe the arrangement in Part II.									
31								31		Х
	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?							32a		Х
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column	(a) is cheo	ked.				
	describe in Part II.				,	,				
LHA	For Paperwork Reduction Act Notice, see t	the Instruct	ions for Form 990).			Schedule I	M (Form	n 990)	2021
								•	,	

Schedule M (Form 990) 2021 WESTMINSTER RESCUE MISSION	52-0891628 Page 2
Part II Supplemental Information. Provide the information required by Part I, is reporting in Part I, column (b), the number of contributions, the number of ite this part for any additional information.	lines 30b, 32b, and 33, and whether the organization ms received, or a combination of both. Also complete
. •	0
<u> </u>	
132142 11-17-21	Schedule M (Form 990) 2021

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	n 990) The to f the Treasury Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.					
Name of the organization		Employer identification number 52-0891628				
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS					
APPROACH WIT	H CHRIST AS THE FOUNDATION OF OUR WORK.					
FORM 990, PART VI, SECTION B, LINE 11B: THE TREASURER REVIEWS FORM 990 PRIOR TO RELEASE. A COPY IS MADE AVAILABLE						
FOR BOARD ME	MBERS IF REQUESTED.					
FORM 990, PA	RT VI, SECTION B, LINE 12C:					
THE BOARD DI	SCUSSES AND RESOLVES ISSUES RELATED TO CONFLIC	IS OF INTEREST				
AS/IF THEY A	RISE.					
	<u> </u>					
FORM 990, PA	RT VI, SECTION B, LINE 15A:					
SALARIES ARE APPROVED BY THE BOARD.						
FORM 990, PART VI, SECTION C, LINE 19:						
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL						
STATEMENTS ARE MADE AVAILABLE UPON REQUEST. PUBLIC INSPECTION COPIES OF THE						
FORM 990 ARE AVAILABLE THROUGH GUIDESTAR.ORG.						
FORM 990, PART XII, LINE 2C:						
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.						

LHA $\,$ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021