Form	990
Departm	nent of the Treasury

# **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.

6 Open to Public

OMB No. 1545-0047

Inter	nal Reve	enue Service	e	Information	about Form					gov/fo	orm990			Inspe	ction
A F	or th	e 2021	calendar year,	, or tax year begiı	nning	07	/01/2021	and e	ending					/30/2022	
<b>D</b> -			C Name of organiza	ation							D Emp	loyer ide	entific	ation number	
Вс	heck if ap	oplicable:	RESCUE MI	SSION OF TREE	NTON										
	Addre		Doing Business As	S								6	5182	2	
	Name	change	Number and stre	et (or P.O. box if mail is	not delivered to	o street addre	ess)	Room/s	uite	E	E Telep	phone n	umber		
	Initial	return	98 CARROL	L STREET							(60	)9)39	96-3	2183	
	Termi	inated	City or town, state	e or province, country, a	and ZIP or fore	ign postal coo	de								
	Amen		TRENTON,	NJ 08609							<b>G</b> Gros	s receip	ts \$	6,50	7,086.
	Applic	cation F	Name and addres	ss of principal officer:	BARRE	TT YOU	NG			ŀ	l(a) Is ti	his a grou ordinates		rn for Ye	s X No
		-	98 CARROLL	STREET, TREI	NTON, NJ	08609				F	Sub H(b) Are			ncluded? Ye	s 🗌 No
I	Tax-ex	empt stat				sert no.)	4947(a)(1)	or	527		lf "	No," attac	ch a list	t. (see instructions	)
J	Websi	te: 🕨		MISSIONOFTREI	NTON.ORG					۰	<b>-i(c)</b> Gro	up exem	ption nu	umber 🕨	
к	Form of	of organiz	ation: X Corpor	ration Trust	Association	Other	•	LY	'ear of fo	rmatio	n: 197	71 M	State	of legal domici	le: NJ
Ρ	art I	Sum	mary												
		Briefly	describe the orga	anization's mission o	r most signifi	cant activiti	es: THE F	RESCUE	E MIS	SIO	N OF	TREI	IOTN	N, NJ IS	THE
ë			-	CITY OF TRENT	-										
anc				ACE TO TURN F											
Governance	2			if the organization d											
õ				ers of the governing		•	•						3		14
<u>«م</u>	4	Number	r of independent	voting members of t	he governing	body (Par	t VI. line 1b)						4		14
Activities &				als employed in cale									5		127
ti				ers (estimate if neces									6		120
Ac	7a	Total ur	related business	s revenue from Part V	III. column (C	C), line 12					• • •	• • •	7a		
				taxable income from									7b		
	-										Prior Y			Current	Year
	8	Contrib	utions and grants	(Part VIII, line 1h)							4.45	58,41	5.	5.17	9,424.
nue	9	Program	n service revenue	e (Part VIII, line 2g)				Y FOR				)1,73			1,805.
Revenue				t VIII, column (A), line				NSPECT				92,10			3,495.
Å				I, column (A), lines 5,								12,74			9,352.
				s 8 through 11 (must								95,00			7,086.
				unts paid (Part IX, col							2712		) DNE		NONE
				embers (Part IX, colu									ONE		NONE
	4.5						4,470,113.			4.52	5,382.				
Expenses	16a											1,13			182.
ber	b	Total fu	I fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 204, 920.												
ш	17			, column (A), lines 11							2 80	96,50	19	2 82	1,860.
	18	Total ex	vnenses Add line	es 13-17 (must equal	Part IX colu	mn (Δ) line	25)		•• –			57,76			7,424.
				. Subtract line 18 from								27,24			0,338.
es	1.0									eginni	ng of C			End of Y	· · ·
Net Assets or Fund Balances	20	Total as	ssets (Part X line	16)						-	L5,59				0,834.
Ass Bal	21			ne 26)							,	53,24			9,774.
und	22			nces. Subtract line 21					· ·  -	1	L1,03				1,060.
	art II		nature Block								,0.	, , , , , , ,	/01		<u>+,000.</u>
		-		hat I have examined th	is return, inclu	uding accom	panving schedu	ules and	statemer	nts. and	d to the	best of	mv k	nowledge and	belief, it is
				n of preparer (other than									,		
												12/	20/2	2022	
Sig	In	<b>5</b>	ignature of officer								D	ate	2072	5022	
He	re		ARRETT YOU	NC			CEC	۰							
			ype or print name a					<u> </u>							
			pe preparer's name		Preparer's si	gnature		Date					if F	PTIN	
Paio	ł						ייטע איזי			2022	Che	ск -employ			8
Pre	parer		AEL G HORSE		MICHAEL		SEY CPA	112	/20/2					P0104551	
Use	Only	Firm's r		EY BUCKNER &			DA 10120				Firm's El			2-180306 67 570 9	
Max	/ tho I			ith the preparer show			20)				Phone n			67-570-8	
				tice, see the separat			···)						• •		<b>90</b> (2021)
1 01	rape		GUUCTION ACLINO	יוויס, סכב ווופ ספטמומו	ວ ກາວແ ພວມປກ										JU (2021)

RESCUE	MISSION	OF	TRENTON

Forn	m 990 (2021)	Page 2
Pa	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	X
	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 of	on the
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any pro	
	services?	Yes 🛛 🗶 No
	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	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3,524,538. including grants of \$) (Revenue \$)	2,156,232.
	RESIDENTIAL TREATMENT	
	A NEW JERSEY DEPARTMENT OF HEALTH LICENSED RESIDENTIAL ADDICTIONS	
	TREATMENT PROGRAM PROVIDING LONG TERM AND HALFWAY HOUSE LEVEL OF SERVICE. WE OFFER A FULL RANGE OF ADDICTIONS TREATMENT AND LIFE	
	SERVICE. WE OFFER A FULL RANGE OF ADDICTIONS TREATMENT AND LIFE SKILLS TREATMENT INCLUDING INDIVIDUAL, GROUP, MEDICAL EVALUATION	
	AND REFERRAL, VOCATIONAL EXPERIENCE, WORK THERAPY, JOB SKILLS	
	DEVELOPMENT, TEACH, EDUCATION, LIFE SKILLS AND JOB READINESS	
	TRAINING.	
4b	(Code:) (Expenses \$1,959,232. including grants of \$) (Revenue \$)	1,405,720.)
	EMERGENCY SERVICES	
	LICENSED BY THE STATE OF NEW JERSEY DEPARTMENT OF COMMUNITY	
	AFFAIRS, THE ORGANIZATION'S EMERGENCY SHELTER SERVES ADULT SINGLE	
	MALES AND FEMALES. RELATED SERVICES INCLUDE A DAY CENTER, WEEKEND	
	SOUP KITCHEN, FREE CLOTHING TO HOMELESS CLIENTS, AND CASE	
	MANAGEMENT AND SUPPORT SERVICES.	
40	(Code: ) (Expenses \$ 286,399. including grants of \$ ) (Revenue \$	170,898. )
40	AMBULATORY TREATMENT	1/0,898.
	LICENSED BY THE STATE OF NEW JERSEY DEPARTMENT OF HEALTH, THE	
	ORGANIZATION'S OUTPATIENT PROGRAM PROVIDES SUBSTANCE ABUSE	
	TREATMENT FOR MEN AND WOMEN INCLUDING INDIVIDUAL ASSESSMENT, GROUP	
	COUNSELING SESSIONS, AND ADDICTION EDUCATION.	
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O	
	(Expenses \$ 676,364. including grants of \$ ) (Revenue \$ 257,077. )	
4e	Total program service expenses ► 6,446,533.	
JSA		Form <b>990</b> (2021)
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Part	V 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		
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	~		37
7	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		37
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	- 1		X
8	complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	•		X
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
ű	complete Schedule D, Part VI	11a	х	
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	11b		х
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
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Form 990 (2021)

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
		240		
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?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
20		21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34		24		37
<u>م</u> ح -	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		L
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38		X
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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> NONE			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U U	reportable gaming (gambling) winnings to prize winners?	1c		
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# RESCUE MISSION OF TRENTON

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Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 127			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	Tou		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
JSA		-	000	

Form 9	90 (2021) RESCUE MISSION OF TRENTON XX-XXX6	182	F	age 6
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X X
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		х
	one or more members of the governing body?	10		
Q	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
0	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:			
•	the year by the following:	8a	х	
a b	The governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
5	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10-		37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
-				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ NJ, PA,	- (000	ion F	01(a)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(sec	lion 5	01(C)
	Own website Another's website X Upon request Other (explain on Schedule O)			
10		f into-	oct -	oliov
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	i inter	esi p	oncy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	c 🕨		
20	THE ORGANIZATION 98 CARROLL STREET TRENTON, NJ 08609	J 🏴		
	609-396-2183	Form	990	(2021)
JSA 1E1042			-	. /
042	3705SE DR3V V21-7.8F		10	

Page 7

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box,	unles	Pos neck is pe	erson	e than o is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
	dotted line)	e	ıstee			ensated				
(1) BARRETT T. YOUNG	50.00									
CHIEF OPERATING OFFICER	NONE			Х				127,428.	NONE	NONE
(2) MARY GAY ABBOTT-YOUNG	40.00									
CEO	NONE			Х				116,123.	NONE	NONE
(3) NIEL SIEKERKA	1.00									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(4) MATTHEW GRAGLIA, CPA	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(5) KARLA TILLMAN POLLACK	1.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(6) ANDY BARKER	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) CHRIS BORDEN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) BARBARA BUCKLEY, M.S.W.	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) DANIEL AFRIFA	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) CLAYTON DIXON	NONE									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) SUSAN FUCHS, M.D.	NONE									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) ROBERT LEWIS, PH.D.	NONE									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) AKSHAR PATEL, ESQ.	NONE									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) PASCAL SERADARIAN	NONE									
DIRECTOR	NONE	Х						NONE	NONE	NONE

#### RESCUE MISSION OF TRENTON

Page 8

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	byee	es, a	and I	lig	hest Compensat	ed Emplo	yees (co	ontinued	1)	
(A) Name and title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amc of	F) mated unt of her	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		fror orgar and	ensation n the nization related izations	
15) PETE TAFT	NONE_												
DIRECTOR	NONE	X						NONE		NONE		NC	<u>NE</u>
16) DAVID DISTEFANO	1.00												
DIRECTOR	NONE 1 00	X						NONE		NONE		NC	<u>NE</u>
17) EMILIO COOPER	1.00	v						NONE		NONTE		NC	
DIRECTOR	NONE	X						NONE		NONE		NC	<u>NE</u>
	+	1											
		-											
		-											
		_											
1b Sub-total							►	243,551.		NONE		NC	NE
c Total from continuation sheets to Part VII, S	_				• •			NONE		NONE			<u>NE</u>
d Total (add lines 1b and 1c)								243,551.	<u> </u>	NONE		NC	<u>NE</u>
2 Total number of individuals (including but not reportable compensation from the organization		nose	liste	a a	DOVe	e) who 2	o re	ceived more than	\$100,000	of			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	Yes N	X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	sum of rep eater than	oortab \$15	ole ( 50,0	com 00?	pen // If	satio "Yes	n ai s," (	nd other compens complete Schedu	sation from le J for	the such	4		x
<ul> <li>5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ye</i></li> </ul>	accrue co	mpen	sati	on f	from	n any	un	related organization	on or indiv	idual	5		X
Section B. Independent Contractors	, semple		2.41				1. 01						
1 Complete this table for your five highest com compensation from the organization. Report or year.													
(A) SEE SCHEDULE O Name and business add	lress							<b>(B)</b> Description of se	ervices	Co	<b>(C)</b> ompensa	ition	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

Form 990 (2021)

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	990 (2		RESCUE	MISS	SION OF TREN	ITON		XX-XXX61	.82 Page <b>9</b>
Pa	rt VII								
		Check if Schedule	e O contains a	respor	nse or note to any	y line in this Part \ (A)	/    (B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues							
ŌĔ	c	Fundraising events			3,000.				
ifts ar A	d	Related organizations		1d					
nii G	e	Government grants (co	ontributions) .	1e	3,847,808.				
Sir	f	All other contributions,	gifts, grants,						
utio		and similar amounts not i	ncluded above	1f	1,328,616.				
<u>ę</u> ż	g	Noncash contributions	included in						
got		lines 1a-1f		1g	\$				
ာ ရ	h	Total. Add lines 1a-1f			►	5,179,424.			
					Business Code				
Program Service Revenue	2a	PROGRAM SERVICE			900099	1,691,805.	1,691,805.		
le v	b								
n S eni	c								
Sev	d								
Log Log	е								
٩.	f	All other program servi							
	g	Total. Add lines 2a-2f				1,691,805.			
	3	Investment income			•				
		other similar amounts)			. [	-733,495.			-733,495
	4	Income from investme		•	· .	NONE			
	5	Royalties	(i) F		(ii) Personal	NONE			
				leai					
	6a	Gross rents	6a						
	b	Less: rental expenses		NONE	e none				
	C d	Rental income or (loss)				NONE			
	d 7a	Net rental income or (lo Gross amount from	(i) Sec		(ii) Other	INOINE			
	10	sales of assets	(.) 000						
		other than inventory	7a						
e	ь	Less: cost or other basis	74						
anue		and sales expenses	7b						
eve	c	Gain or (loss)							
Ř	d	Net gain or (loss)			▶	NONE			
Other Reven	8a	• • •	m fundraisir						
õ	0	events (not including \$		<u> ا</u>					
		of contributions rep		e					
		1c). See Part IV, line 18			NONE				
	b	Less: direct expenses			NONE				
	c	Net income or (loss) fr	om fundraising	events	<b>&gt;</b>	NONE			
	9a	Gross income f	from gamin	g					
		activities. See Part IV, I	ine 19	. 9a	NONE				
	b	Less: direct expenses		9b	NONE				
	c	Net income or (loss) f	rom gaming a	ctivities.	▶	NONE			
	10a	Gross sales of i							
		returns and allowances	8	. 10a	302,541.				
	b	Less: cost of goods sol	d	_ 10b	NONE				
	c	Net income or (loss) fr	om sales of inve	entory_		302,541.			
sn					Business Code				
Jeo Ue	11a	MISCELLANEOUS OTHER			900099	66,811.	66,811.		
/en	b								
Miscellaneous Revenue	c								
Miš	d	All other revenue							
		Total. Add lines 11a-1				66,811.	1 750 616		722.405
	12	Total revenue. See ins			🏲	6,507,086.	1,758,616.		-733,495

# RESCUE MISSION OF TRENTON Part IX Statement of Functional Expenses

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,       (A)       (B)       (C)       (D)         Ch Ch amounts reported on lines 6b, 7b,       (A)       (B)       (C)       (D)         Fundraising       Total expenses       Program service       Management and       Fundraising					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(A) (B) Total expenses Program service expenses		<b>(D)</b> Fundraising expenses	
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE				
2 Grants and other assistance to domestic					
individuals. See Part IV, line 22	NONE				
3 Grants and other assistance to foreign					
organizations, foreign governments, and	NONT				
foreign individuals. See Part IV, lines 15 and 16	NONE NONE				
4 Benefits paid to or for members	NONE				
5 Compensation of current officers, directors, trustees, and key employees	243,551.	214,812.	23,381.	5,358	
6 Compensation not included above to disqualified					
persons (as defined under section 4958(f)(1)) and					
persons described in section 4958(c)(3)(B)	NONE				
7 Other salaries and wages	3,305,834.	2,920,237.	321,414.	64,183	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE				
9 Other employee benefits	635,171.	556,921.	57,029.	21,221	
10 Payroll taxes	340,826.	298,836.	30,601.	11,389	
11 Fees for services (nonemployees):					
a Management	NONE				
<b>b</b> Legal	35,467.	18,195.	17,237.	3!	
c Accounting	101,375.		101,375.		
d Lobbying	NONE				
e Professional fundraising services. See Part IV, line 17	182.			182	
f Investment management fees	NONE				
g Other. (If line 11g amount exceeds 10% of line 25, column					
(A), amount, list line 11g expenses on Schedule O.)	548,037.	547,489.	548.		
12 Advertising and promotion	NONE	0.61 1.01	26.050		
13 Office expenses	366,727.	261,181.	36,858.	68,688	
14 Information technology	<u>114,499.</u>	108,774.	5,038.	685	
15 Royalties	NONE	420 742	35,711.	1 272	
16 Occupancy	457,827. 8,407.	420,743.	5,885.	1,373	
17 Travel	0,407.	2,522.	5,005.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE				
19 Conferences, conventions, and meetings	NONE				
20 Interest	NONE				
21 Payments to affiliates	NONE				
22 Depreciation, depletion, and amortization	418,078.	363,310.	33,446.	21,322	
23 Insurance	198,714.	173,874.	16,891.	7,949	
24 Other expenses. Itemize expenses not covered					
above. (List miscellaneous expenses on line 24e. If					
line 24e amount exceeds 10% of line 25, column					
(A), amount, list line 24e expenses on Schedule O.)					
a <u>FOOD EXPENSE</u>	349,052.	346,608.	2,269.	175	
b RESIDENTIAL SERVICES	146,638.	146,638.			
c <u>CLIENT EXPENSES</u>	40,192.	40,192.			
d MISCELLANEOUS EXPENSES	36,833.	26,187.	8,288.	2,358	
e All other expenses	14.	14.			
<b>25 Total functional expenses.</b> Add lines 1 through 24e	7,347,424.	6,446,533.	695,971.	204,920	
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 ▶ if following SOP 98-2 (ASC 958-720)					

RESCUE MISSION OF TRENTON

	(2021) RESCUE MISSION OF TRENTON			Page <b>11</b>
Part	Check if Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Schedule O contains a response or note to any line in this Particular Sche	art X		
		<b>(A)</b> Beginning of year		(B) End of year
1	Cash - non-interest-bearing	356,754.	1	938,160.
2	Savings and temporary cash investments.	899,691.	2	582,482.
3	Pledges and grants receivable, net	872,129.	3	964,461.
4	Accounts receivable, net	19,857.	4	14,647
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NONI
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
វិរី វិ	Notes and loans receivable, net	NONE	7	NON
Assets	Inventories for sale or use	1,841.	8	17,614
₹  9	Prepaid expenses and deferred charges	8,701.	9	9,206
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 6, 324, 125.			
	b Less: accumulated depreciation	6,170,280.	10c	6,324,125.
11	Investments - publicly traded securities.	6,967,091.	11	6,214,151,
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	298,294.	15	375,988
16	Total assets. Add lines 1 through 15 (must equal line 33)	15,594,638.	16	15,440,834
17	Accounts payable and accrued expenses	89,991.	17	173,305
18	Grants payable	NONE	18	NON
19	Deferred revenue	NONE		719,488
20	Tax-exempt bond liabilities	NONE		NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
<u>8</u> 22	Loans and other payables to any current or former officer, director,			
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
lab	controlled entity or family member of any of these persons	NONE		NON
23	Secured mortgages and notes payable to unrelated third parties	NONE	-	NON
24	Unsecured notes and loans payable to unrelated third parties	4,436,240.	24	4,319,376
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	37,009.		37,605
26	Total liabilities. Add lines 17 through 25	4,563,240.	26	5,249,774.
nces	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
8 27	Net assets without donor restrictions	11,030,298.	27	10,189,960.
<sup>m</sup> ∣28 ⊽∣28	Net assets with donor restrictions	1,100.	28	1,100
or Fund Balances	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
ວັ ທີ 29	Capital stock or trust principal, or current funds		29	
٥٤   يَقْ	Paid-in or capital surplus, or land, building, or equipment fund		30	
Assets 30 31	Retained earnings, endowment, accumulated income, or other funds		31	
32 N N	Total net assets or fund balances	11,031,398.	32	10,191,060.
z   33	Total liabilities and net assets/fund balances	15,594,638.	33	15,440,834.

RESCUE	MISSION	OF	TRENTON

		0 1 0 2			
	0 (2021)			Pa	ge <b>12</b>
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		07,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,3	47,	424
3	Revenue less expenses. Subtract line 2 from line 1	3		40,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,0	31,	<u>398</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	10,1	.91,	060
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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain or	- 1		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were comp				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight of	F		
•	the audit, review, or compilation of its financial statements and selection of an independent accountan	-		X	
	If the organization changed either its oversight process or selection process during the tax year, exp				
	Schedule O.				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	h in the	<b>`</b>		
54	Single Audit Act and OMB Circular A-133?				Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		•		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such aud				

SCHE	DU	LE	Α
(Form	990	)	

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 202 1 blic

			-	Attach to Form 990 or			(1) nonexempt enamable ti	
	artment of the Treasury nal Revenue Service			ov/Form990 for instructi			information.	Open to Public Inspection
Nam	e of the organization						Employer identif	ication number
RES	SCUE MISSION (							6182
Pa			•	organizations must			,	S
The	<u> </u>	•		t is: (For lines 1 throug			,	
1				tion of churches desc			70(b)(1)(A)(i).	
2				. (Attach Schedule E	-			
3	<u> </u>			rganization described		. ,		
4		-	-	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A	)(iii). Enter the
5	hospital's nam	-				darana	rated by a gavernme	ental unit described in
5		-	Complete Part II.)	a college of utiliversi	y owned	u or ope	a governine	
6				rnmental unit describe	d in sect	ion 170(	$h(1)(\Delta)(y)$	
7								om the general public
•			)(1)(A)(vi). (Compl		pport in	om a go		oni the general public
8				<b>b)(1)(A)(vi).</b> (Complete	Part II.)			
9				ed in section 170(b)(1		operated	I in conjunction with a	land-grant college
	•		•	griculture (see instruct		•		• •
	university:				,			-
10	X An organizatio	on that norma	ally receives (1) mo	pre than 331/3 % of its	support	from cor	ntributions, membersh	nip fees, and gross
	receipts from	activities rela	ated to its exempt f	functions, subject to c nrelated business tax	ertain ex	ceptions	s; and (2) no more that s section 511 tax) from	n 331/3 % of its
				975. See section 509				
11		-		usively to test for publi	-			
12								rry out the purposes of
			-					ction 509(a)(3). Check
		-	-	es the type of suppor			-	-
а				, supervised, or contr	-			
		-		regularly appoint or e		ajority of	the directors or truste	ees of the
		-	-	te Part IV, Sections A				
b				ed or controlled in co				
		-		rganization vested in , Sections A and C.	ine sam	e persor		lage the supported
с			-	ng organization opera	ited in c	onnectio	n with and functiona	lly integrated with
Ŭ		-		ns). You must comple				ny mogratoa with,
d				porting organization c				ted organization(s)
		-		nization generally mus	-			
	requirement	(see instruct	tions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	Check this b	oox if the orga	anization received	a written determinatio	n from t	he IRS th	hat it is a Type I, Type	II, Type III
				ionally integrated sup			ion.	
f			-					•••••
g		-		orted organization(s).				( )) ( ) ( )
	(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(0)								
(C)								
(D)								
(F)								
(E)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1210 1.000

Total

# Schedule A (Form 990) 2021

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

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

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	SEE SUPP PAGE					
	received. (Do not include any "unusual grants.")	4,940,546.	5,315,402.	5,516,773.	4,458,415.	5,179,424.	25,410,560.
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	1,143,067.	1,817,642.	1,355,702.	2,580,427.	1,994,346.	8,891,184.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	6,083,613.	7,133,044.	6,872,475.	7,038,842.	7,173,770.	34,301,744.
7a	Amounts included on lines 1, 2, and 3						
74	received from disgualified persons						NONE
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						NONE
	or 1% of the amount on line 13 for the year Add lines 7a and 7b						NONE
8	Public support. (Subtract line 7c from						10111
Ū	line 6.)						34,301,744.
Sec	tion B. Total Support						51,501,711.
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.	6,083,613.	7,133,044.	6,872,475.	7,038,842.	7,173,770.	34,301,744.
	Gross income from interest, dividends,	0,000,010.	,,155,011.	0,072,175.	7,050,012.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	51,501,711.
	payments received on securities loans,						
	rents, royalties, and income from similar	53,146.	76,598.	126,639.	1,494,344.	-733,495.	1,017,232.
h	sources Unrelated business taxable income (less	55,140.	70,598.	120,039.	1,494,344.	-755,495.	1,017,232.
D	· ·						
	section 511 taxes) from businesses acquired after June 30, 1975						NONE
-	1 /	53,146.	76 500	106 630	1,494,344.	-733,495.	
	Add lines 10a and 10b	55,140.	76,598.	126,639.	1,494,344.	-733,495.	1,017,232.
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						NONE
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	300,626.	153,515.	169,631.	896,329.	66,811.	1,586,912.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		7,363,157.	7,168,745.	9,429,515.	6,507,086.	36,905,888.
14	First 5 years. If the Form 990 is fo	0					
	organization check this boy and stop here		<u></u>				🕨 🔄
	organization, check this box and stop here						
	tion C. Computation of Public Sup	port Percentag					
<b>Sec</b> 15	ction C. Computation of Public Sup Public support percentage for 2021 (line 8	port Percentag	ed by line 13, colur	.,,		15	92.94%
15 16	Public support percentage for 2021 (line 8 Public support percentage from 2020 Sche	port Percentag , column (f), divide edule A, Part III, lin	ed by line 13, colur e 15	.,,		15 16	92.94% 90.56%
15 16	ction C. Computation of Public Sup Public support percentage for 2021 (line 8	port Percentag , column (f), divide edule A, Part III, lin	ed by line 13, colur e 15	.,,			
15 16	Etion C. Computation of Public Sup           Public support percentage for 2021 (line 8           Public support percentage from 2020 Sche           Etion D. Computation of Investment           Investment income percentage for 2021 (li	port Percentag , column (f), divide edule A, Part III, lin <u>t Income Perc</u> ne 10c, column (f	ed by line 13, colur e 15 entage ), divided by line 1	3, column (f))	<u></u>		90.56% 2.76%
15 <u>16</u> <b>Sec</b> 17 18	Etion C. Computation of Public Sup Public support percentage for 2021 (line 8 Public support percentage from 2020 Sche Etion D. Computation of Investment Investment income percentage for 2021 (li Investment income percentage from 2020	port Percenta, , column (f), divide edule A, Part III, lin t Income Perc ne 10c, column (f Schedule A, Part	ed by line 13, colur e 15 <b>entage</b> ), divided by line 1 III, line 17	13, column (f))	<u> </u>	16 17 18	90.56% 2.76% 5.16%
15 <u>16</u> <b>Sec</b> 17 18	Etion C. Computation of Public Sup           Public support percentage for 2021 (line 8           Public support percentage from 2020 Sche           Etion D. Computation of Investment           Investment income percentage for 2021 (li	port Percenta, , column (f), divide edule A, Part III, lin t Income Perc ne 10c, column (f Schedule A, Part	ed by line 13, colur e 15 <b>entage</b> ), divided by line 1 III, line 17	13, column (f))	<u> </u>	16 17 18	90.56% 2.76% 5.16%
15 <u>16</u> <b>Sec</b> 17 18	Etion C. Computation of Public Sup Public support percentage for 2021 (line 8 Public support percentage from 2020 Sche Etion D. Computation of Investment Investment income percentage for 2021 (li Investment income percentage from 2020	port Percentag , column (f), divide edule A, Part III, lin t Income Perc ne 10c, column (f Schedule A, Part rganization did n	ed by line 13, colur e 15 <b>entage</b> ), divided by line 1 III, line 17 ot check the box	I3, column (f)) x on line 14, an	d line 15 is mo	16 17 18 pre than 331/3 %,	90.56% 2.76% 5.16% and line
15 <u>16</u> <b>Sec</b> 17 18 19 a	tion C. Computation of Public SupPublic support percentage for 2021 (line 8Public support percentage from 2020 Schettion D. Computation of InvestmentInvestment income percentage for 2021 (line 1nvestment income percentage from 2020331/3% support tests - 2021. If the original support tests - 2021.	port Percentag , column (f), divide edule A, Part III, lin t Income Perc ne 10c, column (f Schedule A, Part rganization did n s box and stop	ed by line 13, colur e 15 <b>entage</b> ), divided by line 1 III, line 17 ot check the box <b>here.</b> The organ	13, column (f)) x on line 14, an ization qualifies	d line 15 is mo as a publicly su	16     17     18     ore than 331/3%,     pported organiza	90.56% 2.76% 5.16% and line tion► X
15 <u>16</u> <b>Sec</b> 17 18 19 a	tion C. Computation of Public Sup Public support percentage for 2021 (line 8 Public support percentage from 2020 Sche tion D. Computation of Investment Investment income percentage for 2021 (li Investment income percentage from 2020 331/3% support tests - 2021. If the o 17 is not more than 331/3%, check thi	port Percentag , column (f), divide edule A, Part III, lin t Income Perc ne 10c, column (f Schedule A, Part I rganization did n s box and stop anization did not	ed by line 13, colur e 15 entage ), divided by line 1 III, line 17 ot check the box here. The organ check a box on	3, column (f)) x on line 14, an ization qualifies line 14 or line 1	d line 15 is mo as a publicly su 9a, and line 16	16     17     18   ore than 331/3 %, pported organization is more than 331/3 %.	90.56% 2.76% 5.16% and line tion ► X 1/3%, and
15 <u>16</u> <b>Sec</b> 17 18 19 a	tion C. Computation of Public Sup Public support percentage for 2021 (line 8 Public support percentage from 2020 Sche tion D. Computation of Investment Investment income percentage for 2021 (li Investment income percentage from 2020 331/3% support tests - 2021. If the or 17 is not more than 331/3%, check thi 331/3% support tests - 2020. If the org	port Percentag , column (f), divide edule A, Part III, lin t Income Perc ne 10c, column (f Schedule A, Part I rganization did n s box and stop anization did not this box and st	ed by line 13, colur e 15 (), divided by line 1 (), divided by line 1 (), line 17 (), the the box here. The organ check a box on op here. The org	3, column (f)) x on line 14, an ization qualifies line 14 or line 1 ganization qualifie	d line 15 is mo as a publicly su 9a, and line 16 as as a publicly	16       17       18       ore than 331/3 %,       pported organiza       is more than 331       supported organi	90.56% 2.76% 5.16% and line tion ► X 1/3%, and zation ►

## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

RESCUE MISSION OF	TRENTON 6182	
Organization type (check of	pne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

	3 (Form 990) (2021) organization		Page 2
	RESCUE MISSION OF TRENTON		6182
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$31,594.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<u>N/A</u>	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>N/A</u>	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	<u>N/A</u>	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	<u>N/A</u>	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990) (2021)		Page 2 Employer identification number
Name of 0	organization RESCUE MISSION OF TRENTON		6182
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	<u>N/A</u>	\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	<u>N/A</u>	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	3 (Form 990) (2021)		Page <b>2</b>
Name of o	organization RESCUE MISSION OF TRENTON	1	Employer identification number 6182
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	<u>N/A</u>	\$13,333.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	<u>N/A</u>	\$9,170.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	<u>N/A</u>	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of (	organization RESCUE MISSION OF TRENTON	Employer identification number 6182		
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
20	<u>N/A</u>	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	<u>N/A</u>	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
22	<u>N/A</u>	\$000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	<u>N/A</u>	\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
24	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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Schedule B (Form 990) (2021
Name of organization

Name of o	organization RESCUE MISSION OF TRENTON	Employer identification number 6182			
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
25	N/A	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26	<u>N/A</u>	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27	<u>N/A</u>	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
28	<u>N/A</u>	\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
29	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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

Name of o	organization RESCUE MISSION OF TRENTON	Employer identification number 6182		
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	N/A	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
32	<u>N/A</u>	\$ 57,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
33	<u>N/A</u>	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
34	<u>N/A</u>	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
35	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
36	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Page 2

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

Name of	organization RESCUE MISSION OF TRENTON	Employer identification number 6182		
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is r		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
37	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
38	<u>N/A</u>	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
39	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
40	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
41	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
42	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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

	3 (Form 990) (2021) organization		Page <b>2</b> Employer identification number
	RESCUE MISSION OF TRENTON		6182
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	<u>N/A</u>	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	<u>N/A</u>	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	<u>N/A</u>	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	<u>N/A</u>	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of o	organization RESCUE MISSION OF TRENTON		Employer identification number 6182
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

SCHEE	DULE D
(Form	990)

Department of the Treasury

# Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

20 / **Open to Public** 

OMB No. 1545-0047

	artment of the Treasury rnal Revenue Service	► Go to www.irs.gov	/Form990 for instructions		nation.	Inspection	
	e of the organization	· · · · · · · · · · · · · · · · · · ·			Employer identif		
RE	SCUE MISSION C	OF TRENTON				6182	
Pa		tions Maintaining Donor Adv			Accounts.		
	Complete	e if the organization answered	I "Yes" on Form 990, I	Part IV, line 6.			
			(a) Donor advis	ed funds	(b) Funds a	nd other accounts	
1	Total number at e	nd of year					
2		of contributions to (during year)					
3	Aggregate value o	of grants from (during year)					
4		at end of year					
5	Did the organizat	ion inform all donors and dono	r advisors in writing that	at the assets held	in donor advise	d	
	funds are the orga	inization's property, subject to th	e organization's exclusiv	e legal control?		Yes No	
6	Did the organizati	on inform all grantees, donors,	and donor advisors in w	riting that grant fu	unds can be use	d	
		e purposes and not for the bene					
	conferring imperm	issible private benefit?	<u></u>			. Yes No	
P		tion Easements.					
		e if the organization answered					
1		servation easements held by the					
		n of land for public use (for example	e, recreation or education)			mportant land area	
		of natural habitat	l	Preservation	of a certified his	toric structure	
		n of open space					
2	-	through 2d if the organization h	eld a qualified conserva	tion contribution in			
		ast day of the tax year.				e End of the Tax Year	
а		onservation easements			2a		
b		tricted by conservation easement			2b		
C		vation easements on a certified			20		
d		rvation easements included in (					
~		isted in the National Register			2d		
3		rvation easements modified, tra	ansterred, released, exti	nguisned, or term	inated by the oi	ganization during the	
	tax year ►	where property out is at to serve	mustion accoment is loss	stad N			
4		where property subject to conse			ion handling of	:	
5	-	ation have a written policy re			-		
6		orcement of the conservation ea				Yes No	
6		hours devoted to monitoring, insp	becting, nanoling of violat	ions, and emorcing	conservation ease	ements during the year	
7	Amount of oxnone	es incurred in monitoring, inspec	ting handling of violatio	na and onforcing a	ansary ation asso	monte during the year	
1		ses incurred in monitoring, inspec	filling, fiantuling of violation	ris, and enforcing c	Unservationease	intents during the year	
8	►\$	vation easement reported on line	2(d) above satisfy the re-	quirements of secti	an 170(h)(A)(B)(i		
0		)(4)(B)(ii)?	•	•		Yes . No	
9		be how the organization reports					
Ũ		d include, if applicable, the text			•		
		counting for conservation easeme		g			
P	art III Organiza	tions Maintaining Collections	s of Art, Historical Tre	easures, or Othe	r Similar Asset	S.	
	Complete	e if the organization answered	l "Yes" on Form 990, I	Part IV, line 8.			
1a	If the organization	n elected, as permitted under F	ASB ASC 958, not to re	eport in its revenu	e statement and	balance sheet works	
	of art, historical t	n elected, as permitted under Fatreasures, or other similar asse	ets held for public exhi	ibition, education,	or research in	furtherance of public	
L		Part XIII the text of the footnote				lance check works of	
b	art historical trea	n elected, as permitted under F sures, or other similar assets he	ASB ASC 958, to repo	education or res	earch in furthera	ince of public service	
		ing amounts relating to these ite					
		ded on Form 990, Part VIII, line				\$	
	(ii) Assets include	d in Form 990, Part X				\$	
2		n received or held works of a					
	following amounts required to be reported under FASB ASC 958 relating to these items:						
а	Revenue included	on Form 990, Part VIII, line 1					
b		Form 990, Part X			<u></u>	\$	
For JSA	Paperwork Reduction	Act Notice, see the Instructions for	r Form 990.		S	chedule D (Form 990) 2021	

Schee	dule D (Form 990) 2021 RESC	UE MISSI	ON OF	TRENTC	N					XX-X	XX6182	Page <b>2</b>
Ра	rt III Organizations Maintainin	g Collectio	ons of A	Art, Histo	rical Tre	asures	s, or	Other	Similar A	Assets (C	ontinue	d)
3	Using the organization's acquisition	n, accession	, and ot	ther recor	ds, checl	k any o	f the	follow	ing that m	nake sign	ificant us	se of its
	collection items (check all that apply	<i>י</i> ):			_							
а	Public exhibition			d	Loan d	or excha	ange	prograi	n			
b	Scholarly research			e	Other							
С	Preservation for future generation	ations										
4	Provide a description of the organi	zation's colle	ections	and expla	ain how t	hey fur	ther	the org	ganization	s exempt	purpose	in Part
_	XIII.											
5	During the year, did the organization									_		
De	assets to be sold to raise funds rathe			ined as pa	rt of the d	organiza	ation	s collec			Yes	No
Гd	rt IV Escrow and Custodial Art Complete if the organizat	-		s" on For	m 000 E	Part IV	lina	0 or r	onortod a	n amoun	t on For	m
	990, Part X, line 21.			5 0111 011	11 550, 1	arriv,	mic	5, 01 1		in announ		
1a	Is the organization an agent, truste				-					ets not _	_	_
	included on Form 990, Part X?									L	Yes	No
b	If "Yes," explain the arrangement in	Part XIII and	d compl	ete the fol	lowing tab	ole:						
										Amount		
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
t	Ending balance						1f					
2a	Did the organization include an amo										Yes	No
	If "Yes," explain the arrangement in	Part XIII. Ci	песк пе	re if the ex	planation	nas be	en pr	ovided	on Part XII			
Pa	rt V Endowment Funds. Complete if the organizat	ion answer	ad "Vas	e" on For	m 000 E	Part IV	lina	10				
		(a) Current y		(b) Prio		(c) Tw			(d) Three y	ears back	(e) Four y	ears back
4		(u) ourion )		(6)1110	r your	(-,	- ,				(0) 1 0 0 1 9	
1a ⊾	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
Ũ	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of	of the curren	t vear ei	nd balance	e (line 1g.	column	(a))	held as	:			
а	Board designated or quasi-endowme			%	( O,		( //					
b	Permanent endowment	%										
С	· · · · · · · · · · · · · · · · · · ·	6										
	The percentages on lines 2a, 2b, ar		•									
3a	Are there endowment funds not in the	he possessio	on of the	e organiza	ition that	are hel	d anc	l admir	nistered for	the		
	organization by:											es No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	
-	If "Yes" on line 3a(ii), are the related	•		•			?	• • • •	• • • • •		3b	
4	Describe in Part XIII the intended us rt VI Land, Buildings, and Equi		ganızatı	on's endo	wment fur	nds.						
Pa	Complete if the organizat	tion answer	ed "Ye	s" on For	m 990, l	Part IV	, line	11a. S	See Form	990, Pa	rt X, line	10.
	Description of property	(a)	Cost or o	other basis nent)	(b) Cost ( (o	or other ba ther)	asis		cumulated eciation	(d)	) Book valu	e
1a	Land		,	- /		.83,43	37.				183	3,437.
b	Buildings					84,15		1,8	63,278.			,873.
с	Leasehold improvements					43,21			75,690.			,523.
d	Equipment					57,05			04,766.			2,292.
e	Other											
Tota	I. Add lines 1a through 1e. (Column (	(d) must equ	al Form	990, Part	X, colum	n (B), lir	ne 10	c.)			6,324	,125.

Schedule D (Form 990) 2021

JSA 1E1269 1.000

Part VII		- Other Securities.	)/a a    a a    <b>F</b> a maa    000	Dert IV line 44h One Farm 000	
	•			), Part IV, line 11b. See Form 990	
		security or category me of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
. ,					
		ests			
(3) Other					
(A) (B)					
(C)					
(C) (D)					
(E)					
(F)					
(G)					
(U) (H)					
	n (b) must equal Form	990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII		- Program Related.			
			l "Yes" on Form 990	, Part IV, line 11c. See Form 990	, Part X, line 13.
	-	n of investment	(b) Book value	<b>(c)</b> Method of valuat Cost or end-of-year mark	tion:
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(9)</u>	· (h) ··································				
		990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets Complete if the		I "Yes" on Form 990	), Part IV, line 11d. See Form 990	, Part X, line 15.
		-	scription		(b) Book value
(1)			•		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
		ial Form 990, Part X, col. (B) l	ine 15.)	<u> • • • • • • • • • • • • • • • • •</u>	
Part X	Other Liabiliti				
	Complete if the line 25.	he organization answered	I "Yes" on Form 990	), Part IV, line 11e or 11f. See For	m 990, Part X,
1.		(a) Descrip	tion of liability		(b) Book value
(1) Feder	al income taxes				
(2)RESIDE	ENT FUNDS				20,205.
(3)SECURI	ITY DEPOSITS	3			17,400.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
		orm 990, Part X, col. (B) line 25.)			37,605.
				the organization's financial statements the text of the footnote has been provide	

Schedu	IN IN THE RESCUE MISSION OF TRENTON	XX-	XXX6182 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	6,507,086.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
- a	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
b			
C.			
d		2.	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,507,086.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	6,507,086.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	7,347,424.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,347,424.
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		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	5	7,347,424.
	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.

SCHEDULE	L
(Earm 990)	

# **Transactions With Interested Persons**

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 154	5-0047
202	1
Open To P	

Department of the Treasury Internal Revenue Service
Name of the organization

RESCUE MISSION OF TRENTON

Employer identification number 6182

\$

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	(c) Description of transaction		
•	(a) Name of disqualmed person	organization	(c) Description of transaction	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		▶ \$		

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

#### 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	<b>(c)</b> Purpose of Ioan	fron	an to or h the zation?	<b>(e)</b> Original principal amount	(f) Balance due	<b>(g)</b> In c	lefault?		ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$		-				

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)				

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

Schedule L (Form 990) 2021

Schedule L (Form 990 or 990-EZ) 2021

# 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 organization's revenues?	
				Yes	No	
(1)CHRIS BORDEN	BOARD MEMBER		THE BOARD MEMBER IS A FAMILY M			
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						

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

SCH. L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

D) DESCRIPTION OF TRANSACTION:

THE BOARD MEMBER IS A FAMILY MEMBER OF THE OWNER OF THE INSURANCE COMPANY PROVIDING THE INSURANCE FOR THE RESCUE MISSION. THE AMOUNT OF THE TRANSACTIONS IS THE TOTAL PREMIUMS PAID FOR WHICH THE BOARD MEMBER'S INSURANCE COMPANY SERVED AS THE BROKER. THE RESCUE MISSION OBTAINS COMPETITIVE BIDS ON INSURANCE COVERAGE. Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Employer identification number

#### FORM 990, PART I, LINE 1

RESCUE MISSION OF TRENTON

PROVIDES SERVICES AND COUNSELING TO ENCOURAGE INDIVIDUALS TO REACH THEIR GREATEST POTENTIAL. THE MISSION CREATES AN ENVIRONMENT WHERE ONE CAN LIVE WITH DIGNITY, BUILD SELF-ESTEEM, AND EXPERIENCE LOVE,

RESPONSIBILITY, AND HOPE.

#### FORM, 990, PART III, LINE 4D, OTHER PRGRAM SERVICES

PERMANENT HOUSING

THE ORGANIZATION OPERATES SIX SPECIALTY SUPPORTIVE HOUSING UNITS -ROBINSON PLACE, A LICENSED ROOMING AND BOARDING HOUSE; BRIMMER HOUSE, A FREE STANDING 2 UNIT HOUSE; PERRY STREET, A 15 UNIT HOUSING BUILDING; CLINTON AVENUE, 5 UNITS FOR WOMEN; WALTER STREET, 4 UNITS FOR COMMUNITY SOBER LIVING RESIDENCE; AND BOUDINOT STREET, 4 UNITS FOR COMMUNITY SOBER LIVING RESIDENCE. IT INCLUDES SUPPORTIVE SERVICES DESIGNED TO ASSIST INDIVIDUALS IN MAINTAINING HOUSING AND DEVELOPING THEIR QUALITY OF LIFE.

OTHER PROGRAMS INCLUDING COMMUNITY EDUCATION AND ENTREPRENEURIAL OPERATIONS AND STORE

COMMUNITY EDUCATION - OUTREACH INTO THE COMMUNITY AT LARGE TO HELP EDUCATE AND INFORM THE PUBLIC ON THE NEEDS, ISSUES, AND ACCOMPLISHMENTS OF THOSE SERVED PRIMARILY IN THE AREA OF HOMELESSNESS, HUNGER, ADDICTION, AND EX-OFFENDERS. IT ALSO CONSISTS OF ACTIVITIES AND EFFORTS TO ADDRESS THE NEEDS AND QUALITY OF LIFE FOR THE IMMEDIATE COMMUNITY INCLUDING, BUT NOT LIMITED TO, ORGANIZING AND PARTICIPATING IN NEIGHBORHOOD MEETINGS,

42

# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Name of the organization

Employer identification number

PUBLIC EDUCATION ON PROGRAMS, AND COMMUNITY OPPORTUNITIES.

ENTREPRENEURIAL OPERATIONS AND STORE - THE ORGANIZATION ACCEPTS DONATIONS, PRIMARILY CLOTHING, FROM THE SURROUNDING COMMUNITIES WHICH ARE THEN CHARITABLY DISTRIBUTED OR RESOLD. THE CARROLL STREET STORE SERVES AS A RESOURCE TO THE COMMUNITY BY PROVIDING GOODS THAT ARE AFFORDABLY PRICED, WHILE AT THE SAME TIME GIVING THE ORGANIZATION'S RESIDENTS VALUABLE VOCATIONAL EXPERIENCE.

#### FORM 990, PART VI, SECTION A, LINE 2

MARY GAY ABBOTT-YOUNG, CEO, AND BARRETT T. YOUNG, CHIEF OPERATING OFFICER, HAVE A FAMILY RELATIONSHIP.

#### FORM 990, PART VI, SECTION B, LINE 11B

FORM 990 IS PREPARED BY AN INDEPENDENT CPA, REVIEWED BY MANAGEMENT, AND DISTRIBUTED TO THE ENTIRE BOARD FOR REVIEW BEFORE FILING THE FORM.

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

INTERESTED PERSON MUST ANNUALLY SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT WHICH AFFIRMS THEY: HAVE RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAVE READ AND UNDERSTOOD THE POLICY, HAVE AGREED TO COMPLY WITH THE POLICY, AND UNDERSTAND THAT THE MISSION IS A CHARITABLE ORGANIZATION THAT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. THE CEO MONITORS COMPLIANCE AS POTENTIAL CONFLICTS ARE DISCLOSED.

#### FORM 990, PART VI, SECTION B, LINE 15A

THE CEO IS EVALUATED BY THE HUMAN RESOURCES COMMITTEE BASED ON PERFORMANCE. RECOMMENDATIONS ARE PRESENTED TO THE FULL BOARD OF

# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DIRECTORS. BOARD APPROVAL IS REQUIRED FOR ANY CHANGES IN COMPENSATION OF THE CEO. THE PROCESS IS DOCUMENTED IN THE BOARD MINUTES AND/OR IN A MEMO TO THE PERSONNEL FILE.

#### FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

#### FORM 990, PART XII, LINE 2C

THE BOARD OVERSEES THE SELCTION OF THE INDEPENDENT AUDITOR AND AUDIT PROCESS. THE PROCESS OF SELECTING THE AUDITOR AND OVERSEEING THE AUDIT DID NOT CHANGE DURING THE FISCAL YEAR.

#### FORM 990 PART X, LINE 2

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THAT A LIABILITY BE RECORDED FOR UNCERTAIN TAX POSITIONS TAKEN, IF IT IS DETERMINED THAT THE TAX POSITION WOULD MORE LIKELY THAN NOT BE DENIED UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT OF THE ORGANIZATION HAS ANALYZED THE TAX POSITIONS TAKEN IT ITS FILINGS WITH THE FEDERAL GOVERNMENT AND STATE OF NEW JERSEY, AND CONCLUDED THAT NO TAX POSITIONS HAVE BEEN TAKEN THAT WOULD NOT BE SUSTAINED UPON EXAMINATION. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES, FOR UNCERTAIN TAX POSITIONS AT JUNE 30, 2021 AND 2020.

THE ORGANIZATION'S POLICY IS TO CLASSIFY INCOME TAX RELATED INTEREST AND PENALTIES, IF INCURRED, IN INTEREST EXPENSE AND MISCELLANEOUS EXPENSE, RESPECTIVELY.

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS. THERE ARE CURRENTLY NO SUCH AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION BELEIVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2016.

Schedule O (Form 990 or 990-EZ) 2021	Page <b>2</b>
Name of the organization	Employer identification number
RESCUE MISSION OF TRENTON	<u> </u>

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE RESCUE MISSION OF TRENTON, NJ IS THE AGENCY IN THE CITY OF TRENTON THAT SERVES THE TRULY NEEDY MEN AND WOMEN WHO HAVE NO PLACE TO TURN FOR SHELTER, FOOD AND CLOTHING. THE MISSION PROVIDES A SAFE, CLEAN, WARM, REFUGE FOR THE HOMELESS, THE HUNGRY, THE TRANSIENT, AND THE ADDICTED. THE MISSION PROVIDES SERVICES AND COUNSELING TO ENCOURAGE INDIVIDUALS TO REACH THEIR GREATEST POTENTIAL. THE MISSION CREATES AN ENVIRONMENT WHERE ONE CAN LIVE WITH DIGNITY, BUILD SELF-ESTEEM, AND EXPERIENCE LOVE, RESPONSIBILITY, AND HOPE.

Name of the organization		Employer identification number			
RESCUE MISSION OF TRENTON		XX-XXX	6182		
FORM 990, PART III, LINE 4D - OTHER PROGRAM					
DESCRIPTION	GRANTS	EXPENSES	REVENUE		
PERMANENT HOUSING		331,122.	130,783		
COMMUNITY EDUCATION		878.			
ENTREPRENEURIAL OPERATIONS AND STORE		344,364.	126,294		
TOTALS		676,364.	257,077		
		=================	=======================================		

	Page <b>2</b>
Employer id	entification number
XX-XXX	x6182
PAID IND. CONTRACTORS	
DESCRIPTION OF SERVICES	COMPENSATION
BEHAVIORIAL HEALTH	177,858.
	PAID IND. CONTRACTORS DESCRIPTION OF SERVICES