Department of the Treasury

Т

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. OMB No. 1545-0047

Inter	nal Reve	nue Service Go to www.irs.gov/Form990 for instructions and tr	ne latest in	iormation.	Inspection
Α	For th	e 2022 calendar year, or tax year beginning ${ m SEP}1$ , $2022$ and e	ending A	<u>UG 31, 2023</u>	
Β	Check if applicab	C Name of organization		D Employer identified	cation number
č					
	Addre	PESIMINSIER RESCUE MISSION			
	Name	Doing business as		52-08916	28
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr	P.O. BOX 285		410-848-2	2222
	termi ated	<sup>n-</sup> City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	2,624,082.
	Amer returr			H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: INEREDA BEINONE		for subordinates	? Yes 🔀 No
	pend		1157	H(b) Are all subordinates in	cluded? Yes No
1	Tax-e×	empt status: 🚺 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527	lf "No," attach a	list. See instructions
J١	Vebsi	te: WWW.WESTMINSTERRESCUEMISSION.ORG		H(c) Group exemption	n number
K	<sup>-</sup> orm o	f organization: 🚺 Corporation Trust Association Other	L Year (	of formation: 1968	A State of legal domicile: MD
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities:	VESTMI	NSTER RESCUE	E MISSION
uce D		IS A COMMUNITY THAT PROVIDES CLINICAL, PHY	YSICAL	, AND SPIRI	TUAL
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 2 <mark>5</mark> % of its net ass	ets.
Ne	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		10	
00 00	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			48
/itie	6	Total number of volunteers (estimate if necessary)			330
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b			7b	0.
				Prior Year	Current Year
¢	8	Contributions and grants (Part VIII, line 1h)		1,186,214.	1,445,659.
Revenue	9	Program service revenue (Part VIII, line 2g)		779,859.	924,640.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-2,390.	1,984.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		31,043.	250,128.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,994,726.	2,622,411.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,492,415.	1,596,057.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         Total fundraising expenses (Part IX, column (D), line 25)	21.		
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		839,632.	976,484.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,332,047.	2,572,541.
	19	Revenue less expenses. Subtract line 18 from line 12		-337,321.	49,870.
Net Assets or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,900,489.	4,067,775.
Ass	21	Total liabilities (Part X, line 26)		696,956.	819,284.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		3,203,533.	3,248,491.
	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date				
Here	THERESA BETHUNE, PRESIDENT							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date		Check	PTIN		
Paid	KIM MILLER	KIM MILLER	07/11	/24	if self-employed	P015228	80	
Preparer	Firm's name SC&H GROUP, INC.			Firm's	EIN 20-	5991824		
Use Only	Firm's address 910 RIDGEBROOK RO.	AD						
	SPARKS, MD 21152			Phone	e no. (410	) 403-1	500	
May the II	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2022) WESTMINSTER RESCUE MISSION 52-0891628	Page <b>2</b>
	rt III Statement of Program Service Accomplishments	9
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
-	THE WESTMINSTER RESCUE MISSION IS A COMMUNITY THAT PROVIDES CLINICAL,	
	PHYSICAL, AND SPIRITUAL RESOURCES TO HEAL THE ADDICTED AND FEED THE	
	HUNGRY. WE TAKE A HOLISTIC APPROACH WITH CHRIST AS THE FOUNDATION OF	
	OUR WORK.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-		X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
-	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	4
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 1,621,673. including grants of \$ ) (Revenue \$ 894,6	40.)
	THE MISSION PROVIDES LONG-TERM RESIDENTIAL SUBSTANCE ABUSE DISORDER	/
	RECOVERY TREATMENT FOR MEN AND WOMEN TO OVERCOME ALCOHOL AND DRUG	
	ADDICTION. MANY CLIENTS COMPLETED A SUBSTANCE USE DISORDER (SUD) CLIE	NT
	CENTERED PROGRAM AND RETURNED TO SOCIETY AS PRODUCTIVE CITIZENS.	-
4b	(Code:) (Expenses \$ 531, 177. including grants of \$) (Revenue \$ 30, 0	00.)
	THE MISSION PARTICIPATES IN THE FEEDING AMERICA AND OTHER FOOD NETWOR	
	AS A REDISTRIBUTION ORGANIZATION OF THE MARYLAND FOOD BANK, RECLAIMIN	G
	SURPLUS FOOD FROM DOZENS OF LOCAL STORES, FARMS, AND THROUGH THE	
	MARYLAND FOOD BANK.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses2,152,850.	
	Form <b>99</b>	0 (2022)
232002	2 12-13-22	

Form 990 (	2022)	WESTMINSTER	RESCUE	MISSION
Part IV	Chee	klist of Required Schedules	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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	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?			x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
u		11a	х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		X
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		X
b	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			
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			x
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	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			<u> </u>
	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
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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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			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
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		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		- 23
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
00		21		- 22
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-	х	
<b>L</b>	"Yes," complete Schedule L, Part IV	28a	л	x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00.		x
~	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	~	<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		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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)?	35a		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		
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 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		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10			
	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?	<u>1c</u>	000	
232004	<b>1</b> 2-13-22 <b>4</b>	⊦orm	990	(2022)
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	990 (2022) WESTMINSTER RESCUE MISSION	52-0891	628	P	age <b>5</b>
Par	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)			Y.	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No
20	filed for the calendar year ending with or within the year covered by this return	2a 48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	count)?	4a		<u>X</u>
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 Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		_X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		77
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly as a co		7a		<u> </u>
		·····	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			x
	to file Form 8282?		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file Fou		7f		<u></u>
g h	If the organization received a contribution of qualified intellectual property, during organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		- 11		
0	sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	•	1		
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				77
	excess parachute payment(s) during the year?		15		<u>X</u>
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		<u> </u>
<i></i>	If "Yes," complete Form 4720, Schedule O.	• • • • • •			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
000000	If "Yes," complete Form 6069.		Eorm	9 <b>90</b>	(2022)
232005	12-13-22				(2022)

Form 990	(2022)
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## WESTMINSTER RESCUE MISSION

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

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X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

			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 O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15		
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
		9		x
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		- 23
	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
0-	Did the exception have least charters, hypothes, as officience	10a	Tes	X
	Did the organization have local chapters, branches, or affiliates?	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		x
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
	Did the organization have a written whistleblower policy?	13	Х	
	Did the organization have a written document retention and destruction policy?	14		X
	Did the process for determining compensation of the following persons include a review and approval by independent			
	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		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>MD</u> , 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)	availal	ole
	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)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
	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, MD 21157			
	000 HOCADAOGH MIHH AD, WHOIMINDINA, MD ZIIJ/			

Part VII	Compensation of Officers	, Directors, Trustee	s, Key Employees	, Highest	Compensated
	Employees, and Independ	lent 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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 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, box 6 of 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)	(C)		(D)	(E)	(F)				
Name and title	Average	Position		Reportable		Estimated				
	hours per	(do not check more than one box, unless person is both an		compensation	compensation	amount of				
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		æ	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEPHANIE HALLEY	40.00	_		0	×	Ξæ	ш.			
CHIEF EXECUTIVE OFFICER		х		x				92,500.	0.	248.
(2) LAURA WALTRUP	40.00									
CHIEF OPERATING OFFICER				Х				87,819.	0.	625.
(3) THERESA BETHUNE	2.00					$\mathcal{D}$				
PRESIDENT		Х		Х				0.	0.	0.
(4) STEWART EIDEL	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) DANIEL COOPER	1.00									
VICE PRESIDENT		X		X				0.	0.	0.
(6) MARK WESTCOTT	1.00									
SECRETARY		Х		X				0.	0.	0.
(7) DAVID BENNETT	1.00									•
DIRECTOR (PARTIAL YEAR)	1 00	X						0.	0.	0.
(8) DOROTHY FOX	1.00	37							0	0
DIRECTOR (9) GARRETT HOOVER	1.00	Х						0.	0.	0.
(9) GARRETT HOOVER DIRECTOR (PARTIAL YEAR)	1.00	х						0.	0.	0.
(10) MARTHA MEEHAN-COHEN	1.00	~						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(11) GREGORY PINKARD	1.00									<b>U</b> .
DIRECTOR		х						0.	0.	0.
(12) SCOTT SINGLETON	1.00									
DIRECTOR (PARTIAL YEAR)		х						0.	0.	0.
(13) RACHEL WAGNER-HUTCHISON	1.00									
DIRECTOR (PARTIAL YEAR)		х						0.	Ο.	0.
						<u> </u>				
222007 10 12 02	I				I	I		1		Form <b>990</b> (2022)

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232007 12-13-22

Form 990 (2022)

Form 990 (2022) WESTMINST	ER RESC	'UE	M	IS	SI	ON			52-08	3916	28	Page <b>8</b>	
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploye	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)				
(A) (B) (C) (D) (E)									(F)				
Name and title	Average Position						one	Reportable	Reportable		Estimated		
	hours per week	box, unless person is both an officer and a director/trustee)						compensation compensation			amount of other		
	(list any						,	from the	from related organizations			ner Insation	
	hours for	direc				p		organization	(W-2/1099-MIS		from		
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		organi	zation	
	organizations	al trus	onal tr		loyee	com p e		1099-NEC)			and re		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	ations	
		Ц	-	đ	Ke	eII	ß						
									X.				
								C					
								.0					
						C							
								100 210		_		072	
1b Subtotal								180,319.		0.		873.	
c Total from continuation sheets to Part VII _d Total (add lines 1b and 1c)							•	180,319.		0.		873.	
2 Total number of individuals (including but no				d ab	ove	) wh	o re		000 of reportable			075.	
compensation from the organization												0	
											Ye	es No	
<b>3</b> Did the organization list any <b>former</b> officer,				•	-		Ŭ					v	
line 1a? If "Yes," complete Schedule J for su											3	X	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	x	
5 Did any person listed on line 1a receive or a										····  -	-		
rendered to the organization? If "Yes." com										[	5	x	
Section B. Independent Contractors													
1 Complete this table for your five highest con the organization Report compensation for t										ensatio	n from		
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B)									(C)				
Name and business address NONE Description of services								Cor	npensa	ition			
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t	thos	e lis	ted	above) who received me	ore than				
\$100,000 of compensation from the organiz	ation				C	)							

Form **990** (2022)

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Ра	πνι						
		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII (A)	(B)	(C)	
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							300110113 3 12 - 3 14
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
Gra	b	· · · · · · · · · · · · · · · · · · ·					
Αn An	С						
iar Iar	d						
js,	е		661,977.				
er tio	f						
ġĘ			783,682.				
dit	g	Noncash contributions included in lines 1a-1f	53,410.				
<u>0</u> 6	h	Total. Add lines 1a-1f		1,445,659.			
			Business Code				
e	2 a	MEDICAID	623990	894,640.	894,640.		
e či	b	FOOD DISTRIBUTION STIP	624210	30,000.	30,000 🗸		
S an	с						
Program Service Revenue	d						
- Bo	е						
5	f	All other program service revenue					
	g	Total. Add lines 2a-2f		924,640.			
	3	Investment income (including dividends, interest	st, and				
		other similar amounts)		3,655.			3,655.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b		$\mathbf{O}$			
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
e		and sales expenses 7b	1,671.				
Revenue	с	Gain or (loss) 7c	-1,671.				
Jev				-1,671.			-1,671.
ъ		Gross income from fundraising events (not					
Ğ₽	0 4	including \$ of					
Ŭ		contributions reported on line 1c). See					
		Part IV, line 18					
	ь	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19					
	ь	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 0	and allowances10a					
	h						
		•					
	C	Net income or (loss) from sales of inventory	Business Code				
sn	44 -	EMPLOYEE RETENTION CRE	900099	171,941.			171,941.
ne ol	_ 11 a		900099	68,024.			68,024.
scellaneo Revenue	b		900099				5,267.
Miscellaneous Revenue	C	RECYCLING	900099	5,267.			
Ä		All other revenue		4,896.			4,896.
		Total. Add lines 11a-11d		250,128. 2,622,411.	024 640	0.	252,112.
	12	Total revenue. See instructions		∠,∪∠∠,4⊥⊥.	924,640.	U •	
23200	9 12-13	-22					Form <b>990</b> (2022)

WESTMINSTER RESCUE MISSION

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Form 990 (2022)

### 11510711 769024 WES658.1A

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WESTMINSTER RESCUE MISSION Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	رم) 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,				
	trustees, and key employees	185,116.	92,558.	68,279.	24,279.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,265,447.	1,125,690.	90,123.	49,634.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		15.100		
9	Other employee benefits	27,556.	16,100.	5,017.	6,439.
10	Payroll taxes	117,938.	98,639.	13,169.	6,130.
11	Fees for services (nonemployees):				
а	Management	9,675.	8,707.	484.	484.
b	Legal	04.005			
с	Accounting	24,025.	5	24,025.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		05 000		<b>60 -</b>
	column (A), amount, list line 11g expenses on Sch 0.)	26,830.	25,293.	842.	695.
12	Advertising and promotion	18,254.	16,428.	913.	913.
13	Office expenses	63,326.	57,160.	3,083.	3,083.
14	Information technology	91,336.	82,592.	5,988.	2,756.
15	Royalties	100.000	110 005	<b>F</b> 000	4 0 2 0
16	Occupancy	129,030.	118,205.	5,986.	4,839.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15 004			<u> </u>
20	Interest	15,884.	14,508.	688.	688.
21	Payments to affiliates	107 751	177 075	0 000	0.000
22	Depreciation, depletion, and amortization	197,751.	177,975.	9,888.	9,888.
23	Insurance	79,021.	71,119.	3,951.	3,951.
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.) REPAIRS & MAINTENANCE	155,716.	138,891.	10,484.	6,341.
a b	FUNDRAISING EXPENSES	52,550.	130,091.		52,550.
-	CLIENT, CLINICAL, AND W	39,192.	39,192.		52,550.
c d	CITIMI, CITATORI, AND W	55,134.	55,134.		
d	All other expenses	73,894.	69,793.	1,250.	2,851.
e 25	·	2,572,541.	2,152,850.	244,170.	175,521.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	4,J/4,J41.	2,1J2,0JV.	244,1/V•	- 12,321.
26	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 fifther if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				000

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Form 990 (2022)

11510711 769024 WES658.1A

	1 990 (2		52-	0891628 Page 11	
Pa		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		T	
			<b>(A)</b> Beginning of year		(B) End of year
	4		159 406	-	208,117.
	1	Cash - non-interest-bearing	<b>E0 000</b>		107,513.
	2	Savings and temporary cash investments			329,407.
	3	Pledges and grants receivable, net			27,023.
	4	Accounts receivable, net		4	27,023.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net		7 8	
Assets	8	Inventories for sale or use	10 (10)	_	7,110.
	9	Prepaid expenses and deferred charges		9	7,110.
	10a	Land, buildings, and equipment: cost or other			·
		basis. Complete Part VI of Schedule D10a5,654,460Less: accumulated depreciation10b2,613,495	5. 3,037,136	10-	3,040,965.
		Less: accumulated depreciation <b>10b 2</b> , <b>015</b> , <b>4</b> 5	334,675		333,417.
	11	Investments - publicly traded securities			555,417.
	12 13	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		12 13	
	13			13	
	14	Intangible assets			14,223.
	15	Other assets. See Part IV, line 11	3,900,489	16	4,067,775.
	17	Total assets. Add lines 1 through 15 (must equal line 33)           Accounts payable and accrued expenses		17	199,559.
	18	Grants payable		18	
	19	Deferred revenue			0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ilidi		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties			560,461.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	26,132.	25	59,264.
	26	Total liabilities. Add lines 17 through 25	696,956		819,284.
		Organizations that follow FASB ASC 958, check here			
ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	3,062,006	27	3,101,794.
Bal	28	Net assets with donor restrictions	1/1 507	28	146,697.
pu		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
č	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	3,203,533		3,248,491.
-	33	Total liabilities and net assets/fund balances		33	4,067,775.

Form 990 (2022)

Form	1 990 (2022) WESTMINSTER RESCUE MISSION	52-	08916	28	Pa	<sub>ge</sub> 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	2,	622	2,4	11.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	572	2,5	41.
3	Revenue less expenses. Subtract line 2 from line 1	3		49	9,8	70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,	203	3,5	33.
5	Net unrealized gains (losses) on investments	5		- 4	1,9	12.
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,	248	3,4	91.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					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?		L	2b	Х	
	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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a		X X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
				Form	990	(2022)
	PUDIC					

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
2022
Open to Public

Open to Public
Inspection

## Name of the organization

Name	Name of the organization Employer identification number									
WESTMINSTER RESCUE MISSION								2-0891628		
Part	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
The or	gani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)				
1 [		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n <b>170(b)(</b> 1	l)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3 🗌		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organization	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 operate	ed by a go	vernmental u	nit describe	ed in	
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	′0(b)(1)(A)	(v).			
7 🗌		An organization that normal	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic 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	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or	
_		university:								
10	X	An organization that normal	lly 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 exem		-					-	
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.	
_	_	See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	-							
12 🗌		An organization organized a	-					-		
		more publicly supported org							Check the box on	
		lines 12a through 12d that o								
а		<b>Type I.</b> A supporting orga								
		the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting	
		organization. You must c						- (-)		
b		<b>Type II.</b> A supporting orga					•		•	
		control or management or			ame perso	is that co	ntroi or manaç	ge the supp	Jonea	
•		organization(s). You mus Type III functionally inter	-		in connect	ion with	and functional	ly intograte	od with	
С	L	its supported organization						ly integrate	ia with,	
d		Type III non-functionally						ted organia	zation(s)	
ŭ	L	that is not functionally int						Ũ		
		requirement (see instructi			•		-	anatonti		
е		Check this box if the orga						II Type III		
•		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	n, 1990 m		
f	Ente	r the number of supported of	·							
		ide the following information	•							
		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
									<u> </u>	
Total										
Total							1		1	

Schedule A	(Form	990	2022
		000	1 2022

Part II

WESTMINSTER RESCUE MISSION

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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 $\dots$						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a				•	$\square$	
	governmental unit or publicly					N i	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.				<u></u>		
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 $\dots$						
9	Net income from unrelated business						
	activities, whether or not the	4					
	business is regularly carried on $\dots$						
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 instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, <sup>-</sup>	fourth, or fifth tax y	ear as a section 5	501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi		-			<u> </u>	
	Public support percentage for 2022 (I					14	%
	Public support percentage from 2021					15	%
<b>16</b> a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2021.</b> If the c				line 15 is 33 1/3%	or more, check th	nis box
	and <b>stop here.</b> The organization qual		• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu		•		•••••		
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, cneck this box a		
						Schedule A	(Form 990) 2022

### WESTMINSTER RESCUE MISSION

(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

Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1029551.	1342186.	1195147.	1186214.	1445659.	6198757.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the			007 104	770 050	004 640	4070204
	organization's tax-exempt purpose	037,053.	943,338.	987,194.	119,059.	924,640.	42/2304.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				10 001		22 222
	iness under section 513				17,721.	5,267.	22,988.
4	Tax revenues levied for the organ- ization's benefit and either paid to					5	
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	166604	2205744	0100041	1002704	2275566	10404040
	Total. Add lines 1 through 5	1666604.	2285744.	2182341.	1983794.	23/5566.	10494049.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	283,825.	72,722.	72,085.	68,254.	82,912.	579,798.
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	000 005			<u> </u>	00.010	0.
	Add lines 7a and 7b	283,825.	72,722.	72,085.	68,254.	82,912.	579,798.
	Public support. (Subtract line 7c from line 6.)						9914251.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	1666604.	2285744.	2182341.	1983794.	2375566.	10494049.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,272.	13,005.	13,615.	6,751.	3,655.	51,298.
h	Unrelated business taxable income				0,,010		01,1900
IJ	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	14,272.	13,005.	13,615.	6,751.	3,655.	51,298.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		1370030	1570150		570000	51/2500
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				13,322.	244,861.	258,183.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1680876.	2298749.	2195956.	2003867.		10803530.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst. second. third. f	ourth. or fifth tax v	vear as a section 5	01(c)(3) organizatic	n.
				-			, 
Sec	tion C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	91.77 %
	Public support percentage from 2021		•			16	90.72 %
	tion D. Computation of Inves						
	Investment income percentage for 20		•	ne 13. column (f))		17	.47 %
	Investment income percentage from					18	.54 %
	33 1/3% support tests - 2022. If the						
104	more than 33 1/3%, check this box ar						X
h	<b>33 1/3% support tests - 2021.</b> If the						
b	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
		T UIU HUL CHECK a I	UUX UIT III 12 14, 192	a, OF 190, CHECK IN	IS DUX AND SEE INS		. (Form 990) 2022
20202	3 12-09-22					Schedule A	

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### WESTMINSTER RESCUE MISSION

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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?
- 6 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 disqualified 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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Sche	edule A (Form 990) 2022 WESTMINSTER RESCUE MISSION 52	2-089162	8 Pa	age <b>5</b>
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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	ers, ted e		
	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,			
<u></u>	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			
<u></u>	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. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- 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

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions	с	The organiz	ation supported a go	overnmental entity.	Describe in Part V	how you supported a	a governmental entity (see instructio	ns)
-----------------------------------------------------------------------------------------------------------------------------------	---	-------------	----------------------	---------------------	--------------------	---------------------	---------------------------------------	-----

- 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. 232025 12-09-22

3b Schedule A (Form 990) 2022

3

2a

2b

3a

Yes No

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Schedule A	(Form	990	) 2022
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Schedule A	(Form 990)	2022	WESTMINSTER	RESCUE	MISSION	
Part V	Type III	Non-	Functionally Integrated 5	09(a)(3) Su	pporting Orga	nizations

1	Check here if the ergenization esticited the Integral Part Test on a qualifying t			ort VI) Soo instructions
	Check here if the organization satisfied the Integral Part Test as a qualifying t		•	art vi). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations must co	ompier	(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		0	
	(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	integra	ted Type III supporting organ	ization (see

instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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</i> <b>Part VI</b> ). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 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) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6			·
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
с	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

WESTMINSTER RESCUE MISSION

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

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

Administrative expenses paid to accomplish exempt purposes of supported organizations

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1

2

3 4 **Current Year** 

Part V	Type II	Non-F	unctiona	lly Integ	rated 5	09(a)(3) Su	pporting	Organizations	(continued)
Schedule A	(Form 990)	) 2022	W.	ESTMIT	NSTER	RESCUE	MISSI	ON	

Section D - Distributions

3

Schedule A (Form 990) 2022 WESTMINSTER RESCUE MISSION	52-0891628 Page 8
Part W Supplemental Information. Provide the explanations explained by Part II, Into 17: Part II, Into 12: Part II, Section A, Inter 32, 30, 34, 40, 46, 56, 89, 89, 80, 81, 110, and 110; Part IV, Section A, Inter 14: Part V, Section A, Inter 42: A, 20, 32, 40, 46, 46, 85, 89, 80, 81, 110, and 110; Part V, Section A, Inter 14: Part V, Section C, Inter 2, and 32, Part V, Section A, Inter 42: A, 20, 32, 40, 46, 46, 85, 89, 80, 81, 110, and 110; Part V, Section A, Inter 44, 95, 500, 100, 100, 20, and an Part V, Section B, Inter 14: Part V, Section A, Inter 45: Part V, Section A, Inter 45: Part V, Section A, Inter 45: Part V, Section C, Inter 2, and 32, Part V, Bardina M, and Part V, Section C, Inter 47, 95, 500, 100, 100, 100, 100, 100, 100, 10	
Part 13       Supplemental Information. Provide the explanations required by Part II, Juno 12, Part II, Juno 17a, Part IV, Secton 0, Juno 17b, Part II, Juno 17a, Part IV, Secton 0, Juno 17b, Part II, Juno 17a, Part IV, Secton 10, Juno 17b, Part II, Juno 17a, Part IV, Secton 0, Juno 17b, Part II, Juno 17a, Part IV, Secton 0, Juno 17b, Part II, Juno 17a, Part IV, Secton 10, Juno 17b, Part III, Juno 17a, Part IV, Secton 0, Juno 17b, Part III, Juno 17a, Part IV, Secton 0, Juno 17b, Part III, Juno 17a, Part IV, Secton 10, Juno 17b, Part III, Juno 17a, Part IV, Secton 0, Juno 17b, Part III, Juno 17b, Part IV, Secton 0, Juno 17b, Part III, Juno 17b, Part IV, Secton 10, Juno 17b, Part III, Juno 17b, Part IV, Secton 10, Juno 17b, Part IV, Secton 10, Juno 17b, Part III, Juno 11b, Part IV, Secton 10, Juno 17b, Part III, Juno 11b, Part III, Juno 11b, Part IV, Secton 10, Juno 17b, Part IV, Secton 10, Juno 17b, Part III, Juno 11b, Part III, Juno 11b, Part III, Juno 11b, Part IV, Secton 10, Juno 17b, Part III, Juno 11b, Part IV, Secton 10, Juno 17b, Part IV, Secton 11b, Juno 11b, Part IV, Secton 11b, Juno 11b, Part IV, Secton 11b, Juno 11b, Part IV, Secton 11b, Part IV, Secton 11b, Juno 11b, Part IV, Secton 11b, Juno 11b, Part IV, Secton 11b, Juno 11b, Part III, Juno 11b, Part III, Juno 11b, Part III, Juno 11b, Part IV, Secton 11b, Juno 11b, Part IV, Secton 11b, Part III, Juno 11b, Part IV, Secton 11b, Part I	
Part W       Supplemental Information. Provide the explanations required by Part II, Born 10; Part II, Born 170; Part II, Born 20; Part IV, Section 2,	
Part W Supplemental Information. Provide the explanations explained by Part II, into 17, Part III, into 12, Part II, into 12, Part II, Section A, Iine Y, 2a, 3G, 4d, 4d, 5d, 5B, 4B, 9B, 5H, 111, Ju, and 110; Part IV, Section B, Iine 12, Part V, Section B, Iine 14, Part V, Section B, Iine 12, Part V, Section B, Iine 14, Part V, Section B, Iine 17, Part V, Section B, Iine 17, Part V, Section B, Iine 14, Part V, Section B, Part V,	
Part U       Supplemental Information. Provide the sognature required by Part II, line 17, art 17, bit N Section A Investige 12, as 13, as 14, as 12, as 3, as 4, as 14, bit N Section A Investige 13, as 11, as 11, as 11, as 11, as 11, as 11, bit N Section A Investige 14, as 10, bit N Section A Investige 14, as 10, and 3, and Part V, Section E, lines 12, as 2, bit A, as 4, as 14, bit V, Section B, lines 12, as 2, bit A, as 4, as 14, bit V, line 10, part V, line 11, part V, Section B, lines 12, as 2, bit A, as 3, and 30, part V, line 11, part V, Section B, lines 12, part V, Section B, lines 12, part V, line 11, part V, section B, lines 14, part V, line 11, part V, Section B, lines 12, part V, line 11, part V, section B, lines 12, part V, line 11, part V, section B, lines 12, part V, line 11, part V, section B, lines 12, part V, line 11, part V, section B, lines 12, part V, line 11, part V, section B, lines 12, part V, line 11, part V, section B, lines 12, part V, line 11, part V, line 11, part V, section B, lines 12, part V, line 11, part V, line 11, part V, line 11, part V, line 11, part V, line 12, part V, line 12, part V, line 11, part V, line 12, part V,	
Part Will       Supplemental Information. Provide the explanations required by Part II. Ime 10: Part III. The or 17: Part III. Part V, Section P. I. Socion P. I. Section P. I. Section D. Imes 2, and 3: Part V, Section E. Imes 10; 2a. 2b, 3a, and 3b; Part V, Ime 1: Part V, Section E. Imes 2, and 3: Part V, Section E. Imes 2, and 4: Part V, Section E. Imes 2, and 5: Part V, Imer 1: Part V, Section E. Imes 2, and 5: Part V, Imer 1: Part V, Section E. Imes 2, and 4: Part V, Part III. I. III. I. III. I. III. I. III. I.	
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	Schedule A (FUIII 990) 2022

Schedule A

# Payments from Disqualified Persons Included on Part III, Line 7a

2022

\*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
BOARD MEMBERS	283,825.	72,722.	72,085.	68,254.	82,912
				$\frac{2}{2}$	
			C	<i>,</i>	
			<b>30</b>		
			2		
		-0			
		2			
X					
otal to Schedule A,	283,825.	72,722.	72,085.	68,254.	82,912

223172 04-01-22

### 223451 11-15-22

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 \_\_\_\_\_\_\$

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).

# 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

Employer identification number

52-0901629

## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

	MEDIMINDIEN REDCOL MIDDION	JZ 00JI0Z0			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	$\fbox{X}$ 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization	1			
Form 990-PF	501(c)(3) exempt private foundation	07			
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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;

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



## **\*\* PUBLIC DISCLOSURE COPY**

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Schedule	в	(Form	990)	(2022)
concadio	-	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000,	

Name of organization

WESTMINSTER RESCUE MISSION

(a)         Name, address, and ZP + 4         Total contributions         Type of contribution           1	Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	spac	e is needed.	
Image: second					
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       2	1		\$_	226,207.	Payroll Noncash (Complete Part II for
2					
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       3			\$_	~ 0 <sup>0</sup>	Person X Payroll Noncash (Complete Part II for
3					
No.     Name, address, and ZIP+4     Total contributions     Type of contribution       4			\$_		Person X Payroll Noncash (Complete Part II for
(a)       (b)       (c)       (d)         5       (c)       (d)         5       (c)       (d)         (a)       Name, address, and ZIP + 4       Total contributions         5       (c)       (d)         7       (c)       (d)         6       (c)       (c)         6       (c)       (c)         6       (c)       (d)         8       107,424.       Person         8       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions					
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       5	4		\$_	124,627.	Person X Payroll Noncash (Complete Part II for
Image: second					
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       6	5		\$_	107,424.	Payroll Noncash (Complete Part II for
Sector       Sector       Payroll       Noncash         (Complete Part II for noncash contributions.)					
223452 11-15-22 Schedule B (Form 990) (2022)			\$_	84,000.	Payroll Noncash (Complete Part II for

Employer identification number

52-0891628

223452 11-15-22

11510711 769024 WES658.1A

(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$43,692.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	\$ 40,700.	Type of contribution         Person       X         Payroll
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$ <u>22,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions           \$         16,000.	Type of contribution         Person       X         Payroll
(b)	(c) Total contributions	(d)
Name, address, and ZIP + 4	\$ <u>12,000.</u>	Type of contribution         Person       X         Payroll
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2022) Name of organization

Part I

(a)

No.

(a)

No.

8

(a)

No.

(a)

No.

10

(a)

No.

11

(a)

No.

12

9

7

Employer identification number

52-0891628

noncash contributions.) Schedule B (Form 990) (2022)

24 2022.06000 WESTMINSTER RESCUE MISSIO WES658.1

223452 11-15-22

		\$8,400.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 14                                   </u>		\$8,000.	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   15                                 </u>	<u> </u>	\$ <u>6,500.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u>		\$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
<u>   17                                 </u>		\$6,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
3452 11-15-22	25 024 WES658.1A 2022.06000	WESTMINSTER RESCU	Schedule B (Form 990) (202

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

# Name of organization

52-0891628

Person

(c)

**Total contributions** 

Employer identification number

(d)

Type of contribution

X

Γ

## WESTMINSTER RESCUE MISSION

Schedule B (Form 990) (2022)

Part I

(a)

No.

13

Page 2

Schedule B (Form 990) (2022)

Employer identification number

52-0891628

## 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
<u> 19</u>		\$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
20		\$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
		\$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
22		\$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
		\$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
223452 11-15-		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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WESTMINSTER RESCUE MISSION

Name of organization

Employer identification number

52-0891628

### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 25 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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223452 11-15-22

11510711 769024 WES658.1A

	3 (Form 990) (2022)			Page <b>3</b>
Name of o	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 estimat (See instructions		(d) Date received
_	IT SERVICES/EQUIPMENT			
7		\$43,6	92.	08/31/23
(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 estimat (See instructions		(d) Date received
		\$		
(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 estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		

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223453 11-15-22

Schedule B (Form 990) (2022)

### 11510711 769024 WES658.1A

2022.06000 WESTMINSTER RESCUE MISSIO WES658.1

Schedule	B (Form 990) (2022)		Page <b>4</b>			
Name of c	organization		Employer identification number			
WESTM	INSTER RESCUE MISSION		52-0891628			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	through (e) and the following line entry. For	01(c)(7), (8), or (10) that total more than \$1,000 for the year organizations			
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	haritable, etc., contributions of <b>\$1,000 or less</b> for space is needed.	the year. (Enter this info. once.) \$			
(a) No. from						
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	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					
	Transforma's name address a					
	Transferee's name, address, a		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			
	.0	(e) Transfer of gift				
	Transferee's name, address, a	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	nd ZIP + 4	Relationship of transferor to transferee			

223454 11-15-22

Schedule B (Form 990) (2022)

11510711 769024 WES658.1A

29 2022.06000 WESTMINSTER RESCUE MISSIO WES658.1

Department of the Treasury

Internal Revenue Service

(Form 9	<del>9</del> 90)
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## **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. Attach to Form 990.

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

OMB No. 1545-0047 2 **Open to Public** Inspection

Employer identification number

52-0891628

Name	of the	organization
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### WESTMINSTER RESCUE MISSION

Par		Organizations Maintaining Donor Advised		r Similar Funds	s or Ac	counts.	Complete i	i the
		organization answered "Yes" on Form 990, Part IV, line	(a) Donor ac	vised funds	(1	) Funds a	and other acc	ounts
4	Total p	Importational of year	(u) Borror ac					
1 2		umber at end of year ate value of contributions to (during year)						
2								
4		ate value of grants from (during year)						
<del>-</del> 5		organization inform all donors and donor advisors in w	witing that the accet	s hold in donor advi	l cod fund	<u> </u>		
5		organization's property, subject to the organization's e	-				Yes	No
6		organization inform all grantees, donors, and donor ad					[] 163	
U		ritable purposes and not for the benefit of the donor or						
		issible private benefit?		, , ,		ig	. Yes	No No
Par		Conservation Easements. Complete if the orga				line 7.		
1		e(s) of conservation easements held by the organization			, (, ,			
-		Preservation of land for public use (for example, recreation		Preservation of	of a histo	rically imp	ortant land a	rea
		Protection of natural habitat		Preservation of				
		Preservation of open space						
2		ete lines 2a through 2d if the organization held a qualifie	ed conservation cor	tribution in the form	of a con	servation	easement on	the last
		he tax year.		50	]		d at the End of	
а	Total nu	umber of conservation easements				2a		
b						2b		
с		r of conservation easements on a certified historic strue				2c		
d		r of conservation easements included in (c) acquired af						
		structure listed in the National Register				2d		
3	Numbe	r of conservation easements modified, transferred, rele		or terminated by th	e organiz	ation duri	ng the tax	
	year _				-		-	
4	Numbe	r of states where property subject to conservation ease	ement is located		_			
5	Does th	ne organization have a written policy regarding the perio	odic monitoring, ins	pection, handling of				
	violatio	ns, and enforcement of the conservation easements it I	holds?				🗌 Yes	No No
6	Staff an	nd volunteer hours devoted to monitoring, inspecting, h	andling of violation	s, and enforcing con	servatior	n easemer	nts during the	year
7	Amount	t of expenses incurred in monitoring, inspecting, handli	ing of violations, and	d enforcing conserva	ation eas	ements di	uring the year	
8		ach conservation easement reported on line 2(d) above						<b></b> .
•		ction 170(h)(4)(B)(ii)?					Ves	└── No
9		XIII, describe how the organization reports conservation					a tha	
		sheet, and include, if applicable, the text of the footnot ation's accounting for conservation easements.	ote to the organizati	on s infancial staten	ients tha	t describe	stne	
Par	t III	Organizations Maintaining Collections of	Art, Historical	Freasures, or O	ther Si	milar A	ssets.	
		Complete if the organization answered "Yes" on Form 9						
1a	If the or	rganization elected, as permitted under FASB ASC 958	, not to report in its	revenue statement	and bala	nce sheet	works	
	of art, h	nistorical treasures, or other similar assets held for publ	ic exhibition, educa	tion, or research in f	urtheran	ce of publ	ic	
	service,	, provide in Part XIII the text of the footnote to its finance	cial statements that	describes these iter	ns.			
b	If the or	rganization elected, as permitted under FASB ASC 958	, to report in its rev	enue statement and	balance	sheet wor	ks of	
	art, hist	orical treasures, or other similar assets held for public e	exhibition, educatio	n, or research in furt	herance	of public :	service,	
	provide	the following amounts relating to these items:						
	(i) Rev	venue included on Form 990, Part VIII, line 1				\$		
2	If the or	rganization received or held works of art, historical trea						
	the follo	owing amounts required to be reported under FASB AS	C 958 relating to th	ese items:				
а	Revenu	e included on Form 990, Part VIII, line 1	-			\$		
		included in Form 990, Part X						
LHA	For Pap	perwork Reduction Act Notice, see the Instructions	for Form 990.			Sch	nedule D (For	rm 990) 2022
232051	09-01-22							
			30					

Sche		STER RESCU								Page <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	make sig	gnificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	(	d 🛄 I	oan or exc	hange progra	am				
b	Scholarly research	(	e 🗌 (	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co			•	-			e in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, his	torical treas	sures, or othe	er similar :	assets		_	
_	to be sold to raise funds rather than to be ma								Yes	No No
Par	t IV Escrow and Custodial Arran		lete if the	organizatio	n 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?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:					A	
									Amount	
С	Beginning balance									
d	Additions during the year									
e	Distributions during the year						1e 1f			
f	Ending balance									
	Did the organization include an amount on F						ιy?	L	Yes	No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete						<u> </u>			
		(a) Current year		rior year	(c) Two year			ears back	(e) Four y	/ears back
1a	Beginning of year balance	(u) canone your	(2)!	nor your		o buok	(4) 11100 }	ouro buon	(0) + our y	
b	Contributions									
0	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
Ũ	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1a	. column (a)	) held as:					
а	Board designated or quasi-endowment		%	, ()	,					
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organization	ation that	are held ar	nd administer	ed for the	e			
	organization by:								<u>ا</u>	res No
	(i) Unrelated organizations	•							3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on So	hedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	, line 11a. S	ee Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or o		• •	or other	• •	cumulate	d	<b>(d)</b> Book	value
		basis (investi	ment)		(other)	dep	preciation			
1a	Land				8,405.					,405.
b	Buildings			4,84	4,712.	2,2	275,28	37.	2,569	<u>,425.</u>
С	Leasehold improvements									
d	Equipment				6,126.		.83,96			,164.
	Other				5,217.		.54,24			<u>,971.</u>
Tota	. Add lines 1a through 1e. (Column (d) must e	aual Form 990, Part	X. colum	n (B). line 1	0 <u>c.)</u>	<u></u>	<u></u>		3,040	<u>,965.</u>

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

Schedule D (Form 990) 2022

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Part VII	Investments - Other Securities.		11h Cas Form 000 Dart V line 10	
(a) Descri	Complete if the organization answered "Yes" of ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
		(b) BOOK value	(c) Method of Valuation. Cost of en	iu-or-year market value
	ial derivatives / held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(b) must equal Form QQ0_Part Y_col_(B) line 12.)			
	(b) must equal Form 990, Part X, col. (B) line 12.)			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)		C		
	(b) must equal Form 990, Part X, col. (B) line 13.)		2	
Part IX			F	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)		• 6		
(2)				
(3)				
(4)				
(5) (6)	• ( •	•		
(7)				
(8)				
(9)	X			
	umn (b) must equal Form 990, Part X, col. (B) line	. 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1.	(a) Description of liability			(b) Book value
				11 222
	PERATING LEASE LIABILITY ONTRACT PAYABLE			<u>14,223.</u> 45,041.
	DNIKACI FAIABLE			45,041.
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line			59,264.
	y for uncertain tax positions. In Part XIII, provide			
organiz	zation's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been p	rovided in Part XIII X

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) 2022

232053 09-01-22

### WESTMINSTER RESCUE MISSION Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 WESTMINSTER RESCUE MISSION	52-0	0891628 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ref	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	2,617,499.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a4, 912.		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines <b>2a</b> through <b>2d</b>	2e	-4,912.
3	Subtract line 2e from line 1	3	<u>-4,912.</u> 2,622,411.
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 <b>4a</b> and <b>4b</b>	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	2,622,411.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,572,541.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,572,541.
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.) 4b		
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	2,572,541.
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b 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) 2022 232054 09-01-22

11510711 769024 WES658.1A

33 2022.06000 WESTMINSTER RESCUE MISSIO WES658.1

Schedule D (Form 990) 2022 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 EXPO	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,	2023 AND 2022.
	3
	<b>K</b>
• 5	
	Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE L		Tra	nsaction	is V	Vith	Intere	ested	P	ersons			ON	MB No.	1545-00	47
(Form 990)	Complete if t			vered	"Yes"	on Form 9	90, Part I	IV, li	ne 25a, 25b, 26,	27, 2	8a,		2	02	2
Department of the Treasury Internal Revenue Service	Go	to ww	Attacl w.irs.gov/Form			90 or Form ructions ar		est	information.				pen To spect		lic
Name of the organizatio										Em	ployer	identi	•		mber
-			ER RESCU									916	28		
Part I Excess	Benefit Trans	actio	ons (section 50	)1(c)(3	3), sect	ion 501(c)(4	l), and see	ctior	n 501(c)(29) orgar	nizatio	ons on	ly).			
Complete	if the organizatior						5a or 25b	, or	Form 990-EZ, Pa	rt V, I	ine 40	b.			
1 (a) Name of disqua	lified person	(b) R	elationship betv person and or			lified	(0	<b>c)</b> De	escription of trans	sactio	n				cted?
			person and or	guinz									<b>Y</b>	es	No
													+		
													+		
													$\perp$		
• =											4				
2 Enter the amount of section 4958	,		0	U		• •	rsons duri	ing t	he year under		•				
<b>3</b> Enter the amount of			above reimburse								\$ \$				
				ou oy		gamzation					¥				
Part II Loans to	o and/or Fron	n Inte	erested Pers	ons	•										
Complete	if the organizatior	n answ	vered "Yes" on F	Form §	990-EZ	, Part V, line	e 38a or F	orm	990, Part IV, line	e 26; o	or if th	e orga	nizatic	n	
	n amount on Forr			i, or 2	2. Dan to or							<b>(h)</b> Ap	nroved		
(a) Name of interested person	(b) Relatio with organi		(c) Purpose of loan	fro	m the	(e) Ori principal		(f	) Balance due		) In ault?	by boa	ard or	(1) **	/ritten ment <b>?</b>
			0110011	organ TO	From	- · · ·				Yes	No	comm Yes		Yes	1
					FIOIII	C				165	NO	Tes		res	
													<b> </b>		
													┝───		
			•										├───		
												╉──┤			
				Ť								┟──┤			
Total	•						\$								-
	or Assistance		-												
	if the organizatior	1 ansv	vered "Yes" on F	Form §	990, Pa				(n-						
(a) Name of intere	ested person	$\mathbf{D}$	<ul> <li>b) Relationship interested pers</li> </ul>			1	nount of stance		(d) Type assistanc				) Purp assista		f
	$\sim$		the organiza		iu ii										
	$\mathbf{O}$	1													
		_													
		+													
		+									-+				
		+													
				_	_	T		_		_					_

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

Schedule L (Form 990) 2022

232131 11-01-22

<u>Schedu</u> le	e L (Form 990) 2022	WESTMI					N		52-0891	<u>628</u>	Page <b>2</b>
Part IV		tions Involvi	ing Intere	ested	Person	s.					
	Complete if the organiza	ation answered	"Yes" on Fo	orm 99	0, Part IV,	line 28a, 2	8b, or 28c.				
	(a) Name of interested pers		(b) Relation	onship	between ii the organiz	nterested	(c) Amount of transaction	(d)	Description of transaction	organiz	aring of zation's nues?
										Yes	No
INFOR	PATHWAYS, INC.		OWNER	IS	BOARD	MEMB	43,692.	IT	SERVICES		X
Part V	Supplemental Info	rmation.	1				1			I	I
	Provide additional inforr		onses to que	estions	s on Sched	ule L (see i	instructions).				
		·	•								
SCH I	, PART IV, BUS	SINESS T	RANSAC	TIO	NS INV	OLVIN	IG INTERESTE	DI	PERSONS:		
(A) N	NAME OF PERSON:	INFOPA	THWAYS	, I	NC.						
	RELATIONSHIP BE					ON AND	ORGANTZATT	ON			
<u>(-/ -</u>							10		-		
OWNEF	R IS BOARD MEME	BER									
( ) ) .			TTON.	т							
(D) I	DESCRIPTION OF	TRANSAC	FION:	1T	SERVIC	<u>JES/EÇ</u>	OT PMEN'I				
			•	C							
		~									
			)								

Schedule L (Form 990) 2022

232132 11-01-22

SCHEDUL	.е м
(Form 990	))

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

22

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

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

Name of the organization

	Inspection
Employer	identification number
5	2-0891628

ſ ΖU **Open to Public** 

### WESTMINSTER RESCUE MISSION

Pa	rt I   Types of Property									
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contri amounts repor Form 990, Part VI	ted on		(d) Method of do cash contrib	etermin	•	s
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles	X	1	4	500	FATR	VALUE			
7			±		, 500 •		VIIIUU			
	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
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	Х			888.	FAIR	VALUE			
20	Drugs and medical supplies	•								
21	Taxidermy		7							
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (IT • ()	X	1	43	,692.	FAIR	VALUE			
26	Other (SUPPLIES)	Х	1				VALUE			
27	Other (CARPENTRY)	X	1				VALUE			
28	Other (									
29	Number of Forms 8283 received by the organiz	ration during	i the tax year for co	ontributions						
20	for which the organization completed Form 828	-			29				0	
	for which the organization completed rollin oze	50, i ait v, E	once Acknowledge	ement	23				Yes	No
200	During the year did the proprietion receive by	, contributio	n any proporty rop	ortad in Dart L lina	o 1 throug	h 20 tha	+ ;+		165	
30a	During the year, did the organization receive by must hold for at least 3 years from the date of t									
	5		,	•				20-		х
	exempt purposes for the entire holding period?	,						30a		
	If "Yes," describe the arrangement in Part II.		an dia a dia a manda		l a a sa turba da					v
31	Does the organization have a gift acceptance p					ions?		31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell	noncash					
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column	(a) is cheo	cked,				
	describe in Part II.									
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).			Schedule	/ (Forn	n 990)	2022

Schedule M (Form 990) 2022 WESTMINSTER RESCUE MISSION 52-08916 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the eis reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. All this part for any additional information.	organization
6	
C	
i S	
232142 09-09-22 Schedule I	

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047
Name of the organization	WESTMINSTER RESCUE MISSION		identification number 891628
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:			
RESOURCES TO HEAL THE ADDICTED AND FEED THE HUNGRY. WE TAKE A HOLISTIC			
APPROACH WITH CHRIST AS THE FOUNDATION OF OUR WORK.			
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:			
THE MISSION PREVIOUSLY RAISED FUNDS TO SUPPORT THE CENTER THROUGH SALES			
OF DONATED GOODS AT ITS THRIFT STORE. DURING THE CURRENT YEAR, THE			
MISSION CEASED OPERATIONS OF THE THRIFT STORE AND CLOSED IT			
PERMANENTLY.			
FORM 990, PART VI, SECTION B, LINE 11B:			
THE TREASURER REVIEWS FORM 990 PRIOR TO RELEASE. A COPY IS MADE AVAILABLE			
FOR BOARD MEMBERS IF REQUESTED.			
FORM 990, PART VI, SECTION B, LINE 12C:			
THE BOARD DISCUSSES AND RESOLVES ISSUES RELATED TO CONFLICTS OF INTEREST			
AS/IF THEY ARISE.			
FORM 990, PART 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.			

LHA  $\,$  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

2022.06000 WESTMINSTER RESCUE MISSIO WES658.1