

Forms 990 / 990-EZ Return Summary

For calendar year 2014, or tax year beginning **09/01/14** , and ending **08/31/15**

52-0891628

WESTMINSTER RESCUE MISSION

Net Asset / Fund Balance at Beginning of Year		<u>3,320,481</u>
Revenue		
Contributions	<u>997,769</u>	
Program service revenue	<u>238,565</u>	
Investment income	<u>171</u>	
Capital gain / loss	<u>250</u>	
Fundraising / Gaming:		
Gross revenue	_____	
Direct expenses	_____	
Net income	_____	
Other income	<u>61,350</u>	
Total revenue		<u>1,298,105</u>
Expenses		
Program services	<u>1,052,210</u>	
Management and general	<u>149,697</u>	
Fundraising	<u>146,720</u>	
Total expenses		<u>1,348,627</u>
Excess / (deficit)		<u>-50,522</u>
Changes		<u>-21,112</u>
Net Asset / Fund Balance at End of Year		<u>3,248,847</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>1,300,689</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	<u>2,584</u>
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>1,298,105</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,349,965</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	<u>1,338</u>
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>1,348,627</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>3,336,008</u>	<u>3,250,446</u>	
Liabilities	<u>15,527</u>	<u>1,599</u>	
Net assets	<u>3,320,481</u>	<u>3,248,847</u>	<u>-71,634</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 01/15/16
 Failure to file penalty _____

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2014, or fiscal year beginning 9/01, 2014, and ending 8/31, 20 15

2014

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.
u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

WESTMINSTER RESCUE MISSION

Employer identification number

52-0891628

Name and title of officer

**RANDY HART
TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, 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 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	1,298,105
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2014 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 will enter my PIN on the return's disclosure consent screen.

Officer's signature } _____ Date } **11/11/15**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52257221157
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization 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.

ERO's signature } **GERALD L. STURGILL CPA** Date } **11/02/15**

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2014)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 09/01/14, and ending 08/31/15

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">WESTMINSTER RESCUE MISSION</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">P O BOX 285</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">WESTMINSTER MD 21158</p>	D Employer identification number <p style="text-align: center;">52-0891628</p> E Telephone number <p style="text-align: center;">410-848-2222</p> G Gross receipts \$ 1,298,105
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F Name and address of principal officer: <p style="text-align: center;">RANDY HART 658 LUCABAUGH MILL RD WESTMINSTER MD 21157</p>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.WESTMINSTERRESCUEMISSION.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1968	M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">SEE SCHEDULE O</p>		
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	284
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	901,395	997,769
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	248,994	238,565
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	258	421
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,635	61,350
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,284,282	1,298,105
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	468,364	510,898
	16a Professional fundraising fees (Part IX, column (A), line 11e)	118,905	128,865
	b Total fundraising expenses (Part IX, column (D), line 25) u	146,720	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	753,671	708,864
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,340,940	1,348,627	
19 Revenue less expenses. Subtract line 18 from line 12	-56,658	-50,522	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,336,008	3,250,446
	22 Net assets or fund balances. Subtract line 21 from line 20	15,527	1,599
		3,320,481	3,248,847

Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">RANDY HART</p>	Date <p style="text-align: center;">TREASURER</p>
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name GERALD L. STURGILL CPA	Preparer's signature GERALD L. STURGILL CPA	Date 11/11/15	Check <input type="checkbox"/> if self-employed PTIN P00773309
	Firm's name } STURGILL & ASSOCIATES LLP	Firm's EIN } 52-1827777		
	Firm's address } 20 LIBERTY ST - PO BOX 546 WESTMINSTER, MD 21158-0546	Phone no. 410-848-4460		

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

Part 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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **390,541** including grants of \$) (Revenue \$ **238,565**)

THE MISSION RAISES FUNDS TO SUPPORT THE CENTER THROUGH SALES OF DONATED GOODS.

4b (Code:) (Expenses \$ **661,669** including grants of \$) (Revenue \$)

THE MISSION MAINTAINS A HOME AND REHABILITATION CENTER WHICH SERVES A DAILY AVERAGE OF 35 TO 40 ALCOHOLIC AND/OR DESTITUTE MEN. MANY COMPLETED THE ALCOHOL REHABILITATION PROGRAM AND RETURNED TO SOCIETY AS PRODUCTIVE CITIZENS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,052,210**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against 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?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

		Yes	No
1a	9		
Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O.			
b	9		
Enter the number of voting members included in line 1a, above, who are independent			
2			X
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?			
3		X	
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			
4			X
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
5			X
Did the organization become aware during the year of a significant diversion of the organization's assets?			
6			X
Did the organization have members or stockholders?			
7a			X
Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
b			X
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		X	
The governing body?			
b		X	
Each committee with authority to act on behalf of the governing body?			
9			X
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 in Schedule O			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a			X
Did the organization have local chapters, branches, or affiliates?			
b			
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?			
11a			X
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b			
Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		X	
Did the organization have a written conflict of interest policy? If "No," go to line 13			
b			X
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
c		X	
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			
13		X	
Did the organization have a written whistleblower policy?			
14			X
Did the organization have a written document retention and destruction policy?			
15			
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a		X	
The organization's CEO, Executive Director, or top management official			
b			X
Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a			X
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b			
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

ACCOUNTING OFFICE
WESTMINSTER

658 LUCABAUGH MILL ROAD

MD 21157

410-848-2222

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PASTOR STEVE COCHRAN	40.00									
EXECUTIVE DIRECTOR	0.00	X					89,164	0	12,000	
(2) RANDY HART	2.00									
VP & TREASURER	0.00	X		X			0	0	0	
(3) PASTOR LARRY STEEN	2.00									
SECRETARY	0.00	X		X			0	0	0	
(4) ROBERT KAPFER	2.00									
DIRECTOR	0.00	X					0	0	0	
(5) RICHARD BERNSTEIN	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(6) ROGER ELLIOTT	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) GEORGE BROWN	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) EUGENE D. BOND	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) LYNETTE BREWER	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) RONALD SHAW	2.00									
DIRECTOR	0.00	X					0	0	0	
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							89,164		12,000	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							89,164		12,000	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	997,769				
	g Noncash contributions included in lines 1a-1f:	\$	254,315				
	h Total. Add lines 1a-1f	u	997,769				
Program Service Revenue	2a THRIFT SHOP SALES	Busn. Code 453310	238,565	238,565			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	238,565				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	171			171
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	6,000				
		(ii) Personal					
b Less: rental exps.							
c Rental inc. or (loss)		6,000					
d Net rental income or (loss)		u	6,000	6,000			
7a Gross amount from sales of assets other than inventory		(i) Securities					
		(ii) Other	250				
b Less: cost or other basis & sales exps.							
c Gain or (loss)		250					
d Net gain or (loss)		u	250			250	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a					
		b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u					
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a RECYCLING		41,498	41,498				
b MISCELLANEOUS		11,563	11,563				
c INSURANCE PROCEEDS		2,289	2,289				
d All other revenue							
e Total. Add lines 11a-11d	u	55,350					
12 Total revenue. See instructions.	u	1,298,105	299,915	0	421		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	101,164	101,164		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	373,864	309,268	60,490	4,106
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	35,870	30,035	5,432	403
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,235	176	17,059	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	128,865			128,865
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	5,582		2,791	2,791
13 Office expenses	39,059	9,593	21,854	7,612
14 Information technology				
15 Royalties				
16 Occupancy	112,139	100,587	10,663	889
17 Travel	1,248	624	624	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	265	265		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	120,781	109,788	10,993	
23 Insurance	52,010	44,820	7,140	50
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a THRIFT SHOP MERCHANDISE	240,315	240,315		
b GAS, OIL & AUTO	51,207	44,901	4,370	1,936
c PANTRY	14,923	14,923		
d SUPPLIES	14,498	14,498		
e All other expenses	39,602	31,253	8,281	68
25 Total functional expenses. Add lines 1 through 24e	1,348,627	1,052,210	149,697	146,720
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	74,743	1	116,193
	2	Savings and temporary cash investments	420,175	2	339,350
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,586,890		
	10b	Less: accumulated depreciation	1,791,987	10c	2,794,903
	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		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,336,008	16	3,250,446	
Liabilities	17	Accounts payable and accrued expenses	3,473	17	1,599
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	9,554	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,500	25	
	26	Total liabilities. Add lines 17 through 25	15,527	26	1,599
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	3,320,481	32	3,248,847
33	Total net assets or fund balances	3,320,481	33	3,248,847	
34	Total liabilities and net assets/fund balances	3,336,008	34	3,250,446	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,298,105
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,348,627
3	Revenue less expenses. Subtract line 2 from line 1	3	-50,522
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,320,481
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 in Schedule O)	9	-21,112
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,248,847

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

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.
u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

WESTMINSTER RESCUE MISSION

Employer identification number

52-0891628

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	424,043	538,460	725,522	901,395	997,769	3,587,189
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	239,726	268,812	277,672	248,994	238,565	1,273,769
3 Gross receipts from activities that are not an unrelated trade or business under section 513	38,318	25,252	2,265	5,903		71,738
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	702,087	832,524	1,005,459	1,156,292	1,236,334	4,932,696
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	60,000	5,000	130,000	292,245	308,679	795,924
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	60,000	5,000	130,000	292,245	308,679	795,924
8 Public support (Subtract line 7c from line 6.)						4,136,772

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	702,087	832,524	1,005,459	1,156,292	1,236,334	4,932,696
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,439	36,763	25,215	17,508	6,171	123,096
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	37,439	36,763	25,215	17,508	6,171	123,096
11 Net income from unrelated business activities not included in 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.)	69,372	90,491	114,309	87,615	53,061	414,848
13 Total support. (Add lines 9, 10c, 11, and 12.)	808,898	959,778	1,144,983	1,261,415	1,295,566	5,470,640

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	75.62%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	79.76%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	2%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	3%

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
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 (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

Section 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).		

Section 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . .			
e Excess from 2014 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME DETAIL

RECYCLING INCOME \$ **363,030**

OTHER INCOME \$ **51,818**

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

u Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

Employer identification number

WESTMINSTER RESCUE MISSION

52-0891628

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

WESTMINSTER RESCUE MISSION

Employer identification number

52-0891628

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 255,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 27,129	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 6,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 7,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WESTMINSTER RESCUE MISSION

Employer identification number

52-0891628

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 89,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 7,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 14,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Employer identification number

WESTMINSTER RESCUE MISSION

52-0891628

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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		63,355		63,355
b Buildings		4,190,481	1,641,188	2,549,293
c Leasehold improvements				
d Equipment		237,116	136,250	100,866
e Other		95,938	14,549	81,389
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		u		2,794,903

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to 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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,300,689
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	2,584	
e	Add lines 2a through 2d		2e	2,584
3	Subtract line 2e from line 1		3	1,298,105
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,298,105

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,349,965
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,338	
e	Add lines 2a through 2d		2e	1,338
3	Subtract line 2e from line 1		3	1,348,627
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,348,627

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 XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

CASH VS ACCRUAL - GRANT REC ADJUST \$ 2,584

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

CASH VS ACCRUAL ADJ - PREPAID EXP \$ -24,942

CASH VS ACCRUAL ADJ - A/P \$ 6,716

CASH VS ACCRUAL ADJ - PAYROLL \$ 19,731

CASH VS ACCRUAL ADJ - A/R \$ -167

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2014

Department of the Treasury
Internal Revenue Service

⚡ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

⚡ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

WESTMINSTER RESCUE MISSION

Employer identification number

52-0891628

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
RUSS REID 1 2 NORTH LAKE AVENUE PASADENA CA 91101	DIR MAIL		X	146,206	94,664	51,542
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				146,206	94,664	51,542

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain:

- 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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 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 **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c** If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

U Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
U Attach to Form 990 or Form 990-EZ.

U Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open To Public Inspection

Employer identification number

52-0891628

WESTMINSTER RESCUE MISSION

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 **U** \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **U** \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total **U** \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) BERNSTEIN FAMILY FOUNDATION FUND	BOARD MEMBER	255,500	GRANT CONTRIBUTIONS		X
(2) DALE S CHAMBERS FOUNDATION	BOARD MEMBER	5,000	GRANT CONTRIBUTION		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**Open To Public
Inspection**

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

u Attach to Form 990.

u Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

WESTMINSTER RESCUE MISSION

Employer identification number

52-0891628

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		240,315	THRIFT SALES
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (HANDICAP RAMP)	X	1	14,000	WRITTEN ESTIMATE
26 Other u ()				
27 Other u ()				
28 Other u ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014**Open to Public
Inspection****WESTMINSTER RESCUE MISSION**

Employer identification number

52-0891628**FORM 990 - ORGANIZATION'S MISSION**

THE WESTMINSTER RESCUE MISSION, INC. IS A FAITH BASED, RESIDENTIAL RECOVERY CENTER. FOUNDED IN 1968, THIS 501(C)(3) NON-PROFIT OUTREACH MINISTRY IS DEEPLY COMMITTED TO HELPING MEN OVERCOME THE CHAINS OF ADDICTION IN AN ENVIRONMENT THAT IS CHRIST-CENTERED, THERAPEUTIC AND DEDICATED TO THEIR PHYSICAL, EMOTIONAL AND SPIRITUAL WELL-BEING. WRM ALSO COMPASSIONATELY SERVES THE NEEDS OF THOSE IN OUR LOCAL COMMUNITY WITH FOOD AND CLOTHING DISTRIBUTIONS.

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

ASSOCIATE DIRECTOR, CAROL BERNSTEIN, IS A FULL-TIME VOLUNTEER. SHE PERFORMS THE FOLLOWING MANAGEMENT DUTIES: HUMAN RESOURCES; INFORMATION TECHNOLOGY; SUPERVISION; DEVELOPMENT ACTIVITIES; MARKETING ACTIVITIES; REPRESENTATIVE OF THE MISSION TO LOCAL NON-PROFITS, GOVERNMENT SECTOR AND EVENTS; COORDINATES OUTREACH ACTIVITIES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE TREASURER REVIEWS FORM 990 PRIOR TO RELEASE. A COPY IS MADE AVAILABLE FOR BOARD MEMBERS IF REQUESTED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD DISCUSSES AND RESOLVES ISSUES RELATED TO CONFLICTS OF INTEREST AS/IF THEY ARISE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

Name of the organization

Employer identification number

WESTMINSTER RESCUE MISSION

52-0891628

SALARIES ARE APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

CASH VS ACCRUAL - GRANT REC ADJUST	\$	2,584
CASH VS ACCRUAL ADJ - PREPAID EXP	\$	24,942
CASH VS ACCRUAL ADJ - A/P	\$	-6,716
CASH VS ACCRUAL ADJ - PAYROLL	\$	-19,731
CASH VS ACCRUAL ADJ - A/R	\$	167

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

CASH VS ACCRUAL ADJ FYE13	\$	21,112
CASH VS ACCRUAL ADJ FYE14	\$	1,246

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)
u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2014

Attachment
Sequence No. **179**

Name(s) shown on return

WESTMINSTER RESCUE MISSION

Identifying number

52-0891628

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	98,758

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	22,023
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	120,781
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

52-0891628

Federal Asset Report

FYE: 8/31/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
2	MULTI PURPOSE IMPROVMNT	8/01/82	15,265			15,265	20 HY S/L	15,265	0
3	MULTI PURPOSE IMPROVMNT	8/31/83	13,065			13,065	20 HY S/L	13,065	0
4	MULTI PURPOSE IMPROVMNT	8/31/85	12,481			12,481	20 HY S/L	12,481	0
5	FARM HOUSE IMPROVMNT	10/31/87	2,000			2,000	27 MMS/L	1,984	16
6	FARM HOUSE IMPROVMNT	11/30/87	17,922			17,922	27 MMS/L	17,704	218
7	FARM HOUSE IMPROVMNT	6/30/88	660			660	27 MMS/L	637	23
8	ELECTRIC FOR BALER	2/28/88	934			934	27 MMS/L	933	1
9	VARIOUS IMPROVMNTS	8/31/89	1,716			1,716	27 MMS/L	1,637	62
10	STEEL BUILDING	2/28/05	3,000			3,000	10 HY 200DB	2,902	98
11	GARAGE DOORS	12/20/05	1,240			1,240	7 HY 200DB	1,240	0
15	PARKING LOT	6/11/90	11,894			11,894	15 HY S/L	11,894	0
16	CARPET	4/30/94	715			715	10 HY S/L	715	0
19	PLUMBING RENOVATIONS	12/31/05	8,000			8,000	39 MMS/L	1,785	205
20	BUILDING RENOVATIONS	11/18/05	4,449			4,449	39 MMS/L	1,002	114
23	WOMENS SHELTER - KITCHEN	3/31/05	7,776			7,776	10 HY S/L	7,389	387
25	WOMENS SHELTER - TIMBUKTU	6/02/05	2,600			2,600	5 HY S/L	2,600	0
32	WESTMINSTER STORE-W MAIN	1/02/02	225,727			225,727	39 MMS/L	73,073	5,788
33	WESTMINSTER-FINAL COSTS	8/31/02	156,267			156,267	39 MMS/L	48,250	4,007
41	2001 CHEVY VAN	1/08/03	22,607			22,607	5 HY S/L	22,607	0
42	2001 FORD E350	7/10/07	6,500			6,500	5 HY 200DB	6,500	0
43	VARIOUS FURNITURE	8/31/86	17,542			17,542	5 HY S/L	17,542	0
46	WEEDWACKER	5/03/91	105			105	5 HY S/L	105	0
47	CLOTHES LOCKERS	2/26/91	311			311	5 HY S/L	311	0
49	TABLES & CHAIRS	3/15/95	1,636			1,636	5 HY S/L	1,636	0
50	DISH SANITIZER	6/30/96	2,853			2,853	7 HY S/L	2,853	0
51	DEEP FRYER	8/11/98	975			975	10 HY S/L	975	0
52	WASHING MACHINE	1/04/01	485			485	7 HY S/L	485	0
53	WASHING MACHINE	8/31/01	440			440	7 HY S/L	440	0
54	DRYER	8/31/01	340			340	7 HY S/L	340	0
55	BEDS	10/31/02	10,000			10,000	7 HY S/L	10,000	0
56	WARDROBES & DRESSERS	10/31/02	4,950			4,950	7 HY S/L	4,950	0
58	KITCHEN EQUIPMENT	11/30/02	8,848			8,848	7 HY S/L	8,848	0
59	CHAIRS FOR CHAPEL	12/31/02	1,889			1,889	7 HY S/L	1,889	0
61	FLOOR BUFFER	12/11/06	250			250	7 HY S/L	250	0
65	KITCHEN SHELVES	4/30/96	245			245	5 HY S/L	245	0
66	WATER HEATER-MAIN BLDG	10/03/96	1,146			1,146	5 HY S/L	1,146	0
68	CASH REGISTER	6/01/99	599			599	7 HY S/L	599	0
69	WASHER	3/31/00	323			323	7 HY S/L	323	0
70	60 ZERO TRIM MOWER	4/23/04	6,500			6,500	5 HY 200DB	6,500	0
72	2 - 40 FT SEA CONTAINERS	9/07/06	2,000			2,000	10 HY S/L	1,500	200
92	1996 FORD F250 CARGO VAN	5/06/10	3,600			3,600	5 HY 200DB	3,393	207
	Sold/Scrapped: 4/09/15								
93	COMPUTER	7/25/10	760			760	5 HY 200DB	716	44
94	LAWN MOWER (USED)	4/26/11	800			800	7 HY S/L	400	114
95	JOHN DEERE 315 SKID STEER	5/27/11	17,961			17,961	7 HY S/L	8,981	2,566
96	LAPTOP COMPUTER	7/20/11	819			819	5 HY S/L	574	163
97	COMPUTER	7/21/11	469			469	5 HY S/L	329	93
98	COMPUTER	7/25/11	561			561	5 HY S/L	392	113
99	SECURITY EQUIPMENT	8/12/11	1,282			1,282	7 HY S/L	641	183
100	JD EZTRAK ZERO TURN MOWER	10/24/11	500			500	7 HY S/L	206	71
101	CUB CADET WIDE CUT MOWER	10/24/11	500			500	7 HY S/L	206	71
102	SECURITY CAMERA	2/01/12	722			722	7 HY S/L	270	103
104	CARPET - OFFICE/CHAPEL	3/15/12	14,590			14,590	7 HY S/L	4,951	2,084
105	CARPET - STRG & SUP ROOM	3/15/12	695			695	7 HY S/L	236	99
106	CASH REGISTER - SR	5/03/12	300			300	5 HY S/L	143	60
107	DELL TOWER COMPUTER	7/05/12	935			935	5 HY S/L	397	187
108	DELL LAPTOP COMPUTER	7/06/12	1,214			1,214	5 HY S/L	516	242
109	TELEPHONE SYSTEM	7/26/12	4,901			4,901	7 HY S/L	1,488	700
112	Cash register BARN	5/03/12	300			300	5 HY S/L	143	60
113	Microsoft Office Professional	8/08/12	313			313	3 HY S/L	222	91
115	Projector	4/01/13	675			675	5 MQ S/L	186	135
116	Apple Computer - Cochrane	7/11/13	1,269			1,269	5 MQ S/L	286	253
117	MacBook Pro 2.5GHz	7/30/13	1,080			1,080	5 MQ S/L	243	216
118	Ford F350 - Red	7/24/13	3,200			3,200	5 MQ S/L	720	640
119	Womens Shelter Doors (Eagle)	8/04/12	6,371			6,371	7 HY S/L	1,934	910
120	Lennox Furnace -Spare Room	2/13/12	3,170			3,170	7 HY S/L	1,189	453
121	Mission Home Doors & Locks	8/31/12	7,319			7,319	7 HY S/L	2,222	1,046

52-0891628

Federal Asset Report

FYE: 8/31/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
			650,561			650,561		335,584	22,023
Other Depreciation:									
1	PURCHASE	6/09/81	89,351			89,351	25 MO S/L	89,351	0
12	LAND - 29.2354 ACRES	6/09/81	63,355			63,355	0 -- Memo	0	0
13	MISSION HOME-ORIG COST	8/31/86	328,932			328,932	25 MO S/L	328,932	0
14	PLUMBING WORK	10/03/88	658			658	25 MO S/L	658	0
17	VARIOUS RENOVATIONS	4/30/05	2,553			2,553	25 MO S/L	969	102
18	FENCE	4/30/05	10,705			10,705	20 MO S/L	5,084	535
21	WOMENS SHELTER RENOVATION	2/28/05	5,870			5,870	20 MO S/L	2,791	294
34	WESTMINSTER STORE-LAND	8/08/01	79,310			79,310	0 -- Memo	0	0
73	KEENEY ARCHITECTS	1/02/03	2,000			2,000	40 MO S/L	583	50
74	RTF INC	1/02/03	1,200			1,200	40 MO S/L	350	30
75	KEENEY ARCHITECTS	1/02/03	8,750			8,750	40 MO S/L	2,553	218
76	KEENEY ARCHITECTS	1/02/03	2,000			2,000	40 MO S/L	583	50
77	RTF INC	1/02/03	2,300			2,300	40 MO S/L	673	58
78	MAR LEN FORESTRY	1/02/03	350			350	40 MO S/L	104	8
79	CARROLL CO HEALTH DEPT	1/02/03	635			635	40 MO S/L	186	16
80	HEALTH DEPT	1/02/03	100			100	40 MO S/L	32	3
81	CARROLL CO COMMISSIONERS	1/02/03	29			29	40 MO S/L	9	1
82	WESTMINSTER WELL DRILLING	1/02/03	400			400	40 MO S/L	117	10
83	RTF INC	1/02/03	3,646			3,646	40 MO S/L	1,062	91
84	FOUNTAIN VALLY ANALYTICAL	1/02/03	874			874	40 MO S/L	256	22
85	JOHN V MCDONOUGH	1/02/03	750			750	40 MO S/L	220	18
86	LINOWES & BLOCKER	1/02/03	10,584			10,584	40 MO S/L	3,088	265
87	NEW BLDG ACCUM EXP 99/00	1/02/03	4,369			4,369	40 MO S/L	1,273	110
88	NEW BLDG ACCUM EXP 00/01	1/02/03	5,842			5,842	40 MO S/L	1,704	146
89	NEW BLDG ACCUM EXP 01/02	1/02/03	75			75	40 MO S/L	23	2
90	BLDG CONTRACT COST	1/02/03	3,049,350			3,049,350	40 MO S/L	889,396	76,233
91	KEENEY ARCHITECTS	1/02/03	6,750			6,750	40 MO S/L	1,970	168
110	Mattresses 50@\$240	3/27/13	12,000			12,000	10 MO S/L	1,700	1,200
111	Baler from recycle company	9/01/10	1			1	0 -- Memo	0	0
114	Barn Rebuild - Rubble removal	8/31/12	6,376			6,376	0 -- Memo	0	0
122	Barn Rebuild - Building pad costs	7/26/12	4,201			4,201	0 -- Memo	0	0
123	Barn Rebuild - demo old, prepare site for ne	8/31/12	51,951			51,951	0 -- Memo	0	0
124	Barn Rebuild - restore electric to site	4/23/12	659			659	0 -- Memo	0	0
125	Barn Rebuild - architect permit	4/23/13	1,137			1,137	0 -- Memo	0	0
126	Barn Rebuild - BPR Site Develop & Sedime	8/06/13	5,121			5,121	0 -- Memo	0	0
127	Barn Rebuild - Plan review	6/26/13	480			480	0 -- Memo	0	0
128	Apple laptop Cochrane	12/04/13	1,059			1,059	5 MO S/L	159	212
129	Reznor duct furnace	11/20/13	4,400			4,400	10 MO S/L	330	440
130	kitchen supply fan	4/30/14	5,200			5,200	7 MO S/L	248	742
131	security monitors	2/26/14	304			304	5 MO S/L	30	61
132	08 GMC freezer truck	5/16/14	45,816			45,816	5 MO S/L	2,291	9,163
133	JD tractor	5/28/14	6,600			6,600	5 MO S/L	330	1,320
134	Toyota forklift 74418	4/04/14	4,850			4,850	5 MO S/L	404	970
135	Sanctuary doors	9/30/13	1,950			1,950	10 MO S/L	179	195
136	Fire suppression upgrade	5/28/14	2,743			2,743	10 MO S/L	69	274
137	Barn rebuild - engineer plans	10/31/13	4,015			4,015	0 -- Memo	0	0
138	Duncane 2071 compressor	9/26/13	3,063			3,063	7 MO S/L	401	438
139	Vinyl flooring	3/24/14	5,450			5,450	10 MO S/L	227	545
140	Baler shed	7/08/14	3,900			3,900	10 MO S/L	65	390
141	Windows - white/tan house	1/16/14	1,704			1,704	10 MO S/L	99	171
142	Sheetrock - from water damage	4/28/14	1,450			1,450	10 MO S/L	48	145
143	Gym doors - panic devices	9/30/13	3,330			3,330	10 MO S/L	305	333
144	Electric for donation area	7/10/14	3,000			3,000	10 MO S/L	50	300
145	Lennox oil furnace	1/24/14	3,837			3,837	7 MO S/L	320	548
146	'95 Chevy K2500	10/24/14	1,250			1,250	5 MO S/L	0	208
147	'03 Honda Odyssey van silver	12/30/14	2,114			2,114	5 MO S/L	0	282
148	'03 Isuzu Truck	11/19/14	10,000			10,000	5 MO S/L	0	1,500
149	'00 Chevy 2500HD ext cab - snow trk	7/29/15	3,409			3,409	5 MO S/L	0	57
150	Marathon Baler - (Faith Family donation)	12/12/14	3,000			3,000	5 MO S/L	0	450
151	Computer - Beth	8/17/15	950			950	5 MO S/L	0	0
152	Floor scale	4/28/15	645			645	5 MO S/L	0	43
153	Sparrow Nest/Food pantry reno	7/31/15	20,000			20,000	39 -- Memo	0	0
154	Sparrow Nest/Food pantry reno HVAC	8/31/15	10,428			10,428	39 -- Memo	0	0
155	Sparrow Nest/Food pantry handicap ramp	7/12/15	14,000			14,000	39 MO S/L	0	60
156	HVAC - Chapel	4/06/15	4,389			4,389	39 MO S/L	0	47
157	Dishwasher	6/17/15	3,503			3,503	7 MO S/L	0	83

52-0891628

Federal Asset Report

FYE: 8/31/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
158	Lighter for baler	11/07/14	906			906	5 MO S/L	0	151
	Total Other Depreciation		<u>3,939,929</u>			<u>3,939,929</u>		<u>1,339,222</u>	<u>98,758</u>
	Total ACRS and Other Depreciation		<u>3,939,929</u>			<u>3,939,929</u>		<u>1,339,222</u>	<u>98,758</u>
	Grand Totals		4,590,490			4,590,490		1,674,806	120,781
	Less: Dispositions and Transfers		3,600			3,600		3,393	207
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>4,586,890</u>			<u>4,586,890</u>		<u>1,671,413</u>	<u>120,574</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

52-0891628

Future Depreciation Report**FYE: 8/31/16**

FYE: 8/31/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
2	MULTI PURPOSE IMPROVMNT	8/01/82	15,265	0	0
3	MULTI PURPOSE IMPROVMNT	8/31/83	13,065	0	0
4	MULTI PURPOSE IMPROVMNT	8/31/85	12,481	0	0
5	FARM HOUSE IMPROVMNT	10/31/87	2,000	0	0
6	FARM HOUSE IMPROVMNT	11/30/87	17,922	0	0
7	FARM HOUSE IMPROVMNT	6/30/88	660	0	0
8	ELECTRIC FOR BALER	2/28/88	934	0	0
9	VARIOUS IMPROVMNTS	8/31/89	1,716	17	0
10	STEEL BUILDING	2/28/05	3,000	0	0
11	GARAGE DOORS	12/20/05	1,240	0	0
15	PARKING LOT	6/11/90	11,894	0	0
16	CARPET	4/30/94	715	0	0
19	PLUMBING RENOVATIONS	12/31/05	8,000	206	0
20	BUILDING RENOVATIONS	11/18/05	4,449	114	0
23	WOMENS SHELTER - KITCHEN	3/31/05	7,776	0	0
25	WOMENS SHELTER - TIMBUKTU	6/02/05	2,600	0	0
32	WESTMINSTER STORE-W MAIN	1/02/02	225,727	5,787	0
33	WESTMINSTER-FINAL COSTS	8/31/02	156,267	4,006	0
41	2001 CHEVY VAN	1/08/03	22,607	0	0
42	2001 FORD E350	7/10/07	6,500	0	0
43	VARIOUS FURNITURE	8/31/86	17,542	0	0
46	WEEDWACKER	5/03/91	105	0	0
47	CLOTHES LOCKERS	2/26/91	311	0	0
49	TABLES & CHAIRS	3/15/95	1,636	0	0
50	DISH SANITIZER	6/30/96	2,853	0	0
51	DEEP FRYER	8/11/98	975	0	0
52	WASHING MACHINE	1/04/01	485	0	0
53	WASHING MACHINE	8/31/01	440	0	0
54	DRYER	8/31/01	340	0	0
55	BEDS	10/31/02	10,000	0	0
56	WARDROBES & DRESSERS	10/31/02	4,950	0	0
58	KITCHEN EQUIPMENT	11/30/02	8,848	0	0
59	CHAIRS FOR CHAPEL	12/31/02	1,889	0	0
61	FLOOR BUFFER	12/11/06	250	0	0
65	KITCHEN SHELVES	4/30/96	245	0	0
66	WATER HEATER-MAIN BLDG	10/03/96	1,146	0	0
68	CASH REGISTER	6/01/99	599	0	0
69	WASHER	3/31/00	323	0	0
70	60 ZERO TRIM MOWER	4/23/04	6,500	0	0
72	2 - 40 FT SEA CONTAINERS	9/07/06	2,000	200	0
93	COMPUTER	7/25/10	760	0	0
94	LAWN MOWER (USED)	4/26/11	800	114	0
95	JOHN DEERE 315 SKID STEER	5/27/11	17,961	2,565	0
96	LAPTOP COMPUTER	7/20/11	819	82	0
97	COMPUTER	7/21/11	469	47	0
98	COMPUTER	7/25/11	561	56	0
99	SECURITY EQUIPMENT	8/12/11	1,282	184	0
100	JD EZTRAK ZERO TURN MOWER	10/24/11	500	72	0
101	CUB CADET WIDE CUT MOWER	10/24/11	500	72	0
102	SECURITY CAMERA	2/01/12	722	104	0
104	CARPET - OFFICE/CHAPEL	3/15/12	14,590	2,084	0
105	CARPET - STRG & SUP ROOM	3/15/12	695	99	0
106	CASH REGISTER - SR	5/03/12	300	60	0
107	DELL TOWER COMPUTER	7/05/12	935	187	0
108	DELL LAPTOP COMPUTER	7/06/12	1,214	243	0
109	TELEPHONE SYSTEM	7/26/12	4,901	701	0
112	Cash register BARN	5/03/12	300	60	0
113	Microsoft Office Professional	8/08/12	313	0	0
115	Projector	4/01/13	675	135	0
116	Apple Computer - Cochrane	7/11/13	1,269	254	0
117	MacBook Pro 2.5GHz	7/30/13	1,080	216	0
118	Ford F350 - Red	7/24/13	3,200	640	0
119	Womens Shelter Doors (Eagle)	8/04/12	6,371	911	0
120	Lennox Furnace -Spare Room	2/13/12	3,170	452	0
121	Mission Home Doors & Locks	8/31/12	7,319	1,045	0

52-0891628

Future Depreciation Report**FYE: 8/31/16**

FYE: 8/31/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
			646,961	20,713	0
Other Depreciation:					
1	PURCHASE	6/09/81	89,351	0	0
12	LAND - 29.2354 ACRES	6/09/81	63,355	0	0
13	MISSION HOME-ORIG COST	8/31/86	328,932	0	0
14	PLUMBING WORK	10/03/88	658	0	0
17	VARIOUS RENOVATIONS	4/30/05	2,553	102	0
18	FENCE	4/30/05	10,705	535	0
21	WOMENS SHELTER RENOVATION	2/28/05	5,870	293	0
34	WESTMINSTER STORE-LAND	8/08/01	79,310	0	0
73	KEENEY ARCHITECTS	1/02/03	2,000	50	0
74	RTF INC	1/02/03	1,200	30	0
75	KEENEY ARCHITECTS	1/02/03	8,750	219	0
76	KEENEY ARCHITECTS	1/02/03	2,000	50	0
77	RTF INC	1/02/03	2,300	57	0
78	MAR LEN FORESTRY	1/02/03	350	9	0
79	CARROLL CO HEALTH DEPT	1/02/03	635	16	0
80	HEALTH DEPT	1/02/03	100	2	0
81	CARROLL CO COMMISSIONERS	1/02/03	29	1	0
82	WESTMINSTER WELL DRILLING	1/02/03	400	10	0
83	RTF INC	1/02/03	3,646	92	0
84	FOUNTAIN VALLY ANALYTICAL	1/02/03	874	21	0
85	JOHN V MCDOONOUGH	1/02/03	750	19	0
86	LINOWES & BLOCKER	1/02/03	10,584	264	0
87	NEW BLDG ACCUM EXP 99/00	1/02/03	4,369	109	0
88	NEW BLDG ACCUM EXP 00/01	1/02/03	5,842	146	0
89	NEW BLDG ACCUM EXP 01/02	1/02/03	75	2	0
90	BLDG CONTRACT COST	1/02/03	3,049,350	76,234	0
91	KEENEY ARCHITECTS	1/02/03	6,750	169	0
110	Mattresses 50@\$240	3/27/13	12,000	1,200	0
111	Baler from recycle company	9/01/10	1	0	0
114	Barn Rebuild - Rubble removal	8/31/12	6,376	0	0
122	Barn Rebuild - Building pad costs	7/26/12	4,201	0	0
123	Barn Rebuild - demo old, prepare site for new	8/31/12	51,951	0	0
124	Barn Rebuild - restore electric to site	4/23/12	659	0	0
125	Barn Rebuild - architect permit	4/23/13	1,137	0	0
126	Barn Rebuild - BPR Site Develop & Sediment	8/06/13	5,121	0	0
127	Barn Rebuild - Plan review	6/26/13	480	0	0
128	Apple laptop Cochrane	12/04/13	1,059	211	0
129	Reznor duct furnace	11/20/13	4,400	440	0
130	kitchen supply fan	4/30/14	5,200	743	0
131	security monitors	2/26/14	304	61	0
132	08 GMC freezer truck	5/16/14	45,816	9,163	0
133	JD tractor	5/28/14	6,600	1,320	0
134	Toyota forklift 74418	4/04/14	4,850	970	0
135	Sanctuary doors	9/30/13	1,950	195	0
136	Fire suppression upgrade	5/28/14	2,743	274	0
137	Barn rebuild - engineer plans	10/31/13	4,015	0	0
138	Duncane 2071 compressor	9/26/13	3,063	437	0
139	Vinyl flooring	3/24/14	5,450	545	0
140	Baler shed	7/08/14	3,900	390	0
141	Windows - white/tan house	1/16/14	1,704	170	0
142	Sheetrock - from water damage	4/28/14	1,450	145	0
143	Gym doors - panic devices	9/30/13	3,330	333	0
144	Electric for donation area	7/10/14	3,000	300	0
145	Lennox oil furnace	1/24/14	3,837	548	0
146	'95 Chevy K2500	10/24/14	1,250	250	0
147	'03 Honda Odyssey van silver	12/30/14	2,114	423	0
148	'03 Isuzu Truck	11/19/14	10,000	2,000	0
149	'00 Chevy 2500HD ext cab - snow trk	7/29/15	3,409	682	0
150	Marathon Baler - (Faith Family donation)	12/12/14	3,000	600	0
151	Computer - Beth	8/17/15	950	190	0
152	Floor scale	4/28/15	645	129	0
153	Sparrow Nest/Food pantry reno	7/31/15	20,000	0	0
154	Sparrow Nest/Food pantry reno HVAC	8/31/15	10,428	0	0
155	Sparrow Nest/Food pantry handicap ramp	7/12/15	14,000	359	0
156	HVAC - Chapel	4/06/15	4,389	112	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
157	Dishwasher	6/17/15	3,503	501	0
158	Lighter for baler	11/07/14	906	181	0
	Total Other Depreciation		<u>3,939,929</u>	<u>101,302</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>3,939,929</u>	<u>101,302</u>	<u>0</u>
	Grand Totals		<u>4,586,890</u>	<u>122,015</u>	<u>0</u>

Form 990	Two Year Comparison Report	2013 & 2014
For calendar year 2014, or tax year beginning 09/01/14 , ending 08/31/15		

Name

Taxpayer Identification Number

WESTMINSTER RESCUE MISSION**52-0891628**

		2013	2014	Differences
R e v e n u e	1. Contributions, gifts, grants	1. 901,395	997,769	96,374
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 248,994	238,565	-10,429
	5. Investment income	5. 258	171	-87
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		250
	8. Net income or (loss) from fundraising events	8. 5,903		-5,903
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 127,732	61,350	-66,382
	12. Total revenue. Add lines 1 through 11	12. 1,284,282	1,298,105	13,823
E x p e n s e s	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 101,164	101,164	
	16. Salaries, other compensation, and employee benefits	16. 367,200	409,734	42,534
	17. Professional fundraising fees	17. 118,905	128,865	9,960
	18. Other professional fees	18. 30,132	17,235	-12,897
	19. Occupancy, rent, utilities, and maintenance	19. 166,319	112,139	-54,180
	20. Depreciation and Depletion	20. 108,514	120,781	12,267
	21. Other expenses	21. 448,706	458,709	10,003
	22. Total expenses. Add lines 13 through 21	22. 1,340,940	1,348,627	7,687
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -56,658	-50,522	6,136
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24. 1,284,282	1,298,105	13,823
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 376,984	300,336	-76,648
	27. Total assets	27. 3,336,008	3,250,446	-85,562
	28. Total liabilities	28. 15,527	1,599	-13,928
	29. Retained earnings	29. 3,320,481	3,248,847	-71,634
	30. Number of voting members of governing body	30. 10	9	
31. Number of independent voting members of governing body	31. 10	9		
32. Number of employees	32. 15	26		
33. Number of volunteers	33. 75	284		

Form **990T**

Two Year Comparison Report

2013 & 2014

For calendar year 2014, or tax year beginning **09/01/14**, ending **08/31/15**

Name

Taxpayer Identification Number

WESTMINSTER RESCUE MISSION

52-0891628

		2013	2014	Differences
Revenue	1. Gross profit/loss on business activities	1.		
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	11. Total trade or business income. Combine lines 1 through 10	11.		
Expenses	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19.		
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21.		
	22. Other deductions	22.		
	23. Total deductions. Add lines 12 through 22	23.		
	24. Taxable income before NOL. Subtract line 23 from 11	24.		
	25. Net operating loss deduction	25.		
	26. Specific deduction	26.	1,000	-1,000
	27. Unrelated business taxable income.	27.	-1,000	1,000
	Tax & Credits	28. Income tax (corporate or trust)	28.	
29. Proxy tax		29.		
30. Alternative minimum tax		30.		
31. Total taxes		31.		
32. Other credits		32.		
33. General business credit		33.		
34. Credit for prior year minimum tax		34.		
35. Total credits		35.		
36. Net tax after credits		36.		
37. Recapture taxes		37.		
38. Total Taxes	38.			
Due/Refund	39. Prior year overpayment and estimated tax payments	39.		
	40. Payment made with extension	40.		
	41. Backup withholding and foreign withholding	41.		
	42. Other payments	42.		
	43. Total payments	43.		
	44. Balance due/(Overpayment)	44.		
	45. Overpayment applied to next year	45.		
	46. Penalties	46.		
	47. Total due/(Refund)	47.		

Form 990	Tax Return History	2014
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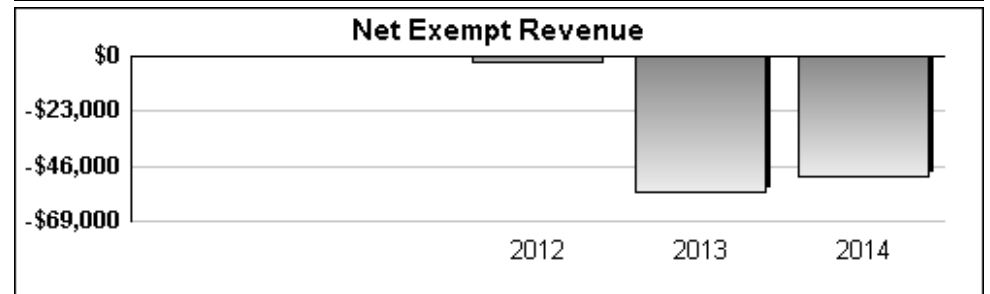
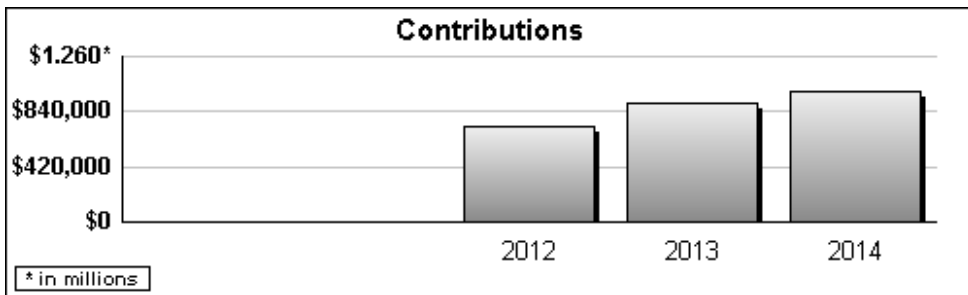
Name WESTMINSTER RESCUE MISSION	Employer Identification Number 52-0891628
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	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants			725,522	901,395	997,769	
Membership dues						
Program service revenue			277,672	248,994	238,565	
Capital gain or loss			-1,290		250	
Investment income			215	258	171	
Fundraising revenue (income/loss)			2,265	5,903		
Gaming revenue (income/loss)						
Other revenue			164,051	127,732	61,350	
Total revenue			1,168,435	1,284,282	1,298,105	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			15,718	101,164	101,164	
Other compensation			273,777	367,200	409,734	
Professional fees			116,463	149,037	146,100	
Occupancy costs			114,658	166,319	112,139	
Depreciation and depletion			101,879	108,514	120,781	
Other expenses			548,756	448,706	458,709	
Total expenses			1,171,251	1,340,940	1,348,627	
Excess or (Deficit)			-2,816	-56,658	-50,522	
Total exempt revenue			1,168,435	1,284,282	1,298,105	
Total unrelated revenue						
Total excludable revenue			1,168,435	376,984	300,336	
Total Assets			3,403,291	3,336,008	3,250,446	
Total Liabilities			27,994	15,527	1,599	
Net Fund Balances			3,375,297	3,320,481	3,248,847	

Form 990T	Tax Return History	2014
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Name WESTMINSTER RESCUE MISSION	Employer Identification Number 52-0891628
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	2010	2011	2012	2013	2014	2015
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

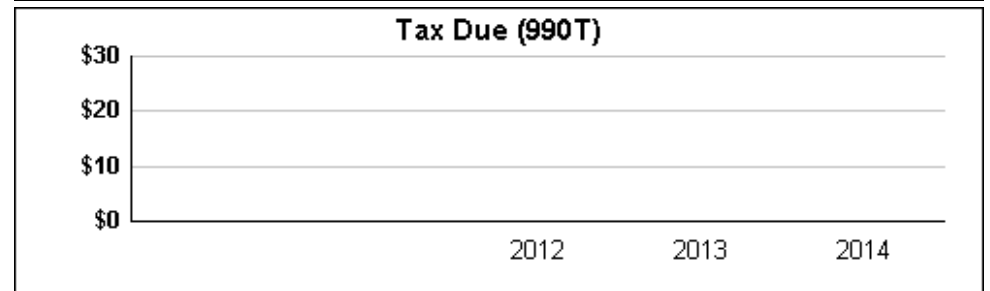
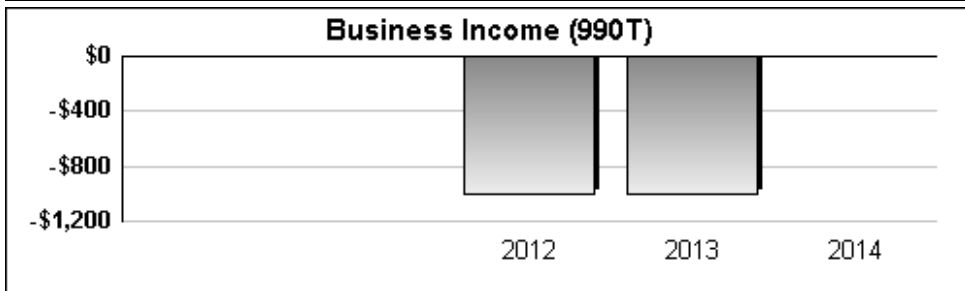
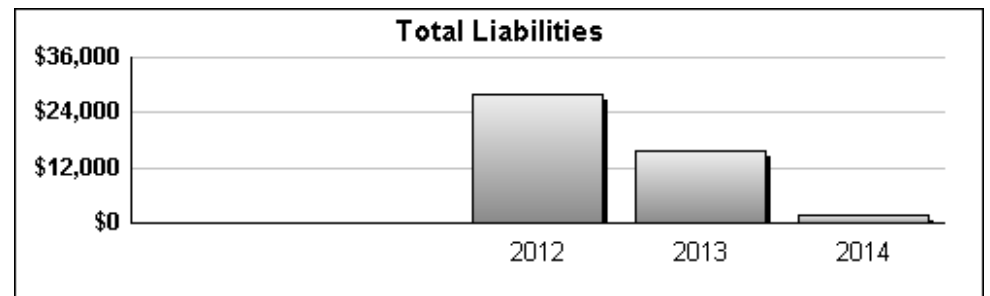
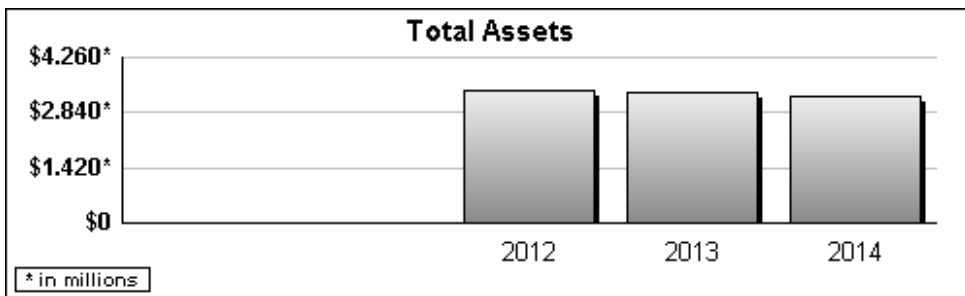


Form 990T	Tax Return History	2014
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Name WESTMINSTER RESCUE MISSION	Employer Identification Number 52-0891628
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	2010	2011	2012	2013	2014	2015
Other deductions						
Net operating loss deduction						
Specific deduction			1,000	1,000		
Income after expense and deductions			-1,000	-1,000		
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements

Tax-Exempt Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
	\$ 171		14			
TOTAL	\$ <u>171</u>					

52-0891628

Federal Statements

FYE: 8/31/2015

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
TRASH REMOVAL	\$ 11,858	\$ 10,672	\$ 1,186	\$
TELEPHONE	8,195	7,308	819	68
CLIENT EXPENSES	5,558	5,558		
HUMAN RESOURCES	3,141		3,141	
SECURITY	3,135		3,135	
DUES & SUBSCRIPTIONS	3,077	3,077		
GROCERIES & KITCHEN	2,658	2,658		
OUTSIDE SERVICES	1,763	1,763		
EDUCATIONAL MATERIALS	217	217		
TOTAL	<u>\$ 39,602</u>	<u>\$ 31,253</u>	<u>\$ 8,281</u>	<u>\$ 68</u>

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
VARIOUS	\$ 544,140
BERNSTEIN FAMILY FOUNDATION C/O BCF	
CASH CONTRIBUTION	255,500
CAROL & RICHARD BERNSTEIN	
CASH CONTRIBUTION	10,000
DALE S CHAMBERS FOUNDATION	
CASH CONTRIBUTION	5,000
RANDY J HART	
CASH CONTRIBUTION	27,129
STEVE COCHRANE	
CASH CONTRIBUTION	6,050
FAITH FAMILY CHURCH	
CASH CONTRIBUTION	7,750
HARRY & JEANETTE WEINBERG FOUNDATION	
CASH CONTRIBUTION	20,000
JOHN HIGINBOTHOM	
CASH CONTRIBUTION	6,500
RICHARD NAVARRO	
CASH CONTRIBUTION	5,000
FRANCE MERRICK FOUNDATION	
CASH CONTRIBUTION	89,500
LIFEPOINT CHURCH	
CASH CONTRIBUTION	7,200
LOWES HOME IMPROVEMENT	
HANDICAP RAMP	14,000
TOTAL	<u>\$ 997,769</u>

Federal Statements

Schedule A, Part III, Line 7a - Support from Disqualified Persons

<u>Donor Name</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
BERNSTEIN FAMILY FOUNDATION C/O BCF	\$ 60,000	\$	\$ 105,000	\$ 245,000	\$ 255,500
BERNSTEIN, RICHARD & CAROL		5,000	25,000		10,000
DALE S CHAMBERS FOUNDATION				5,000	5,000
HART, RANDY				27,310	27,129
COCHRANE, STEVE				8,100	6,050
BOD - MISC AMOUNTS				6,835	5,000
TOTAL	\$ <u>60,000</u>	\$ <u>5,000</u>	\$ <u>130,000</u>	\$ <u>292,245</u>	\$ <u>308,679</u>