EOF 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer WINSTON-SALEM RESCUE MISSION, INC. 56-0891921 LOU CARRICO Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter .0-). But, if you entered .0- on the return, then enter .0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b $\underline{4,412,795}$. Form 990 check here Form 990-EZ check here ... b Total revenue, if any (Form 990-EZ, line 9) 2b ____ 2a b Total tax (Form 1120-POL, line 22) 3b Form 1120-POL check here 3a b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 990-PF check here 4a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a b Total tax (Form 990-T, Part III, line 4) Form 990-T check here 6a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 7a b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5227 check here 8a Form 5330 check here b Tax due (Form 5330, Part II, line 19) b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the _ , (EIN)_ of entity) 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 91921 X Lauthorize DUNCAN ASHE, P.A. to enter my PIN Enter five numbers, but ERO firm name as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency (les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 69206391921 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. DUNCAN ASHE, P.A. 11/08/24 ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form 8879-TE (2023)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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.

Department of the Treasury Internal Revenue Service

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

MB No. 1545-0047
2023
Open to Public Inspection

A F	or the	2023 calendar year, or tax year beginning $UL 1$, 2023 and endi	ling J	UN 30, 20	024		
B c	heck if pplicable	C Name of organization		D Employer id	lentific	ation number	
	Addres	WINSTON-SALEM RESCUE MISSION, INC.					
	Name change			56-08	9192	21	
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) PO BOX 595	m/suite	E Telephone number 3367231848			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 5,255,598.				
	Ameno			H(a) Is this a gr			
F	Application			for subord			
	pendin	SAME AS C ABOVE		H(b) Are all subord			
	ax-exe	mpt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}}$ 501(c) () (insert no.) $\overline{}}$ 4947(a)(1) or $\overline{}}$	527			ist. See instructions	
	Vebsit			H(c) Group exe			
			L Year o			State of legal domicile; NC	
	ırt I	Summary					
	1	Briefly describe the organization's mission or most significant activities: PROVIDE	E FO	OD, CLOTE	HING	, SHELTER	
Governance				REHABILI			
naı	2	Check this box if the organization discontinued its operations or disposed o	of more	than 25% of its n	net asse	ets.	
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)			3	6	
ဇ	ı	Number of independent voting members of the governing body (Part VI, line 1b)				6	
တို		Total number of individuals employed in calendar year 2023 (Part V, line 2a)				62	
/itie		Total number of volunteers (estimate if necessary)			6	2155	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.	
_ ⋖ 		Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.	
				Prior Year		Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)		4,068,2		4,267,913.	
	9	Program service revenue (Part VIII, line 2g)		82,2		90,252.	
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		11,1		46,864.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,7		7,766.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,173,3		4,412,795.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		765,6		831,291.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,830,7		1,976,802.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		662,0	04.	539,631.	
x	b ·	Total fundraising expenses (Part IX, column (D), line 25) 732,820.	<u>•</u>				
Ш	l ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		894,9		1,118,016.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,153,3		4,465,740.	
	19	Revenue less expenses. Subtract line 18 from line 12		20,0		-52,945.	
s or			Beg	jinning of Current	-	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		6,644,9		6,537,226.	
APE	21	Total liabilities (Part X, line 26)		293,9		239,125.	
Ž:	22	Net assets or fund balances. Subtract line 21 from line 20		6,351,0	46.	6,298,101.	
	rt II	Signature Block			. ,		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and		•		knowledge and belief, it is	
true,	correc	and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer i	nas any knowledge) .		
٠.		Signature of officer		I Date			
Sig		LOU CARRICO, EXECUTIVE DIRECTOR		Duto			
Her	е	Type or print name and title					
			ΙD	ate c	heck	PTIN	
Paid		Print/Type preparer's name N. BARTH ASHE Preparer's signature		1/08/24 se			
	arer	Firm's name DUNCAN ASHE, P.A.		Firm's E		7-1181547	
	Only	Firm's address 7900 MCCLOUD RD, SUITE 101		FIIIISE	1111 4	, 110171	
JOE	Omy	GREENSBORO, NC 27409		Dhone n	, 3 3 6	5-285-6510	
Mar	tha I	S discuss this return with the preparer shown above? See instructions		i Filolie II	U. J J (X Yes	
ıvıay	<u> </u>	S discuss this return with the preparer shown above? See instructions					

Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE WINSTON SALEM RESCUE MISSION IS A CHRISTIAN, NON-DENOMINATIONAL
	SERVICE MINISTRY, EXISTING TO HELP HURTING NEIGHBORS FIND HOPE AND
	HEALING THROUGH THE TRANSFORMING GOSPEL OF JESUS CHRIST. WE IMPACTED
	179 MEN THROUGH TWO RESIDENTIAL RECOVERY PROGRAMS FOR MEN (94 BEDS) TO
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ü	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.
7	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
	revenue, if any, for each program service reported.
 4а	1 701 020 465 502 21 262
4 a	OUR LIFE BUILDERS PROGRAM IS A 90-DAY MEN'S RESIDENTIAL PROGRAM
	PROVIDING STRUCTURE, DISCIPLINE, ACCOUNTABILITY, RECOVERY CLASSES, GED
	AND COMPUTER EDUCATION, WORK THERAPY, INTEGRATED BIBLICAL COUNSELING
	AND SPIRITUAL GUIDANCE. THIS PROGRAM HAS A 62-BED CAPACITY AT OUR
	WINSTON-SALEM CAMPUS. DURING 2023-2024, 154 MEN WERE SERVED THROUGH
	THE PROGRAM, WITH 47 GRADUATING. OF THOSE, 25 GRADUATES WENT INTO OUR
	1-YEAR NEW LIFE CENTER TRANSFORMERS PROGRAM. ADDITIONALLY, 14 MEN WENT
	ON TO OBTAIN OUTSIDE EMPLOYMENT AND 8 MEN TRANSFERRED FROM OUR PROGRAM
	TO PERMANENT HOUSING.
	TO TERMANENT HOODING:
4b	(Code:) (Expenses \$1,081,825including grants of \$282,639) (Revenue \$ \$ 58,889)
40	(Code:) (Expenses \$1, U81, 825 • including grants of \$282, 639 •) (Revenue \$58, 889 •) THE NEW LIFE CENTER TRANSFORMERS PROGRAM IS A ONE-YEAR MEN'S
	RESIDENTIAL PROGRAM PROVIDING STRUCTURE, DISCIPLINE, ACCOUNTABILITY,
	RECOVERY CLASSES, ADDITIONAL CASE MANAGEMENT, WORK THERAPY, INTEGRATED
	BIBLICAL COUNSELING AND SPIRITUAL GUIDANCE SERVICES FOR SELECTED
	GRADUATES OF OUR 90-DAY PROGRAM. LIFE SKILLS, CAREER DEVELOPMENT, AND
	OTHER EDUCATIONAL OPPORTUNITIES ARE ALSO OFFERED IN THIS PROGRAM,
	INCLUDING CLASSES TOWARDS GED COMPLETION, COMPUTER EDUCATION AND
	COLLEGE COURSES. THIS PROGRAM HAS A 32-BED CAPACITY AT OUR
	WINSTON-SALEM CAMPUS. DURING 2023-2024, 25 MEN WERE SERVED THROUGH
	THIS PROGRAM, WITH 9 GRADUATING. ADDITIONALLY, 6 WENT ON TO OBTAIN
	OUTSIDE EMPLOYMENT AND 6 TRANSFERRED FROM OUR PROGRAM TO PERMANENT
	HOUSING. 2 RESIDENTS ATTENDING EDUCATIONAL PROGRAMS.
40	(Code:) (Expenses \$
70	THE WSRM COMMUNITY OUTREACH PROGRAMS IMPACT OVER 5,000 INDIVIDUALS PER
	YEAR BY PROVIDING FREE SERVICES TO THOSE IN NEED, INCLUDING FOOD
	PANTRY, CLOTHING CLOSET, MEALS, BAG LUNCHES FOR THE HOMELESS, AND SPACE
	FOR FREE MEDICAL AND DENTAL SERVICES. WSRM ALSO PROVIDES HOLIDAY FOOD
	BOXES FOR THOSE NEEDING HELP DURING THE THANKSGIVING SEASON. DURING
	2023-2024, WSRM PROVIDED A TOTAL OF 123,591 MEALS TO THE COMMUNITY,
	INCLUDING: MISSION KITCHEN SERVED 110,048 MEALS TO PROGRAM RESIDENTS,
	AND PROVIDED 4,991 MEALS (BAG LUNCHES) TO HOMELESS INDIVIDUALS; FOOD
	PANTRY AND EMERGENCY FOOD BOXES PROVIDED 8,552 MEALS/BOXES. THE WSRM
	CLOTHING CLOSET DISTRIBUTED OVER 519 PIECES OF CLOTHING. WSRM IS THE
	HOST SITE FOR THE SAMARITAN CLINIC, WHICH PROVIDED FREE MEDICAL/DENTAL
	SERVICES TO 768 INDIVIDUALS WITHOUT INSURANCE.
40	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 3 , 181 , 839 •

# Yes, "complete Schedule A complete Schedule 6, Schedule of Completons" Sile instructions If the organization reagain direct or indirect political campaign activities on behalf of or in opposition to candidates for public offeed, "Yes," complete Schedule C, Part I Section 501(p(x)) organizations. Did the organization engage in lobbying activities, or have a section 501(ity) election in effect during the tax year? If "Yes," complete Schedule C, Part II Bit the organization assection 501(p(x)) 501(p(x)) organization for graph in the property of the p				Yes	No
2 Is 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 II 3 Section 501(c)(3) organization. Did the organization engage in liciblying activities, or have a section 501(f) election in effect during the tax year? If "Yes," complete Schedule C, Part II II the organization as defined in Part X, line 107 (Yes," complete Schedule C, Part II	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public official (**Pris**) completes Schedule (**D, Part I' Section 801(b(s)) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the fax year? If "Yes," complete Schedule (**D, Part II) 1 bit the organization assection 501(b(s)) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Price. 98197 If "Yes," complete Schedule (**O, Part III) 5 Did the organization maintain any door advised time for any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule (**O, Part III) 1 Did the organization receive or hold a conservation assement, including assements to prevere open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule (**O, Part III) 2 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts in part X, complete Schedule O, Part III 3 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts in clisted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule O, Part IV 5 Did the organization report an amount for investments or other securities in a device of the part X, line 10? If "Yes," complete Schedule O, Part IVI 5 Did the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule O, Part VII 7 Did the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule O, Part XII 8 Did the organization report an amount for investments other securities in Part X, line 10? If "Yes," com				X	
section 50(R)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 X is the organization as ection 50 (R)4, 50 (R)6, or 50 (R)6, organization that receives membership dues, assessments, or similar amounts as defined in they. Proc. 99 19? If "Yes," complete Schedule C, Part II 5 X is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 5 X is the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 5 X is the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 5 5 X is the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 5 5 5 X is the organization in entering the part of the organization amount for leafty or provide credit counseling, debt management, credit repairs, or debt negotiation services? If "Yes," complete Schedule D, Part IV 5	_	•	2		<u> </u>
4 Section SO1(kg3) organizations. Did the organization engage in lobbying activities, or have a section SO1(kg1) election in effect during the tax year? If "Yes," complete Schedule C, Part III set the organization a section SO1(kg16), SO1(kg16), or SO1(kg16) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 96-197 If "Yes," complete Schedule C, Part III 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 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization amounts not listed 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? If "Yes," complete Schedule D, Part IV Did the organization services? If "Yes," complete Schedule D, Part V Did the organization services? If "Yes," complete Schedule D, Part V Did the organization services? If "Yes," complete Schedule D, Part V Did the organization services? If "Yes," complete Schedule D, Part V Did the organization services? If "Yes," complete Schedule D, Part V Did the organization services or any of the following questions is "Yes," then complete Schedule D, Part V Did the organization services or any of the following questions is "Yes," then complete Schedule D, Part V Did Did the organization seport an amount for investments or other securities in Part X, line 10? If "Yes," complete Schedule D, Part V Did Did the organization included in consolidated, index	3				37
during the tax year? If 'Yes,' complete Schedule C, Part II S to the organization a section 501(4), 501(6)(8), or 501(6)(8) or 501(6)(_		3		<u> </u>
5 Is the organization as action 5016(4)6, 5016(2)6, or 5016(9)6 organization that neceives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 if "Yes," complete Schedule C, Part III 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 Did the organization members of hold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Proc. Part II Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escow 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? If "Yes," complete Schedule D, Part IV Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V II The organization answer to any of the following questions is "Yes," then complete Schedule D, Part V II The organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part V II Did the organization report an amount for investments of the securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments or program related in Part X, line 18? If "Yes," complete Schedule D, Part V II Did the organization shall be part X, line 15, that is 5% or more of its total assests reported in Part X, line 18? If "Yes," complete Schedule D, Part V II Did the organization shall be part X, line 18 part X, line 18, part X, line 19, part X, line 19, part X, line 19, part X,	4				v
similar amounts as defined in Rev. Proc. 98.197 (** Yes, ** complete Schedule C, Part III ** 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 II ** Did the organization maintain collections of works of art, historical treasures, or other similar assets? ** if ** Yes, ** complete Schedule D, Part III ** 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 counselling, debt management, credit repair, or debt negotiation services? ** if **Yes, ** complete Schedule D, Part IV ** Did the organization (riectly or through a related organization, hold assets in donor estricted endowments or in quasi-endowments? ** if ** yes, ** complete Schedule D, Part IV ** If the organization report an amount for land, buildings, and equipment in Part X, line 10? ** if ** yes, ** complete Schedule D, Part V ** Did the organization report an amount for investments - organization report an amount for investments - organization report an amount for investments - organization assets reported in Part X, line 16? ** if ** yes, ** complete Schedule D, Part X V ** Did the organization report an amount for investments - organization report an amount for investments - program related in Part X, line 19, if ** yes, ** complete Schedule D, Part X ** Did the organization report an amount for other liabilities in Part X, line 19, if ** yes, ** complete Schedule D, Part X ** Did the organization saparate in consolidated financial statements for the tax year include a foothoute that addresses the organization asserted and addresses the organization asserted and addresses the organization asserted and addresses the organization asserted in Part X, line 19, if ** yes, ** complete Schedule D, Part X ** Did the organization asserted *	_		4		
6 Dit the organization maintain any donor advised funds or any similar funds or accounts? If "yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "yes," complete Schedule D, Part III 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "yes," complete Schedule D, Part III 10 Did the organization report an amount in Part X, line 21, for serow 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? 11 If "yes," complete Schedule D, Part IVI 12 Did the organization saver to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VI, or X, as applicable. 13 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for investments- other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for investments- other securities 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 15 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 16 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 X III 16 Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III 17 Did the organization assets are advi	5		_		v
provide advice on the distribution or investment of amounts in such funds or account? if "Yes," complete Schedule D, Part I bit the organization receiver or hold a conservation easement, including easements to preserve open spaces, the environment, historic land areas, or historic structures? if "Yes," complete Schedule D, Part II	_		5		
To Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	6				v
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 8	_		6		
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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? If "Yes," complete Schedule D, Part IV 9 X 100 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 9 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI 1, If the organization report an amount for linvestments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 1, If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 1, If the organization report an amount for investments - other securities in Part X, line 13? If "Yes," complete Schedule D, Part VI 1, If the organization report an amount for investments - other securities in Part X, line 13? If "Yes," complete Schedule D, Part VI 1, If the organization report an amount for other assets 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 VI 1, If X 2, If Yes, "complete Schedule D, Part X 2, If Yes, "complete Schedule D, Part X 3, If Yes, "complete Schedule D, Part X 3, If Yes, "complete Schedule D, Part X 4, If Yes, "complete Schedule	1		_		v
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13	b	•	12h		x
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	12				
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		,	19		Х
b 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	20a				
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

Form 990 (2023) WINSTON-SALEM RESCUE MISSION, INC.

Part IV Checklist of Required Schedules (continued)

	i (continuou)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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		х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		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? If	28c		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 21	
30		30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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
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
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			لـــا
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		.,	
	(gambling) winnings to prize winners?	1c	X 000	(2.5.=
332004	l 12-21-23	Form	330 ((2023)

Form 990 (2023) WINSTON-SALEM RESCUE MISSION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 62			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X_
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	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 transaction?	5b		_X_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
J	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

332005 12-21-23

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.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6			
	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	6			
2	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
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisi	on			
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a					
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b			12b	X	
С	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	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	ſ			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	n			
	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		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
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	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy, and	financ	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	LOU CARRICO - 336-723-1848				
	PO BOX 595, WINSTON SALEM, NC 27102-0595				

Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a 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-NEĆ) 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.

(A) Name and title	(B) Average hours per	box	not c	Pos heck i ss per	more son i	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	er lustitutional trustee	Officer Officer	Key employee	Highest compensated http://www.nated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) LOU CARRICO	40.00							65 454	•	
EXECUTIVE DIRECTOR	1 00	<u> </u>		Х				67,174.	0.	0
(2) CHRIS PAYNE	1.00	٠,,						_	0	
CHAIRMAN	1 00	Х						0.	0.	0
(3) JOSH EVANS BOARD MEMBER	1.00	х						0.	0.	0
(4) ROB DECKER	1.00	^						U •	0.	0
BOARD MEMBER	1.00	Х						0.	0.	0
(5) LUKE MONEY	1.00	-22							0.	<u> </u>
BOARD MEMBER	1.00	х						0.	0.	0
(6) CLETIS TITUS	1.00	<u></u>								
BOARD MEMBER		Х						0.	0.	0
(7) DOUG WILLIAMS	1.00									
BOARD MEMBER		Х						0.	0.	0 .
		-								

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			_ (((D)	(E)			(F)	
Name and title	Average	(do		Posi heck i		າ than ເ	one	Reportable	Reportable			mate	
	hours per week					is both or/trus		compensation	compensatio			ount c	ıf
	(list any	tor						from the	organization		comp	ther ensat	ion
	hours for	r director				pg		organization	(W-2/1099-MIS			m the	
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)			nizatio	
	organizations below	nal tru	onal t		ployee	comp		1099-NEC)				relate	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	iizatio	ns
	<u> </u>	=	=	0	¥	Ξ ω	ш.						
_													
1b Subtotal	<u> </u>							67,174.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								67,174.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			٥
compensation from the organization											1	/es	0 N o
3 Did the organization list any former officer,	director, trust	ee. k	ev e	lame	ove	e. or	hia	hest compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for s			-	-	•		_		•		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes, " com	plete Schedule	e J f	or su	ıch r	oers	on					5		Х
Section B. Independent Contractors							41.		2100 000 of comm		L: a.a. £a.u		
1 Complete this table for your five highest co the organization. Report compensation for										berisa	tion from	11	
(A)				. <u>.</u>				(B)			(C)		
Name and business	address	N	INC	3				Description of s	ervices	С	compens		ı
							\dashv						
_													
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received me	ore than				

Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
			-	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
υυ	1 a	Federated campaigns 1a					
ant							
چ <u>ق</u>		Membership dues 1b 1c	92,700.				
Contributions, Gifts, Grants and Other Similar Amounts			JZ, 100 t				
ij gi							
ns, Sim		Government grants (contributions) 1e					
e jë	Ť	All other contributions, gifts, grants, and	175 010				
턴된		similar amounts not included above $1f$ 4	,175,213. ,606,732.				
E D	_		,606,732.	4 065 012			
<u>8 0</u>	h	Total. Add lines 1a-1f		4,267,913.			
			Business Code				
ė	2 a	SHELTER & SERVICES FEE	624100	90,252.	90,252.		
ه ≧	b						
S	С	:					
an	d	l <u></u>					
Program Service Revenue	е						
Ŗ.	f	All other program service revenue					
	g	-		90,252.			
	3	Investment income (including dividends, inte	rest, and				
		other similar amounts)		46,864.			46,864.
	4	Income from investment of tax-exempt bond		,			,
	5	Royalties	·				
	Ū	(i) Real	(ii) Personal				
	6 2		()				
		Less: rental expenses 6b					
		Net rental income or (loss)	(ii) Other				
	<i>i</i> a	(7)	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
Je		and sales expenses					
ther Revenue	С	Gain or (loss) 7c					
æ		Net gain or (loss)					
þer	8 a	Gross income from fundraising events (not					
ð		including \$ 92,700. of					
		contributions reported on line 1c). See					
		Part IV, line 18	a 52,590.				
	b	Less: direct expenses8	ь 45,216.				
	С	Net income or (loss) from fundraising events		7,374.			7,374.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	а				
	b	Less: direct expenses 9	b				
		Net income or (loss) from gaming activities_					
		Gross sales of inventory, less returns					
			797,587.				
	b		рь797,587.				
		Net income or (loss) from sales of inventory	,	0.			
\dashv		The modified from Sales of inventory	Business Code	3.			
ns	11 ^	VENDING MACHINES	900099	278.			278.
Miscellaneous Revenue	ıı d	OTHER REVENUE	900099	114.			114.
ila Ven	υ -		20002	1111			
Sce	C C						
Ξ	a	All other revenue		392.			
		Total Add lines 11a-11d		4,412,795.	90,252.	0.	54,630.
	12	Total revenue. See instructions		14,414,/ブン・	, JU,434.	ı •	J4,030•

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Total expenses		Check if Schedule O contains a respons	se or note to any line in			
and domestic powerments. See Part IV, line 21 Carolts and other assistance to domestic individuals. See Part IV, line 22 831, 291. 831,			(A) Total expenses			(D) Fundraising expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 22 (3 Grants and other assistance to to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 17 S and 16 (4 See Part IV, line 17 S and 16 (4 See Part IV, line 17 S and 16 (4 See Part IV, line 17 S and 16 (4 See Iv) (1) and persons described in section 4988(1) (1) and 408(1) employee benefits (28,314. 17,780. 10,534. 17,780. 10,534. 18,820. 13,820. 13,820. 13,820. 13,820. 13,820. 10,534. 19 Payroll taxes (28,314. 17,780. 10,534. 19 Payroll taxes (28,314. 17,780. 10,534. 19 Payroll taxes (28,314. 17,780. 10,534. 19 Payroll taxes (28,334. 17,780. 10,534. 19 Payroll taxes (28,334. 17,780. 10,534. 19 Payroll taxes (28,334. 17,780. 10,534. 19 Payroll taxes (28,343. 17,780. 19 Payroll taxes (28,3	1	Grants and other assistance to domestic organizations				
Individuals See Part IV, line 22 831, 291 831, 29		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign regularization, foreign general programments, and foreign individuals. See Part IV, lines 15 and 16 4 Barefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation inclined above to disqualified persons (as defined under section 4958(I/17) and persons described in action 4958(I/17) and 1, 289, 345. 4 Conference sectors action 4958(I/17) and persons described in action 4958(I/17) and 1, 289, 345. 4 A development 4 action 4958(I/17) and 1, 289, 345. 4 A development 4 action 4958(I/17) and 1, 289, 345. 4 A development 4 action 4958(I/17) and 1, 289, 345. 4 A development 4 action 4958(I/17) and 1, 289, 345. 4 A development 4 action 4958(I/17) and 1, 289, 345. 5 A development 4 action 4958(I/17) and 1, 289, 345. 5 A development 4 action 4958(I/17) and 1, 289, 345. 5 A development 4 act	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22	831,291.	831,291.		
Individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation for inclined daubore to disqualified persons (as defined under section 4958(IV)) and persons described in section 4958(IV)) and 490(IV) employer contributions (include section 4010) and 490(IV) employer contributions) 13,820.	3	Grants and other assistance to foreign				
A Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 76,618. 67,424. 9,194.						
5 Compensation of current officers, directors, tustees, and key employees 6 Compensation of included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described						
Trustees, and Keye mployees Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other satines and wages 8 Pension plan accruals and contributions (include section 401(r) and 403(r) employer contributions) 9 Other employee benefits 128,314, 17,780, 10,534, 128,663, 128,660, 95,757, 32,863, 128,620, 95,757, 32,863, 128,620, 95,757, 32,863, 128,620, 95,757, 32,863, 128,620, 95,757, 32,863, 128,620, 95,757, 32,863, 164,475, 164,4	4	Benefits paid to or for members				
6 Compensation and included above to disqualified persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1	5	Compensation of current officers, directors,	5 6 640	c= 404		
persons (as defined under section 4986(r)(1)) and persons described in section 4986(r)(3)(8) 7 Other salaries and wages 8 Pension plan accruais and contributions (include section 4016), and 400(b) employer contributions) 9 Other employee benefits 12,820, 13,820, 1,729,430, 1,289,345, 440,085, 128,314, 17,780, 10,534, 128,7020, 95,757, 32,863, 128,620, 95,757, 32,863, 128,620, 95,757, 32,863, 128,620, 95,757, 32,863, 128,620, 95,757, 32,863, 128,620, 95,757, 32,863, 128,620, 95,757, 32,863, 16,475, 1		· · · · · ·	76,618.	67,424.	9,194.	
Persons described in section 4958(c)(3)(B) 1,729,430. 1,289,345. 440,085.	6	· · · · · · · · · · · · · · · · · · ·				
1,729,430. 1,289,345. 440,085.						
8 Pension plan accruals and contributions (include section 401(K) and 403(b) employer contributions) 9 Other employee benefits			1 700 420	1 200 245	440 005	
Section 401(k) and 403(b) employer contributions 28,314			1,/49,430.	1,489,345.	440,085.	
10 Payroll taxes 128,620. 95,757. 32,863.	8	· , , , ,	12 000	12 000		
10 Payroll taxes 128,620. 95,757. 32,863.	_	· · · · · · · · · · · · · · · · · · ·	±3,8∠U•	13,820.	10 524	
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses not covered above, (List miscellaneus expenses on Schol.) 12 Advertising and promotion 13 Office expenses 64, 234. 62, 543. 1, 691. 13 Office expenses 64, 234. 62, 543. 1, 691. 14 Information technology 60, 100. 57, 095. 3, 005. 15 Royatties 16 Occupancy 272, 550. 264, 386. 8, 164. 53, 250. 52, 376. 874. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses. Itemize expenses not covered above, (List miscellaneous expenses on line 24e. If line 24e amount exceets 10% of line 25, column (A), amount, list line 24e expenses on Schedul of, amount, list line 24e expenses on Schedul of, and amount, list line 24e expenses on Sched		· · · · · · · · · · · · · · · · · · ·	40,314.	1/,/8U•		
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 22, 615. 22, 615. 22, 615. 30 Office expenses 64, 234. 62, 543. 1, 691. Information technology 60, 100. 57, 095. 3, 005. Information technology 60, 100. 57, 095. 3, 005. Information technology 77, 17 avel 80 Occupancy 80 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 10 Interest 10 Payments to affiliates 20 Depreciation, depletion, and amortization 20 Interest 20 Conferences, convention, and mortization 21 Insurance 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses on Ine 24e, If line 24e expenses on Schedule 0.) 20 POSTAGE 21 Depreciation, depletion, and amortization 21 Depreciation, depletion, and amortization 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses on Schedule 0.) 24 Other expenses on Schedule 0.) 25 Depreciation, depletion, and amortization 26 Julia statiscolorum (A), amount, list line 24e expenses on Schedule 0.) 27 POSTAGE 28 Julia statiscolorum (A), amount, list line 24e expenses on Schedule 0.) 28 Julia statiscolorum (A), amount, list line 24e expenses on Schedule 0.) 29 Other expenses 11,716, 10,372, 1,344 25 Total functional expenses. Add lines 1 through 24e 30 Julia tosts. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			140,040.	90,/5/•	34,803.	
b Legal		` ' ' '				
C Accounting 16,475. 16,475. 16,475.	_					
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royatties 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Payments to affiliates 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses in temize expenses on Schedule 0.) 15 POSTAGE 15 AMORTIZATION OF LEASES 15 TAFF EXPENSES 15 Uses All other expenses 11 Table 10 Table 10 Table 10 Table 10 Table 11 Table 11 Table 11 Table 12 Table 11 Table 12 Table 11 Table 12 Table 11 Table 12 Table 11 Table 11 Table 11 Table 11 Table 12 Table 11 Table 12 Table			16 475		16 475	
e Professional fundraising services. See Part IV, line 17 f Investment management fees g g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 22,615. 22,615. 13 Office expenses 64,234. 62,543. 1,691. 14 Information technology 60,100. 57,095. 3,005. 15 Royalties 272,550. 264,386. 8,164. 16 Occupancy 272,550. 264,386. 8,164. 17 Travel 53,250. 52,376. 874. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 4,401. 4,401. 10 Interest 4,401. 4,401. 11 Payments to affiliates 2Depreciation, depletion, and amortization 206,112. 195,806. 10,306. 21 Insurance 150,169. 136,870. 13,299. 24 Other expenses. Itemize expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 20 POSTAGE 191,845. 191,845. 21 Day BAND SUBSCRIPTIONS 8,187. 2,171. 22 Insurance 191,845. 191,845. 23 All other expenses Ad lines 1 through 24e 4,465,740. 3,181,839. 551,081. 732,820 24 Other expenses . Ad lines 1 through 24e 4,465,740. 3,181,839. 551,081. 732,820			10,4/5.		10,4/3.	
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 24g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 64, 234. 62, 543. 1, 691. 14 Information technology 60, 100. 57, 095. 3, 005. 16 Royalties 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 8 Travel 8 Payments to affiliates 8 Travel 9 Travel			F20 621			F20 621
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion			339,031.			559,651.
Column (A), amount, list line 11g expenses on Sch 0. 22,615. 22,615. 3 22,615. 3 22,615. 3 22,615. 3 22,615. 3 22,615. 3 22,615. 3 22,615. 3 22,615. 3 22,615. 3 22,615. 3 3 3 3 3 3 3 3 3						
12 Advertising and promotion	g	· -				
13 Office expenses 64,234. 62,543. 1,691.	40	· ·	22 615	22 615		
14		- F	64 234	62 543	1 691	
15 Royalties					3 005.	
16 Occupancy 272,550. 264,386. 8,164. 17 Travel 53,250. 52,376. 874. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 5,171. 5,171. 20 Interest 4,401. 4,401. 21 Payments to affiliates 20 Depreciation, depletion, and amortization 206,112. 195,806. 10,306. 23 Insurance 150,169. 136,870. 13,299. 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.) a POSTAGE 191,845. 19			00,100.	31,033.	3,003.	
17 Travel			272.550.	264.386.	8.164.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 June 20 Insurance 15 June 20 Jun				52.376.		
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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.) POSTAGE AMORTIZATION OF LEASES STAFF EXPENSES DUES AND SUBSCRIPTIONS All other expenses. All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			33,2337	3273700	0,20	
19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) a POSTAGE b AMORTIZATION OF LEASES c STAFF EXPENSES d DUES AND SUBSCRIPTIONS e All other expenses 10, 153. Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	.0					
20 Interest	19		5.171.	5.171.		
Payments to affiliates 206,112						
Depreciation, depletion, and amortization 206,112. 195,806. 10,306.	21		,	, . – .		
150,169	22	· ·	206,112.	195,806.	10,306.	
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.) a POSTAGE b AMORTIZATION OF LEASES c STAFF EXPENSES d DUES AND SUBSCRIPTIONS e All other expenses 10,153. 7,614. 2,539. d DUES AND SUBSCRIPTIONS e All other expenses 11,716. 10,372. 1,344 25 Total functional expenses. Add lines 1 through 24e 4,465,740. 3,181,839. 551,081. 732,820 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	23					
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.) a POSTAGE b AMORTIZATION OF LEASES c STAFF EXPENSES d DUES AND SUBSCRIPTIONS e All other expenses 10,153. 7,614. 2,539. d DUES AND SUBSCRIPTIONS e All other expenses 11,716. 10,372. 1,344 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	24	Other expenses. Itemize expenses not covered			·	
amount, list line 24e expenses on Schedule 0.) a POSTAGE b AMORTIZATION OF LEASES c STAFF EXPENSES d DUES AND SUBSCRIPTIONS e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		above. (List miscellaneous expenses on line 24e. If				
AMORTIZATION OF LEASES 41,038. 38,986. 2,052.						
c STAFF EXPENSES 10,153. 7,614. 2,539. d DUES AND SUBSCRIPTIONS 8,187. 8,187. e All other expenses 11,716. 10,372. 1,344 25 Total functional expenses. Add lines 1 through 24e 4,465,740. 3,181,839. 551,081. 732,820 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	а	POSTAGE				191,845.
c STAFF EXPENSES 10,153. 7,614. 2,539. d DUES AND SUBSCRIPTIONS 8,187. 8,187. e All other expenses 11,716. 10,372. 1,344 25 Total functional expenses. Add lines 1 through 24e 4,465,740. 3,181,839. 551,081. 732,820 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	b	AMORTIZATION OF LEASES				
e All other expenses 11,716. 10,372. 1,344 25 Total functional expenses. Add lines 1 through 24e 4,465,740. 3,181,839. 551,081. 732,820 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	С	STAFF EXPENSES	10,153.			
 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 	d	DUES AND SUBSCRIPTIONS				
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	е	All other expenses	11,716.			1,344.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25	Total functional expenses. Add lines 1 through 24e	4,465,740.	3,181,839.	551,081.	732,820.
educational campaign and fundraising solicitation.	26	Joint costs. Complete this line only if the organization				
		reported in column (B) joint costs from a combined				
Check here Kallautian COD on a (ACC 050 700)						
CHECK HELE if following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)				

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or note t	o any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,932,408.	1	1,948,244.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			15,587.	4	23,535
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	itial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	d pers				
		under section 4958(f)(1)), and persons described in		6			
υ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			170,387.	8	203,223
Ä	9	B			570.	9	570
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	7,213,569.			
	b	Less: accumulated depreciation	10b	2,970,365.	4,366,532.	10c	4,243,204
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets			159,488.	14	118,450
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal			6,644,972.	16	6,537,226
	17	Accounts payable and accrued expenses			118,621.	17	115,437
	18	Grants payable			18		
	19	Deferred revenue			9,620.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
တ္က	22	Loans and other payables to any current or former	office	er, director,			
litie		trustee, key employee, creator or founder, substan	itial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these	perso	ons		22	
וב	23	Secured mortgages and notes payable to unrelate	d thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated the	hird p	arties	165,685.	24	123,688
	25	Other liabilities (including federal income tax, paya	bles t	o related third			
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			293,926.	26	239,125.
		Organizations that follow FASB ASC 958, check	here	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			6,327,104.	27	6,279,884.
Ва	28	Net assets with donor restrictions	23,942.	28	18,217.		
pur		Organizations that do not follow FASB ASC 958	, che	ck here			
린		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or equi	pmen	t fund		30	
. As	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,351,046.	32	6,298,101.
-	33	Total liabilities and net assets/fund balances			6,644,972.	33	6,537,226.

<u> FOIII</u>	1990 (2023) WINDION DALLEM REDCOE MIDDION, INC.	50	00717	, <u>u</u>	P8	age -
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	4 ,	, 41	2,7	95.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4 ,	46	5,7	40.
3	Revenue less expenses. Subtract line 2 from line 1	3		-5	2,9	45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6 ,	, 35:	1,0	46.
5	Net unrealized gains (losses) on investments	5				
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	6 ,	, 29	3,1	01.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
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	, , ,			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	, , , , , , , , , , , , , , , , , , , ,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O).			
3а	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?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it l			1

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Bub

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WINCHON_CALEM DESCRIE MISSION

Employer identification number 56 – 0.8 9.1 9.21

		WINS	TON-SALEM I	RESCUE MISSIC	ON, IN	IC.		5	6-0891921
Pa	rt I	Reason for Public (Charity Status. (All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of chi	urches, or association	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 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	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	Ш	A federal, state, or local gov	vernment or governm	ental unit described in	section 17	'0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	rnmental i	unit or from th	e general ¡	oublic described in
	_	section 170(b)(1)(A)(vi). (C							
8	Щ	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	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 r	name, city	, and state of	the college	or
		university:							
10	Ш	An organization that norma							
		activities related to its exem		· · · · · · · · · · · · · · · · · · ·					-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor							
11	H	An organization organized a							
12	Ш	An organization organized a	· ·	•	•			•	
		more publicly supported org	•						check the box on
_		lines 12a through 12d that	* *		-			-	air in a
а			•		•	-			
		the supported organization organization. You must o			majority o	i the direc	iors or trustee	es or the st	apporting
b		Type II. A supporting org	-		ion with its	e sunnorte	nd organization	n(e) by bay	vina
b		control or management o							
		organization(s). You mus			arric persor	is triat coi	introl of manag	je trie supp	Jorted
С		Type III functionally inte			in connect	ion with a	and functional	v integrate	ed with
Ī		its supported organization						,eg. a	,
d		☐ Type III non-functionally						ted organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi	· ·	•	•		•		
е		Check this box if the orga	•	-				I, Type III	
		functionally integrated, or							
f	Ente	er the number of supported o	organizations						
g		vide the following information		<u> </u>					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	2918833.	3177324.	4115169.	3289307.	3475986.	16976619.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2918833.	3177324.	4115169.	3289307.	3475986.	16976619.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						16976619.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2918833.	3177324.	4115169.	3289307.	3475986.	16976619.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	15.	1,535.	7,314.	11,109.	46,864.	66,837.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	251,607.	354,642.	157,756.			764,005.
11	Total support. Add lines 7 through 10						17807461.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 3	,466,007 .
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, 1	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I					14	95.33 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	93.91 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2023

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

qualify under the tests listed lagrange Section A. Public Support	<u>below, please comp</u>	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and	(,	(-,	(5) = 5 = 5	(,	(-,	(-)
membership fees received. (Do not						
include any "unusual grants.")						
Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		_		_		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is						
regularly carried on 12 Other income. Do not include gain					 	
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3) organizatio	on,
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2023	(line 8, column (f), d	divided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve					 	
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the						7 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2022. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizati	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

332023 12-21-23

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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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.)

		Yes	No
	1		
	•		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	. 50		
	10b		
مار		n 990)	2023

Par	TIV 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	tion 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 or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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	;).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	าstruction		Г
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

Schedule A (Form 990) 2023

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

Part VI

line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: SHELTER & SERVICES FEES 2019 AMOUNT: \$ 73,740. 2020 AMOUNT: \$ 64,094. 2021 AMOUNT: \$ 49,607. FUNDRAISING EVENTS 2019 AMOUNT: \$ 59,157. 2020 AMOUNT: \$ 32,577. 2021 AMOUNT: \$ 108,149. **MISCELLANEOUS** 2019 AMOUNT: \$ 118,710. 2020 AMOUNT: \$ 257,971.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

WINSTON-SALEM RESCUE MISSION, 56-0891921 INC.

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		sed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included on line 2a	2c
d	Number of conservation easements included on line 2c acquire	ed after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con-	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ition easements during the year
8	Does each conservation easement reported on line 2d above s	entiefy the requirements of section 170/b	SVAVPVi)
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
3	balance sheet, and include, if applicable, the text of the footnot	· ·	
	organization's accounting for conservation easements.	to the organization o intariolal statem	onto that decombes the
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
	If the organization elected, as permitted under FASB ASC 958		and balance sheet works
	of art, historical treasures, or other similar assets held for publi	•	
	service, provide in Part XIII the text of the footnote to its finance	· ·	•
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	•	
	provide the following amounts relating to these items.	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treas		al gain, provide
	the following amounts required to be reported under FASB AS		
а			\$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

332051 09-28-23

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a Land		536,645.		536,645.					
b Buildings		5,962,441.	2,486,601.	3,475,840.					
c Leasehold improvements		55,329.	22,691.	32,638.					
d Equipment		537,866.	342,345.	195,521.					
e Other		121,288.	118,728.	2,560.					
	Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, line 10c. column (B))								

Schedule D (Form 990) 2023

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en	d-of-vear market value
1) Financial derivatives	(1)		, , , , , , , , , , , , , , , , , , , ,
2) Closely held equity interests			
B) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" of	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 en	d-of-year market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	Faura 000 David IV/ line	11d Cos Farms 000 Bart V line 15	
Complete if the organization answered "Yes" (Description	Trd. See Form 990, Part A, line 15.	(b) Book value
· · ·	ocaci ption		(b) Book value
(1)			
(0)			
(2)			
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)			
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, column to the co			5.
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" (a)			1
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability			5. (b) Book value
(3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			1
(3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			1
(3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)			1
(3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)			1
(3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			1
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			1
(3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			1

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) 2023

	_			_						
Schedule D (Form 990)) 2023	MINSTON-	SAL	ıЕМ	RESC	UE	MT	SSI	ЛΝ

Pai	T XI Reconciliation of Revenue per Audited Financial Sta				
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,210,682.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	300.		
С	Recoveries of prior year grants	2c			
d			797,587.		
е	Add lines 2a through 2d			2e	<u>797,887.</u>
3	Subtract line 2e from line 1			3	4,412,795.
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			
-					^
	Add lines 4a and 4b			4c	0.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	4,412,795.
с 5)		5	4,412,795.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) atements With		5	4,412,795. n
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12.) atements With	Expenses per F	5	4,412,795.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line) atements With ne 12a.	Expenses per F	5 Peturi	4,412,795. n
c 5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. It XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:)atements With ne 12a.	Expenses per F	5 Peturi	4,412,795. n
c 5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:) atements With ne 12a.	Expenses per F	5 Peturi	4,412,795. n
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. It XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities) atements With ne 12a 2a 2b	Expenses per F	5 Peturi	4,412,795. n
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per F	5 Peturi	4,412,795. n 5,263,627.
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a 2b 2c 2d	300. 797,587.	5 Peturi	4,412,795. n 5,263,627. 797,887.
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a 2b 2c 2d	300. 797,587.	5 leturi	4,412,795. n 5,263,627.
1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	300. 797,587.	5 Seturi	4,412,795. n 5,263,627. 797,887.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. It XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	300. 797,587.	5 Seturi	4,412,795. n 5,263,627. 797,887.
1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	300. 797,587.	5 Seturi	4,412,795. n 5,263,627. 797,887.
1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	300. 797,587.	5 Seturi	4,412,795. n 5,263,627. 797,887.

Part 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 X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH ASC 740, ASC 740 REQUIRES THAT A TAX ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN WHERE THERE IS UNCERTAINTY ABOUT WHETHER A TAX POSITION WILL ULTIMATELY BE SUSTAINED UPON EXAMINATION.

THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS AND DETERMINED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT MEET THE CRITERIA UNDER ASC 740. ACCORDINGLY, THE PROVISIONS OF ASC 740 DID NOT HAVE ANY IMPACT ON THE ACCOMPANYING FINANCIAL STATEMENTS.

Schedule D (Form 990) 2023 WINSTON-SALEM RESCUE MISSION, INC. Part XIII Supplemental Information (continued)	56-0891921 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SALES FOR THRIFT STORE INCLUDED IN REVENUES ON FINANCIAL	
CITIVE .	707 507
STMT	797,587.
DADE VII I INC OD OMUDD AD HIGHMONING	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COGS FOR THRIFT STORE INCLUDED IN FUNCTIONAL EXPENSE ON	
ETNANCIAI COMO	707 507
FINANCIAL STMT	797,587.
	_

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

do to www.ii.s.gov/i oriiisso for iiisu detions and the latest iiioriiiade

Employer identification number 56-0891921

WINSTON	-SALEM RESCUE MISS	ION	, Il	1C.	56-0891	921		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	sed funds through any of the following with a Solicita so	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
BREWER DIRECT - 800 ROYAL	PROVIDES DIRECT MAIL	Yes	No					
OAKS DRIVE, SUITE 102,	APPEAL		Х	1,174,046.	532,426.	641,620.		
Total 3 List all states in which the organization	on is registered or licensed to solicit o					641,620.		
or licensing. NC								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990		vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF	ANNIVERSARY		(add col. (a) through
			TOURNAMENT	BANQUET	1	
			(event type)	(event type)	(total number)	col. (c))
Jue			·			
Revenue	1	Gross receipts	47,396.	97,894.		145,290.
æ		C. C	,	,		- ,
	2	Less: Contributions	36,646.	56,054.		92,700.
			,	,		,
	3	Gross income (line 1 minus line 2)	10,750.	41,840.		52,590.
		, , , , , , , , , , , , , , , , , , , ,				•
	4	Cash prizes				
	5	Noncash prizes				
es						
eus	6	Rent/facility costs	9,250.	9,620.		18,870.
Direct Expenses						
Ċ.	7	Food and beverages	3,158.	13,839.		16,997.
Öire		•				
_	8	Entertainment				
		Other direct expenses	2,214.	7,136.		9,350.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			45,217.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			7,373.
Pa	ırt I	Gaming. Complete if the organization a	answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(, 3-	bingo/progressive bingo	(-, gg	col. (a) through col. (c))
ě						
ш.	1	Gross revenue				
S	2	Cash prizes				
SUS						
Direct Expenses	3	Noncash prizes				
ct E						
)ire	4	Rent/facility costs				
_	_					
	5	Other direct expenses				
		Valuatasu lahan	Yes %	Yes %	Yes %	
	ь	Volunteer labor	No	No	No	
	_	Direct overses cumment, Add lines O through	E in column (d)			
	′	Direct expense summary. Add lines 2 through	i 5 in column (a)			
	۰	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line r	from line 1, column (a)			<u></u>
۵	Fn	ter the state(s) in which the organization condu	icts gaming activities.			
		the organization licensed to conduct gaming ac				Yes No
						165140
N		No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked suspended or te	erminated during the tax v	vear?	Yes No
		Yes," explain:	•			
~		·				
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 WINSTON-SALEM RESCUE MISSION, INC. 56-0	<u> 1891921</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	<u></u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
		•	
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
	- Address		
16	Gaming manager information:		
10	Carring manager information.		
	Name		
	Traine		
	Gaming manager compensation \$		
	Carring manager compensation		
	Description of services provided		
	Director/officer Employee Independent contractor		
	bilector/officer Employee independent contractor		
17	Mandatani diatributiana		
	Mandatory distributions:		
-	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	☐ No
	retain the state gaming license?	163	140
K.	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III. lings O	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III les 9, s	90, 100,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
פר	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	! •	
<u>5C</u>	HEDOLE G, FART I, DINE ZD, DIST OF TEN HIGHEST FAID FONDRAISERS	•	
/т) NAME OF FUNDRAISER: BREWER DIRECT		
<u>(I</u>) NAME OF FUNDRAISER: BREWER DIRECT		
/т	\ ADDRECC OF FINDDATCED.		
<u>(I</u>) ADDRESS OF FUNDRAISER:		
0 0	O DOVAL OAKS DETUR SULTER 100 MONDOVIA OA 01016		
<u>0 U</u>	0 ROYAL OAKS DRIVE, SUITE 102, MONROVIA, CA 91016		

Schedule G	(Form 990)	WINSTON-SALEM	RESCUE	MISSION,	INC.	56-0891921	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)					
-							
							
_							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

WINSTON-SALEM RESCUE MISSION, INC.							56-0891921	
Part I General Information on Grants a	ınd Assistance					<u>.</u>		
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection		
criteria used to award the grants or assi	stance?						X Yes No	
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	d States.				
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part I	V, line 21, for any	
recipient that received more than	1	·			(f) Method of			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
2 Enter total number of section 501(c)(3) a	-							
3 Enter total number of other organization	3 Enter total number of other organizations listed in the line 1 table							

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.							
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
						FOOD, CLOTHING, HYGIENE &	
FOOD, O	CLOTHING, HYGIENE & MEDICAL	124878	0.	831,291.	FMV	MEDICAL	
Part IV	Supplemental Information. Provide the information re	quired in Part I, lin	ı ıe 2; Part III, column	(b); and any other a	dditional information.		
SCHE	OULE I, PART I, LINE 2						
RECI	PIENTS OF ASSISTANCE ARE SCREE	NED TO EN	SURE THEY	MEET THE M	ISSION'S		
CRIT	ERIA TO PROVIDE ASSISTANCE.						
SCHE	DULE I, PART III, COLUMN B						
THE I	NUMBER OF RECIPIENTS REPRESENT	'S EACH IN	ISTANCE WHE	ERE MEALS,	CLOTHING		
AND (OTHER ASSISTANCE WERE PROVIDED	TO INDIV	VIDUALS.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number 56-0891921

	WINSTON-SALE	M RESC	<u>UE MISSIO</u>	N, INC.			56-08	919	921	
Pai	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contril amounts report Form 990, Part VII	ed on		(d) hod of dete n contributi		_	s
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	X		799,	,302.	THRIFT	STORE	VA	LUI	3
6	Cars and other vehicles									
7	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	X	403,715	807	,430.	APPROX	MEAL	COS	T S	5 2
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()									
26	Other ()									
27	Other ()									
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement	29					
							_		Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines	1 throug	h 28, that it				
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to	be used f	for				
	exempt purposes for the entire holding period?	?						30a		Х
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard	contribut	ions?		31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell	noncash		· · · [
	contributions?		_					32a	Х	
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column	(a) is chec	ked,				
	describe in Part II.									
									_	_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WINSTON-SALEM RESCUE MISSION, INC.

Employer identification number 56-0891921

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INDIVIDUALS SO THAT THEY MAY AGAIN BECOME PRODUCTIVE MEMBERS OF SOCIETY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THEM EXPERIENCE TRUE CHANGE THROUGH A RELATIONSHIP WITH JESUS CHRIST AND BECOME PRODUCTIVE CITIZENS ONCE AGAIN. IN OUR RECOVERY THERE WERE 91 MEN WHO MADE A PROFESSION OF FAITH IN CHRIST OR WHO REDEDICATED THEIR LIVES TO HIM. WE IMPACT OVER 5,000 INDIVIDUALS EACH YEAR THROUGH OUR COMMUNITY OUTREACH SERVICES TO THE GENERAL COMMUNITY, INCLUDING A THRIFT STORE, ON-SITE FOOD PANTRY, MOBILE MEALS, FOOD TRAILER, HOLIDAY FOOD BOXES AND CLOTHING CLOSET. THIS ALSO INCLUDES CLIENTS WE SERVE AS AN ONSITE LOCATION FOR SAMARITAN MEDICAL CLINIC, OFFERING MEDICAL AND DENTAL SERVICES AT NO CHARGE FOR CLIENTS WHO DO NOT HAVE INSURANCE. FORM 990, PART VI, SECTION B, LINE 11B: AUDIT COMMITTEE IS CHARGED WITH REVIEWING THE 990 BEFORE IT IS FILED AND GOING TO THE FULL BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

UPON HIRING, ALL EMPLOYEES SIGN A CONFLICT OF INTEREST STATEMENT. THE BOARD REVIEWS RELATIONSHIP WITH VENDORS AND OTHER ENTITIES ON A REGULAR BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS ON AN ANNUAL BASIS THE COMPENSATION OF THE EXECUTIVE
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization WINSTON-SALEM RESCUE MISSION, INC.	Employer identification number 56-0891921
DIRECTOR AND MAKES RECOMMENDATIONS THEN VOTES ON THE AMOUN	T. IN ADDITION,
STATISTICS PROVIDED BY CITYGATE (FORMERLY KNOWN AS THE AS	SOCIATION OF
GOSPEL RESCUE MISSIONS) AND DEPARTMENT OF LABOR DATA IS UT	'ILIZED.
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS REQUIRED TO BE AVAILABLE FOR PUBLIC INSPECTION C	AN BE REQUESTED
IN WRITING TO THE WINSTON-SALEM RESCUE MISSION, INC. OR RE	VIEWED ON THE
ORGANIZATION'S WEBSITE.	
FORM 990, PART XII, LINE 2C:	
PROCESS FOR COMMITTEE ASSUMING RESPONSIBILITY FOR OVERSIGH	T OF AUDIT
HAS REMAINED THE SAME AS IN THE PRIOR YEAR.	