			EXTENDE Return of Organiz	D TO MAY 15, 2 ation Exempt	2024 From II	ncome Tax	OMB No. 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)				ns) 2022
			Do not enter social securi	ty numbers on this form a	as it may be	made public.	Open to Public
Depar Intern	tment o al Rever	of the Treasury nue Service	Go to www.irs.gov/Form	n990 for instructions and	the latest in	formation.	Inspection
AF	or the	e 2022 calend	r year, or tax year beginning JUI	1, 2022 and	dending J		
B C ap	heck if oplicable	e: C Name of	organization			D Employer identifi	cation number
	Addres	RESC	JE MISSION OF EL PAS	O, INC.			40
_	Name chang	e Doing b	siness as		1	74-60624	
L	Initial return Final		and street (or P.O. box if mail is not deliver	ed to street address)	Room/suite	E Telephone numbe 915-532-	
	Jreturn/ termin		wn, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	3,570,401.
	ated Ameno	ded FT. D	ASO, TX 79901	or foreign poord, code		H(a) Is this a group re	
1	_return Applic tion		d address of principal officer: BLAKE	BARROW		for subordinates	
L	pendir		ORTH LEE STREET, EL		01	H(b) Are all subordinates in	
IT	ax-exe	empt status:		(insert no.) 4947(a)(1)) or 📃 527	If "No," attach a	list. See instructions
	Vebsit		S://RMELP.ORG/			H(c) Group exemption	
KF	orm of	organization:	X Corporation Trust Assoc	ciation Other	L Year	of formation: 1956	M State of legal domicile: TX
Pa	rtl	Summary					
	1	Briefly describ	e the organization's mission or most sig	nificant activities: NONE	PROFIT	CHRISTIAN H	OMELESS
Governance		SHELTER	- FOR FULL MISSION	STATEMENT SEE	SCHEDU	ILE O.	
rna	2	Check this bo	if the organization discontin				sets.
ove			ing members of the governing body (Pa				9
Ŭ			ependent voting members of the govern				75
es {			of individuals employed in calendar year			-	15
viti			of volunteers (estimate if necessary)				
Activities &			I business revenue from Part VIII, colum				0.
_	b	Net unrelated	ousiness taxable income from Form 990	0-1, Part I, line 11	<u></u>	Prior Year	Current Year
	_					2,077,879.	2,595,704.
e					2	168,044.	811,072.
Revenue		0		al 7al)	11/2010/1000000	119,344.	74,172.
Rev			ome (Part VIII, column (A), lines 3, 4, an (Part VIII, column (A), lines 5, 6d, 8c, 9c		And CALIFORNIA CONTRACTOR	220,190.	
			add lines 8 through 11 (must equal Pa			2,585,457.	3,570,401.
			nilar amounts paid (Part IX, column (A),			0.	0.
			o or for members (Part IX, column (A), li			0.	0.
			compensation, employee benefits (Par			978,955.	1,432,038.
Expenses	162	Professional f	indraising fees (Part IX, column (A), line	11e)	Sector and the	0.	0.
Den	h	Total fundrais	Indraising fees (Part IX, column (A), line ng expenses (Part IX, column (D), line 20	5) 97,7	17.		
Ä			s (Part IX, column (A), lines 11a-11d, 11			1,594,663.	1,712,645.
		•	s. Add lines 13-17 (must equal Part IX, c		COLOR COLOR DATA	2,573,618.	3,144,683.
			expenses. Subtract line 18 from line 12			11,839.	425,718.
Lo Sa					Be	eginning of Current Year	End of Year
Assets or Balances	20	Total assets (I	art X, line 16)			13,547,012.	14,222,069.
Ass Ass	21					330,265.	
Net	22		und balances. Subtract line 21 from line	e 20		13,216,747.	13,833,740.
		Signatur					
Und	er pena	alties of perjury,	declare that I have examined this return, inc	luding accompanying schedul	es and statem	ents, and to the best of m	y knowledge and belief, it is
true,	correc	ct, and complete	Declaration of preparer (other than officer) i	s based on all information of v	which preparer	has any knowledge.	

Sign	Signature of officer		Date
	BLAKE BARROW, EXECUTIVE D. Type or print name and title	IRECTOR	
Paid	Print/Type preparer's name RICHARD L. MILLER, CPA	Preparer's signature	Date Check PTIN 05/09/24 self-employed P01467660
Preparer	Firm's name LAUTERBACH, BORSC		Firm's EIN 74-2014723
Use Only	Firm's address 4130 RIO BRAVO ST EL PASO, TX 79902	REET	Phone no. 915 - 544 - 6950
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form		062443	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		-
	THE RESCUE MISSION OF EL PASO SERVES AS A MEMBER OF THE LOCAL	BODY O	F
	CHRIST IN PROCLAIMING THE GOSPEL OF JESUS CHRIST TO THE POOR		C
	DISPLACED WHILE DEMONSTRATING THE LOVE OF CHRIST IN ASSISTING	PERSON	5
<u>.</u>	WITH PHYSICAL NEEDS OF FOOD, CLOTHING, SHELTER, COUNSELING, A		_
2	Did the organization undertake any significant program services during the year which were not listed on the	Ver	X No
	prior Form 990 or 990-EZ?	tes	
	If "Yes," describe these new services on Schedule O.	Ver	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
	If "Yes," describe these changes on Schedule O.	hy ovpoppop	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses.	nd
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	i expenses, a	nu -
	revenue, if any, for each program service reported.	188	558.)
4 a	(Code:) (Expenses \$193,223. including grants of \$) (Revenue \$)		
	QUALIFIED RESIDENTS FROM THE ORGANIZATION TRAINING AND EMPLOY	MENT IN	
	THE FOOD SERVICE FIELD.		
-	(Code:) (Expenses \$ 110,356 including grants of \$) (Revenue \$)	78	412.)
4b	(Code:) (Expenses \$) (Revenue \$)		
	AT ASSISTING LOW INCOME INDIVIDUALS WITH SHELTER AND SUPPORT.	<u></u>	100
	AT ASSISTING LOW INCOME INDIVIDUALS WITH SHELIEK AND SOTIORI.		
			_
		544	100
4c	(Code:) (Expenses \$1,752,462. including grants of \$) (Revenue \$)		102.)
	PROVIDING SHELTER AND EDUCATIONAL SERVICES TO THE GENERAL HOM	ELESS	
	POPULATION		
4d	Other program services (Describe on Schedule O.)		
+u	(Expenses \$ including grants of \$) (Revenue \$)	
40			
<u>4e</u>	Total program service expenses 2,056,041.	Form	990 (2022
			1
23200	12-13-22		

Form 990	(2022)	RESC	UE	MISSI
Part IV	Checklis	st of Required	Sc	hedules

RESCUE MISSION OF EL PASO, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
3	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,		12	
	as applicable.		5,16	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		17	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		^
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	-11		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	x	
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-10		
19		19		x
00 -	complete Schedule G, Part III	20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
5 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21		X
	a 12-13-22	And in case of the local division of the loc	990	(2022)

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Form	990	(2022)

Pai	try checklist of Required Schedules (continued)	_	Yes	No
00	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-	163	140
22	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2.10	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	,	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25 a		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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		A
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,		2.04	1000
	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	000		x
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
	"Yes," complete Schedule L, Part IV	29	x	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	25		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	1	x
	contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	-		
32		32		x
	Schedule N, Part II			
33		33	x	
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34		34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	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?			
00	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	t 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	2	1.Bel	1
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		Sec.
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			-
	(gambling) winnings to prize winners?	10	X	
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	Λ			

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Form	990 (2022) RESCUE MISSION OF EL PASO, INC. 74-6062	443	P	age 5
Par	t 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,		1.2	
	The for the calendar year ending with or within the year covered by the rotation	2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20 3a	-	X
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40	100	
b	If "Yes," enter the name of the foreign country	민관		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		x
	any contributions that were not tax deductible as charitable contributions?	Ua		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
_	were not tax deductible?	0.0	0.01	
7	Organizations that may receive deductible contributions under section 170(c).	7a		x
	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?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		x
	to file Form 8282?	10	1123	
		7e	_	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	_	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		107	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		1
	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a	-	-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	1.10	1.1	-Mail
			231	111
		-2.5	12	
	Section 501(c)(12) organizations. Enter:		12	1.1
a	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against		1.1	
b		6.30	1.8	1.1
10-	amounts due or received from them.) 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		4 I.G.	
			1997	5.5
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		
а	Note: See the instructions for additional information the organization must report on Schedule O.		12	
L	Enter the amount of reserves the organization is required to maintain by the states in which the	1997		
D		1.200	165	
				100
	Enter the amount of reserves on hand	14a		X
14a		14b		<u> </u>
. –	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
15	excess parachute payment(s) during the year?	15		x
			1.1	
10	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1	X
16			1.01	
47	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	-		
17	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
222005	12-13-22	Forn	1 990	(2022)

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⁵ 2022.05090 RESCUE MISSION OF EL PASO 106376_1

Form 990 (2022)
Part VI	Gov

RESCUE MISSION OF EL PASO, INC.

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

74-6062443 Page 6

rt 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, p	rocesses, or changes on Schedule O. See instructions.
	Check if Schedule O contains a response or note to any lin	ne in this Part VI

		к. — Э		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing		5.9.9	833	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		5.18	120	
b	Enter the number of voting members included on line 1a, above, who are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other		-	100
_	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
Ū	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 S				X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				Х
6	Did the organization have members or stockholders?				X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or an more members of the governing body?	opoint one or			x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or			
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:	1901		10
-	The governing body?		8a	Х	
a h	Each committee with authority to act on behalf of the governing body?			Х	
0	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
9	organization's mailing address? if "Yes," provide the names and addresses on Schedule O		9		X
200	tion B. Policies (This Section B requests information about policies not required by the Internal Re				
	TOT B. TOTOLOS (This Section B requests information about policies not required by the internal re-	evenue oode.		Yes	No
	Did the exercise have lead chapters branches or affiliates?		10a		X
	Did the organization have local chapters, branches, or affiliates?				
D	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			X	
		y before hing the form.	110		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		12a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "		12c	x	
	on Schedule O how this was done			X	-
13	Did the organization have a written whistleblower policy?		16	X	-
14	Did the organization have a written document retention and destruction policy?		. 14	A	
15	Did the process for determining compensation of the following persons include a review and approva		5.00		1.0
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		15a	X	
	The organization's CEO, Executive Director, or top management official			X	
b	Other officers or key employees of the organization		15b		1.1.1.1
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange		10	22	x
	taxable entity during the year?		. <u>16a</u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		1996	12	1.3
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			-
	exempt status with respect to such arrangements?		16b		
sec	tion C. Disclosure		_	_	_
17	List the states with which a copy of this Form 990 is required to be filedNONE		(0)		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501(c)	(3)s only)	availa	ble
		n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy,	and finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records			
	BLAKE BARROW - 9155322575				
	209 NORTH LEE STREET, EL PASO, TX 79901				
	209 NORTH LEE STREET, EL PASO, IX 75901			990	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-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			Pos				(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per week	box offi	, unle	ss pei	son i	than o s both or/trus	an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099·MISC/ 1099·NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BLAKE BARROW CEO	40.00			x				76,942.	0.	0.
(2) NICK COBOS PRESIDENT	5.00	x						0.	0.	0.
(3) TERRI CAVIGLIA SECRETARY	2.00	x						0.	0.	0.
(4) MAGGIE JACKSON VICE PRESIDENT	2.00	x						0.	0.	0.
(5) DAVID HUNTER TREASURER	2.00	x						0.	0.	0.
(6) WALTER DEINES DIRECTOR	2.00	x						0.	0.	0.
(7) LAMAR SKARDA	2.00	x						0.	0.	0.
DIRECTOR (8) ANTHONY VILLA	2.00	X						0.	0.	0.
DIRECTOR (9) JENNIFER LAMBETH DIRECTOR	2.00	x						0.	0.	0.

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	t VII Section A. Officers, Directors, Trust		oloye	ees,	and (C		hes	t C		s (continued) (E)		(F)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box,	nstitutional trustee	Posi neck r as per d a di	tion nore son is recto	than c s both	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	com fr org an	other other pensation om the anization d relate	of tion e on ed
		line)	Individ	Institut	Officer	Key em	Highes	Former					
				_									
								_					
											_		
-													
С	Subtotal	, Section A						é	76,942. 0. 76,942.	0 0 0	•		0.0.0.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re			•		0
з	Did the organization list any former officer,	director, truste	ee, k	key e	mpl	oyee	e, or	hig	hest compensated emp	loyee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	ccrue compen	Isati	on fr	om	any	unre	ate	ed organization or individ	dual for services	5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y				
	(A) Name and business	address	NC	ONE	3			_	(B) Description of s	services	Compe	C) ensatio	n
								_					
								_					
-										are then			
2	Total number of independent contractors (in \$100,000 of compensation from the organiz		ot lir	niteo	i to	thos (ted	abovej wno received m		Earr	990 (2022/

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b d e f h	Check if Schedule O contains a response of Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 2,	595,704. 480,070. Business Code	in this Part VIII (A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 51
b d e f <u>b</u> c	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 2, Noncash contributions included in lines 1a-1f 1g \$ \$ PROGRAM INCOME 1 1 1	595,704. 480,070. Business Code	(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded from tax under
b d e f <u>b</u> c	Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 2, Noncash contributions included in lines 1a-1f 1g \$ 1g Total. Add lines 1a-1f PROGRAM INCOME 1	480,070. Z Business Code	2 595 704			
c d f g h b c	Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 2, Noncash contributions included in lines 1a-1f 1g \$ 1g Total. Add lines 1a-1f PROGRAM INCOME 1	480,070. Z Business Code	2 595 704			
d e f <u>g</u> h b c	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 2, Noncash contributions included in lines 1a-1f 1g \$ 1g Total. Add lines 1a-1f PROGRAM INCOME 1	480,070. Z Business Code	2 595 704			
e f <u>g</u> h c	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f PROGRAM INCOME	480,070. Z Business Code	2 595 704			
f g h a b c	All other contributions, gifts, grants, and similar amounts not included above	480,070. Z Business Code	2 595 704			
g h a b c	similar amounts not included above 1f 2, Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f PROGRAM INCOME	480,070. Z Business Code	2 595 704		the second se	1.1.1
g h a b c	Noncash contributions included in lines 1a-1f 1g \$	480,070. Z Business Code	2 595 704	and the second second		1.1.1.1.1.
h a b c	Total. Add lines 1a-1f	Business Code	595 704		210623 L.J.	3.032.3
a b c	PROGRAM INCOME	Business Code				
b c			1,000,1011			The reaction
b c		900099	811,072.	811,072.		
c						
۵ ۵						
Ξ.						
f	All other program service revenue					
			811,072.			2002101211
	Investment income (including dividends, intere	st, and	FA 1 FO			74 172
			/4,1/2.			74,172
		1				
	Royalties	(ii) Porconal				
		(II) Personal				11125
_	*************					120123
	07530		est of the second			CH A
		(iii) Other			1. A 2011 P. A.	
_				ALC: NO. W.	Sugar States	
					we want start	
			ki Historia du		1.5.5	1.11.11.24
d	Net gain or (loss)					
а			1.	1.10		
				6w.11		
		10 600		ale de la cu	11.12.23.2.1.21	
	1 1000			South States		
		0.	18 629	10.0		18,629
			10,025.	Contract of the	ne culti in	
				Hope Storters		
				an sa an Yours	State States	
	here a				N. St. Grander	The second second
					3년 26일(14)	
С	Net income or (loss) from sales of inventory					
		Business Code	CE 000	14.51 - 1987 - 1997	Kee II''	65 000
					· · · · · · · · · · · · · · · · · · ·	65,098
b	OTHER INCOME	900099	5,726.			5,726
C						
			70 821		E SEVENNE 2.1	
				811.072.	0	163,625
	a b b b b b b b c c a b b c c a b b c c a b b c c a b b c c a b b c c c d a a b b c c c d a a b b c c c d a a b b b c c c a a b b b c c c a a b b b c c c a a b b b c c c a a b b b c c c a a b b b c c c a b b c c c c	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond pur Royalties	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Securities a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) from fundraising events (not including \$of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory a REALIZED GAIN ON INVES b OTHER INCOME c d All other revenue e Total. Add lines 11a-11d	Investment income (including dividends, interest, and other similar amounts) 74,172. Income from investment of tax exempt bond proceeds Royalties 74,172. a Gross rents a a a b Less: rental expenses b b a c Rental income or (loss) b c a a Gross amount from sales of assets other than inventory b c a b Less: cost or other basis and sales expenses 7b a a c Gain or (loss) 7c a a a d Net gain or (loss) 7c a a a b a d Ross income from fundraising events or other basis and sales expenses of a a b a	Investment income (including dividends, interest, and other similar amounts) 74,172. Income from investment of tax-exempt bond proceeds 74,172. Royatties (i) Real (ii) Personal a Gross rents 6a 6b b Less; rental expenses 6b 6c c Royatties (i) Real (ii) Personal a Gross rents 6a 6c c Rest income or (loss) (i) Securities (ii) Other a Gross amount from sales of assets other than inventory (i) Securities (ii) Other a Gross income from fundraising events 7a (iii) Other c Gain or (loss) 7c (iii) Other a Gross income from fundraising events 18,629. a Gross income from gaming activities. See 9a Part IV, line 18 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities. See 9a a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 900099 a REALIZED GAIN ON INVES 900099 0 All other revenue	Investment income (including dividends, interest, and other similar amounts) 74,172. Income from investment of tax exempt bond proceeds 74,172. Royatties (i) Personal a Gross rents 6b D Less: rental expenses 6b Rental income or (loss) 6c A Net rental income or (loss) (ii) Securities A Net rental income or (loss) (iii) Other Tax Tax Tax Tax Tax (iii) Other Tax Tax Tax Tax

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RESCUE MISSION OF EL PASO, INC. Part IX Statement of Functional Expenses

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~	Check if Schedule O contains a response	(A)	(B)	(C) Management and	(D) Fundraising
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations			1 A Section 1	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			a particular and a	A COLUMN TRANSFER
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			at a start to a	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,315,225.	1,144,247.	131,522.	39,456
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,500.	13,485.	1,550.	465
0	Payroll taxes	101,313.	88,143.	10,131.	3,039
1	Fees for services (nonemployees):				
a	Management				
b	Legal	70,013.		70,013.	
č	Accounting	29,684.	13,672.	16,012.	
ď	Lobbying				
e	Professional fundraising services. See Part IV, line 17		States in which is		
f	Investment management fees	12,424.		12,424.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion	54,757.			54,757
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy	274,226.	70,000.	204,226.	
7	Travel	26,798.		26,798.	
8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
9 20	Interest	20,703.		20,703.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	253,149.		253,149.	
23	Insurance	75,352.	67,817.	7,535.	
4	Other expenses. Itemize expenses not covered	NUCCESSION OF	N 60 1 1 2 3 3 5 5 1	AND THE REPORT	민준이 것들이 것 [15]
•	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	480,070.	480,070.		
a	KITCHEN SUPPLIES	120,933.	94,734.	26,199.	
b		113,465.	785.	112,680.	
c	OTHER EXPENSES	86,457.	1,311.	85,146.	
d	SUPPLIES	94,614.	81,777.	12,837.	
	All other expenses	3,144,683.	2,056,041.	990,925.	97,717
5	Total functional expenses. Add lines 1 through 24e	J,144,00J.	2,030,041.	550,5251	2.,121
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Beginning of year End of year 1 Cash-non-interest-bearing 123,903.1 217,554. 2 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 3 3 5 Loans and other receivables for drunder, substantial contributor, or 35% controlled entity or tamily member of any of these persons 5 5 6 Loans and other receivables for other disqualified persons (as defined under section 4958(c)(0)) 6 - 8 Inventions for said or use 4,984.4 4,636 9 Propaid expenses and deterred charges 9 - 10a 12,641,864. - - 11 Investments - publicly indexed securities 2,641,474.12 2,986,478. 11 Investments - product related securities 2 - 11 12 141,864. - 14,222,069. 13 Investments - product related securities 2,986,478. - 14 Intrestiments - product related securities			Check if Schedule O contains a response or note to any line in this Part X			
1 Description 2 2 2 Serings and temporty cash investments 2 2 3 Pleages and grants receivable, net 2 2 4 Accounts receivable, net 2 2 2 5 Leans and other receivables from any current or former officer, director, furuste, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these parsons 5 6 Leans and other receivables from other disqualified persons (as defined under section 4568(C)8(B) 6						(B) End of year
generative 2 asympt and emporary cash investments 2 asympt and grain receivable, net 3 because and grain receivable, net 3 controlled entry or family member of any of these persons (as defined under section 4950R(1)), and parsons described in section 4558R(2)(3)(3) 6 controlled entry or family member of any of these persons (as defined under section 4950R(1)), and parsons described in section 4558R(2)(3)(3) 7 7 Notes and loars receivable, net 6 10 and other receivable for or other targes 9 9 Prepaid expenses and deferred charges 9 10 and, buildings, and expense (as defined tharges 9 10 and other receivable, net 11 11 nestements - publicly traded securities 11 11 10 1, 634, 682. 10, 755, 623. 10c 11 Investments - publicly traded securities 11 1.0007, 182. 11 Investments - portifieted. Sec Parl IV, line 11 13, 547, 012. 16 16 Total assets. Add lines 1 through 15 firmst equal line 33) 13, 547, 012. 16 11		1	Cash - non-interest-bearing	123,903.	1	217,554.
a Plodges and prarts receivable, net a a Accounts raceivable, net 21, 028, 4 6, 219, b Lans and other receivables from any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 c Lans and other receivables from other discualified persons (as defined under section 4958(c)(3)(6) 7 7 Notes and lears receivable, net 9 10a Lad, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 0a 12, 641, 474. 11 1 Investiones: other socitities. See Part IV, line 11 1, 634, 682. 10, 755, 623. 10e 11, 007, 182. 1 Investiones: other socitities. See Part IV, line 11 1, 634, 682. 10, 755, 623. 10e 11, 007, 182. 1 Investiones: other socitities. See Part IV, line 11 1, 634, 682. 10, 755, 623. 10e 11, 007, 182. 1 Investiones: other socitities. See Part IV, line 11 1, 634, 682. 10, 755, 623. 10e 11, 007, 182. 1 Investiones: other socitities. See Part IV, line 11 1, 634, 682. 10, 755, 623. 10e 12, 2, 986, 478. 1<		2			2	
4 Accounts receivable, net 21,028,4 6,219,028,4 5 Leans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Leans and other receivables from other disgualified persons (sea Gefined under section 49580;(7)); and persons described in section 49580;(3)(8) 7 7 Notes and hoars receivable, net 4,984,8 4,636,6 9 Propaid expenses and deferred charges 9 9 Propaid expenses and deferred charges 9 10a Lad, 641,864,74 12,2641,474,12 2,986,478,11 11 Investments- publicly traded securities 11 11,007,182,2 11 Investments- publicly traded securities 11 13,547,012,16 14,222,069,235,235,235,235,235,235,235,235,235,235					3	
Solution		4		21,028.	4	6,219.
truste, key employee, creator of founder, substantial contributor, or 35% geg 5 10 Lans and other recivables from other disqualified persons (as Gefined under section 4558(r(1)), and persons described in section 4558(c)(3)(B) 5 7 Notes and loans recivable, not under section 4558(r(1)), and persons described in section 4558(c)(3)(B) 7 7 Notes and loans recivable, not under section 4558(r(1)), and persons described in section 4558(c)(3)(B) 7 9 Propaid expenses and deferred charges 9 9 9 9 10 Lack (addition of the section 4558(r(1)), and persons described in section 4558(c)(3)(B) 7 10 Less: accumulated depreciation 10 1, 634, 682. 10, 755, 623. foc 11, 007, 182. 11 Investments - publicly traded securities 2, 7, 641, 474. 12, 2, 986, 478. 13 13 13, 547, 012. 16 14 14 14 15 Other assets. See Part IV, line 11 13 13, 547, 012. 16 14, 222, 069. 14 Intrasplate ad accrued expenses 207, 410. 17 35, 935. 16		5				1 19 2 16 2 26
ortholide entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4558(c)3(6) 6 7 Notes and loans receivable, net 7 8 Inventries for sale or use 9 9 Prepaid expenses and deferred charges 9 10 Land, buildings, and equipment: cost or other 10a 12,641,864. 11 Inventries countiles deventiles 2,641,474. 12,2,986,478. 11 Investments - publicly traded securities 2,641,474. 12,2,986,478. 12 Investments - other securities. See Part IV, line 11 13 14 14 Intragible assets 207,410. 17 35,935. 16 Total assets, Add lines 1 through 15 (must equal line 33) 13,547,012. 16 14,222,069. 17 Accounts payable and accound expenses 207,410. 17 35,935. 207,410. 17 35,935. 18 Grants payable 19 5,905. 22 22 20 21 20 Loans and other payables to any current or former of ficer, director, thruste, kay enployee, creator or founder, substantial contributor,					281	
ggg under section 4958(r)(1), and persons described in section 4958(c)(3)(6) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and defered charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D 10a 12, 641, 864. 11 Investments - publicly traded securities 111 112 12 Investments - publicly traded securities 111 113 13 Investments - program related. See Part IV, line 11 13 14 14 Introgram related. See Part IV, line 11 13 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 13, 547, 012. 16 14, 222, 069. 17 Accounts payable and accrued expenses 207, 410. 17 35, 935. 18 Grants payable and accrued expenses 207, 410. 12 22 21 Escrow or custodial account liability. Complete Part N of Schedule D 21 22 22 Loss and otherp payable to unrelated thirdi parties 200, 000. <					5	
gg and base section vs.ocientities determines to extern better (1) and to a section vs.ocientities determines (1) 7 Notes and loans receivable, net 4,984. 8,4,636. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 12,641,864. 9 11 Investments - publicly traded securities 11 11 11 11 Investments - other securities. See Part IV, line 11 13 13 14 11 Intragible assets 11 15 14 12 Investments - organizations that does on the securities 13 547,012. 14 14 13 Intragible assets 13 14 14 15 14 Intangible assets 10 13 547,012. 14 4,222,069. 16 Total assets. Add lines 1 through 15 (must equal line 3) 13,547,012. 14 4,222,069. 17 Accounts payable and account itability. Complete Part IV of Schedule D 20 21 22 21		6	Loans and other receivables from other disqualified persons (as defined			
gg investigination investigination investigination 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D 10a 12,641,864. 11 Investments - publicly traded securities 11 11 11 Investments - publicly traded securities 11 12 Investments - program-related. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intragible assets 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 13,547,012. 16 17 Accounts payable and accrued expenses 207,410. 17 35,935. 18 Grants payable and accrued expenses 20 21 22 20 Tax-exempt bond liabilities 20 21 22 21 Lears and other payable to unrelated third parties 24 209,071. 20 22 Lears and other payable to unrelated third parties 2330,265. 26 388,329. 2			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Top Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D best: accumulated depreciation 12, 641, 864. best: accumulated depreciation 10a Land, building, and equipment: cost or other basis. Complete Part VI of Schedule D best: accumulated depreciation 12, 641, 864. best: accumulated depreciation 10b Land, building, and equipment: cost or other basis. Complete Part VI of Schedule D 11 investments - publicly traded securities. Through Tage Schedule D 10 Land, building, and equipment: cost or other traded securities. Throwstments - publicly traded securities. Through Tage Schedule D 12, 641, 474. 12, 2, 986, 478. 10 Land, building, and equipment: cost or other traded securities. Through Tage Schedule D 1, 2, 641, 474. 12, 2, 986, 478. 10 Introduct Schedule D 1, 2, 641, 474. 12, 2, 986, 478. 10 Cother assets. See Part IV, line 11 13, 547, 012. 16 14, 222, 069. 10 Cother assets. Add lines 1 through 15 (must equal line 33) 13, 547, 012. 16 14, 222, 069. 10 Deferred revenue 20 2 <th>ŝ</th> <th>7</th> <td>Notes and loans receivable, net</td> <td></td> <td>7</td> <td>4 7 9 7</td>	ŝ	7	Notes and loans receivable, net		7	4 7 9 7
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33 TUIA IAUTITES ATU TEL ASSESTUTUTE DATATION	Net	32				
	_	33	Total liabilities and net assets/fund balances	13,54/,012.	33	Form 990 (2022)

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Form	990 (2022) RESCUE MISSION OF EL PASO, INC.	74-6	062443	Pag	_{le} 12
	rt XI Reconciliation of Net Assets				_
×	Check if Schedule O contains a response or note to any line in this Part XI				
					~ 1
1	Total revenue (must equal Part VIII, column (A), line 12)		3,570		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,144		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,71	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,216		
5	Net unrealized gains (losses) on investments	5	19.	, 2	/5.
6	Donated services and use of facilities	6			
7	Investment expenses	7			_
8	Prior period adjustments	8			-
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		10 001		4.0
	column (B))	10	13,833	5,74	<u> 40 -</u>
Pa	rt XII Financial Statements and Reporting				<u> </u>
	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: X Cash Cash Control Conternation Conternation Changed its method of accounting from a prior year or checked "Other," explain on Schedule	0	- 18	103	
0-	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:		57.5		
					1.1
L.	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	X	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			1.5	
	consolidated basis, or both:	,			
	Separate basis X Consolidated basis Both consolidated and separate basis		1.00	81.24	
-	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
С	review, or compilation of its financial statements and selection of an independent accountant?	,	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		0000		
<u>.</u>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
за	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
b	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	_	
-	or audits, explain why on schedule O and describe any steps taken to undergo such addits		Form	990	(2022)

SCHEDULE A (Form 990) Public Charity Status and Public Support Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer						OMB No. 1545-0047		
Name of the organizati	on			11.00004100				identification number
			OF EL PASO,					4-6062443
The second			All organizations must c		A CALL AND	ee instruction	18.	
1A church, co2A school des3A hospital or	nvention of chu cribed in secti a cooperative l search organiza	urches, or associatio on 170(b)(1)(A)(ii). (/ hospital service orga	For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in se njunction with a hospital	in sectio 1990).) ection 170	n 170(b)(1)(b)(1)(A)(ii	i).	.)(iii). Enter	the hospital's name,
5 🔲 An organizati	on operated fo	r the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	d in
	• • • • • • • • •	omplete Part II.)						
			nental unit described in					. In described in
			ntial part of its support fr	om a gove	ernmental i	unit or from t	ne general p	
		omplete Part II.)	(1)(A)(vi). (Complete Parl	· II)				
9 🔲 An agricultur	al research org	anization described	in section 170(b)(1)(A)(i ulture (see instructions).	ix) operate				
	on that normal	ly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	is, membersh	nip fees, and	gross receipts from
income and u See section 11 An organizati	unrelated busin 509(a)(2). (Cor on organized a	ess taxable income nplete Part III.) ind operated exclusi	t to certain exceptions; a (less section 511 tax) fro vely to test for public sat	m busines ety. See	sses acquir	red by the org 99(a)(4).	ganization a	fter June 30, 1975.
			vely for the benefit of, to					
			d in section 509(a)(1) of supporting organization					
			upervised, or controlled					aivina
			gularly appoint or elect a					
		omplete Part IV, Se		indjointy o				FFF U
0		•	or controlled in connect	ion with its	s supporte	d organizatio	on(s), by hav	ing
			anization vested in the sa					
	-	t complete Part IV,						
	· · /		g organization operated	in connect	tion with, a	Ind functiona	Ily integrate	d with,
). You must complete F					
			orting organization oper				rted organiz	ation(s)
			ation generally must sat				d an attentiv	reness
			nplete Part IV, Sections					
			written determination from			Туре I, Туре	II, Type III	
			nally integrated supporti					· · · · · · · · · · · · · · · · · · ·
								V
g Provide the follow (i) Name of supp		about the supporte (ii) EIN	(iii) Type of organization	(iv) is the orga	anization listed	(v) Amount o	of monetary	(vi) Amount of other
organization			(described on lines 1-10 above (see instructions))	Yes	ing document?	support (see i	nstructions)	support (see instructions)
			above (see instructions)					

RESCUE	MISSION	OF	\mathbf{EL}	PASO,	INC.

	edule A (Form 990) 2022 R	ESCUE MIS	SION OF E	L PASO, II	NC.		2443 Page 2
Pa	rt II Support Schedule for	Organizations	Described in	Sections 170(b)(I)(A)(IV) and	under Part III. If the	organization
	(Complete only if you checked				n tailed to quality t	under Part III. II the	organization
	fails to qualify under the tests	listed below, pleas	se complete Part I	11.)			
See	ction A. Public Support				4 11 0004	() 0000	(A Total
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	34911122	TELES EN		1457年1月44日	10.74	
	by each person (other than a	Section States		문, 도 가수, Kei	nd Assetting	ni les 2 ai	
	governmental unit or publicly	PLUS Course	うみ ちょう たいち	1. 1. 65. 67. 1			
	supported organization) included		Ser Conter 1	A LEADER A	1. 1. 1. 1. 1. 1. 2		
	on line 1 that exceeds 2% of the		2-12-22.24	27.04.700.00	Contraction of the		
	amount shown on line 11,			of the schedu			
	column (f)	A CALL THE		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		1	
	Public support. Subtract line 5 from line 4.	100					
_	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·		ľ			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					-	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	(Trans. In a M		1. 1. B. S. B. S.		
12	Gross receipts from related activities,						
13	First 5 years. If the Form 990 is for the						[]
_	organization, check this box and sto						
Se	ction C. Computation of Publ						%
14	Public support percentage for 2022 (<u></u> %
15	Public support percentage from 2021	Schedule A, Part	II, line 14				
16a	a 33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line	14 15 33 1/3% 011	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	1	d line 15 is 00 1/00		nis box
ł	o 33 1/3% support test - 2021. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check u	
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation	- 10 102 105	and line 14 is 100/	or more
17a	a 10% -facts-and-circumstances test	t - 2022. If the org	ganization did not	CNECK a box on lin	e 13, 16a, or 16b,		or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pi	ublicly supported o	organization	17a. and line 15 is	
ł	o 10% -facts-and-circumstances test	t - 2021. If the org	ganization did not	Check a box on lin	ie 13, 16a, 16b, or	in Part VI how the	1070 01
	more, and if the organization meets t						
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	nzation	

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

Schedule A (Form 990) 2022

232022 12-09-22

RESCUE MISSION OF EL PASO, INC.

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

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

Section A. Public Support (e) 2022 (f) Total (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 1 Gifts, grants, contributions, and membership fees received. (Do not 1863859. 9718360. 1718962. 2148107. 2294054. 1693378. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 168,044. 951.353. 190,769. 227,164. 173,494. 191,882. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 2338876. 2031903.10669713. 1946126. 2467548 1885260. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0 amount on line 13 for the year 0. c Add lines 7a and 7b 10669713. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support (f) Total (e) 2022 (c) 2020 (d) 2021 (a) 2018 (b) 2019 Calendar year (or fiscal year beginning in) 2031903.10669713. 2338876 2467548. 1885260. 1946126. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 576,577. 48,987. 76,554. 119,344. 296,011. 35,681. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 296,011. 576,577. 76,554. 119,344. 35,681. 48,987. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 54,573. 90,593. 9,377. 57,543. 12,152. -43,052. assets (Explain in Part VI.) 2382487.11336883. 2460177. 1946399. 2032057. 2515763. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 94.12 % 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 90.86 % 16 Public support percentage from 2021 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 5.09 % 17 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 2.91 % 18 18 Investment income percentage from 2021 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2022 232023 12-09-22 15

17140511 759114 106376

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За

Зb

3c

4a

4b

4c

5a

5b

5c

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9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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232024 12-09-22

Schedule A (Form 990) 2022

Sche	hedule A (Form 990) 2022 RESCUE MISSION OF EL PASO, INC.	/4-606244	3 P	age 5
Pa	art IV Supporting Organizations (continued)			
			Yes	No
11		100		$\sim R$
а	a A person who directly or indirectly controls, either alone or together with persons described on lines	11b and	1.1.1	-
	11c below, the governing body of a supported organization?	<u>11a</u>		<u> </u>
b	b A family member of a person described on line 11a above?	11b		
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or	r 11c. provide		15.61
	detail in Part VI.	11c		
Sec	ection B. Type I Supporting Organizations			
			Yes	No
52		membership of one or		

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	te y ce
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1.11
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	1.1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	5.8

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting or controlled the supporting organization

Section C.	Type II	Supporting	Organizations	
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Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

36	ction D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		24
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes." <i>describe in</i> Part VI <i>the role the organization</i> 's			

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

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

	The organization supported a		

- Activities Test. Answer lines 2a and 2b below. 2
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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<u>3b</u> Schedule A (Form 990) 2022

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2a

2b

3a

Yes

No

Yes No

RESCUE MISSION OF EL PASO, INC.

	Schedule A	(Form	990)	2022
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RESCUE MISSION OF EL PASO, INC.

	All other Type III non-functionally integrated supporting organizations must	complete S	Sections A through E.	Part VI). See instructio
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	1124		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	toi Sai		192
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5		5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount	1		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	Substitutes was the	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	105		
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

232026 12-09-22

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

INC.

RESCUE MISSION OF EL PASO,

9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10		
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason- able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022			1.0	
а	From 2017			1.21	
b	From 2018				
c	From 2019			1.0.1	
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e		S. 19 11 11 11 11 11 11 11 11 11 11 11 11	1.151	
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount			1	
i	Carryover from 2017 not applied (see instructions)				
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			2.01	1990 - 24 1990 - 24 1990 - 24 1990 - 24 1990 - 24 1990 - 24 1990 - 24 1990 - 24 1990 - 24 1990 - 24 1990 - 24 1
4	Distributions for 2022 from Section D,				
	line 7: \$			QQ 5.,	
а	Applied to underdistributions of prior years			_	Station Market 1
b	Applied to 2022 distributable amount				and the second
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:		YEAR HERE U		
а	Excess from 2018			1132	
b	Excess from 2019			12.	
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022		2-11-11-12		
				Sc	hedule A (Form 990) 2022

Schee Part V

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	(Form 990)									PASO			
tV	Type III	Non-	Function	nally I	nteg	rated	509(a)	(3) S	uppo	orting C	Drgani	izations	s (continued)

Sebedulo A	(Form 990) 2022	RESCUE	MISSION	OF	EL I	PASO.	INC.		74-6	5062443	Page 8
Part VI	Supplemental Info	rmation. Pro	vide the explan	ations re	auired	by Part II.	line 10: Part II	, line 17a or	17b; Par	t III, line 12;	
	Part IV, Section A, lines line 1; Part IV, Section D	lines 2 and 3	Part IV Section	F lines	1c 2a	. 2b. 3a. ai	nd 3b: Part V. I	ine 1: Part V	. Section	i B, line 1e; Pa	art V,
	Section D, lines 5, 6, and	8; and Part V,	Section E, lines	2, 5, an	d 6. Al	so comple	te this part for	any addition	al inform	ation.	
	(See instructions.)										
					The second s						
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											_
											_
					_						
							_				
32028 12-09-2	22								Sche	dule A (Form	990) 202

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

INC

OMB No. 1545-0047

2022

Employer identification number

TAGI 110	U	uio	orgai	inzation	

74-6062443

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

RESCUE MISSION OF EL PASO,

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., 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).

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

RESCUE	MISSION	OF	\mathbf{EL}	PASO,	INC.
Part I	Contributor	S (see	e instru	uctions). Use	e duplicat

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Part	Contributors (see instructions). Use duplicate copies of Part 1 if a	additional space is needed.	
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Payroll Payroll 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) (2022

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74-6062443

RESCUE	E MISSION OF EL PASO, INC.		74-6062443
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2022)

Name of organization

223453 11-15-22

17140511 759114 106376

Schedule B (Form 990) (2022)

Page 3 Employer identification number

23 2022.05090 RESCUE MISSION OF EL PASO 106376_1

\$

Schedule E	B (Form 990) (2022)			Page 4				
Name of or	rganization			Employer identification number				
		10		74-6062443				
RESCUE Part III	E MISSION OF EL PASO, IN Exclusively religious, charitable, etc., contribution	 IC . ons to organizations described in sec 	tion 501(c)(7), (8), or (10) t	hat total more than \$1,000 for the year				
1 are m	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious.	through (e) and the following line entry	V. For organizations					
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	pace is needed.	SS for the year, (Enter this into					
(a) No.			(d) Des	cription of how gift is held				
from Part I	(b) Purpose of gift	(c) Use of gift	(u) Des					
ŀ		(e) Transfer of gift						
	Transferee's name, address, and	nd ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No.			(d) Dog	cription of how gift is held				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des					
f	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee				
				······				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Part I								
		3						
Γ		(e) Transfer of gift						
			5 1 11 11 11 11	to the second second				
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of th	ansferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Part I								
ſ		(e) Transfer of gift						
			Deletionship of th	anofaror to transforce				
ł	Transferee's name, address, a	na 21P + 4	Relationship of th	ansferor to transferee				
	1 							

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223454 11-15-22

Schedule B (Form 990) (2022)

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SCHEDULE D	SC	HED	UL	ED
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(Form	990)
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Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Inspection Employer identification number

OMB No. 1545-0047

Open to Public

Nam	e of the organization RESCUE MISSION OF]		IC.	74-6062443
Par		d Funds or Othe	r Similar Funds	
rai	organization answered "Yes" on Form 990, Part IV, lin			
	organization answered Tes on Form 550, Farry, in	(a) Donor ac	vised funds	(b) Funds and other accounts
	The law scheme description of the second	(a) Bonor ac		
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		a hald in departadui	eed funde
5	Did the organization inform all donors and donor advisors in v			
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a	ovisors in writing that	t grant lunus can be	
	for charitable purposes and not for the benefit of the donor o			
Par	t II Conservation Easements. Complete if the org			
				Tartiv, more
1	Purpose(s) of conservation easements held by the organization			of a historically important land area
	Preservation of land for public use (for example, recrea	mon or education)		of a certified historic structure
	Protection of natural habitat			
-	Complete lines 2a through 2d if the organization held a qualif	fied conservation cor	tribution in the form	of a conservation easement on the last
2	day of the tax year.	ned conservation cor		Held at the End of the Tax Year
				2a
a	Total number of conservation easements Total acreage restricted by conservation easements			
D	Number of conservation easements on a certified historic structure			
c	Number of conservation easements included in (c) acquired a			
d		arter 001y 25,2000, u		2d
2	Number of conservation easements modified, transferred, rel	leased extinguished	or terminated by th	
3		icasca, oxinguionoa	or commuted by m	
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		pection, handling of	
J	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing cor	nservation easements during the year
-		-		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conserv	ation easements during the year
	1			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirer	nents of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its r	evenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organizat	on's financial staten	nents that describes the
	organization's accounting for conservation easements.			And the Andrews
Pa	t III Organizations Maintaining Collections of		reasures, or C	Aner Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for put			
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	c exhibition, educatio	n, or research in fur	therance of public service,
	provide the following amounts relating to these items:			*
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical tre			ial gain, provide
	the following amounts required to be reported under FASB A			¢
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2022

232051 09-01-22

Sche	dule D (Form 990) 2022 RESCUE	MISSION OF	EL F	PASO,	INC.				52443		iqe 2
Par	t III Organizations Maintaining C								(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following that	make sigr	nificant us	e of its			
	collection items (check all that apply):										
а	Public exhibition	d			change progra						
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co							in Part 2	XIII.		
5	During the year, did the organization solicit o							-			1
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organ	ization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	<u></u>	ete if the	organizatio	on answered "	Yes" on F	orm 990, I	Part IV, I	ne 9, or		
-	reported an amount on Form 990, Pa			a at site with a set	a ar athar asa	ata not inc	ludod		_		
1a	Is the organization an agent, trustee, custodi								Yes		No
	on Form 990, Part X?				·····		*****	5555] tes		
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:					Amount		
							10		7		
c	Beginning balance						1d				
a	Additions during the year						1e				
e	Distributions during the year Ending balance						1f				
f 2a	Did the organization include an amount on F								Yes	[No
	If "Yes," explain the arrangement in Part XIII.]
Par											
COLORA		(a) Current year		rior year	(c) Two year		i) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
c		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held a	nd administer	ed for the			ĩ	Yes	No
	organization by:								3a(i)		
	(i) Unrelated organizations								3a(ii)		
	(ii) Related organizations								3b		
d	Describe in Part XIII the intended uses of the							******			
Pa	t VI Land, Buildings, and Equipm		WINGIN I	unus.							-
1 4	Complete if the organization answere). Part IV	, line 11a. S	See Form 990,	Part X, lir	ne 10.				
-	Description of property	(a) Cost or c			t or other		cumulated		(d) Boo	k valu	e
	Description of property	basis (investr			(other)	• •	eciation		. ,		
19	Land				74,905.	e Kuenk	11211		1,674	4,9	05.
	Buildings	200 C			39,377.	1,6	14,68		9,12		
	Leasehold improvements	5252								_	
	Equipment			22	27,582.		20,00	2.	20	7,5	80.
	Other	· · · · · · · · · · · · · · · · · · ·		24							
-	. Add lines 1a through 1e. (Column (d) must e		X. colum	nn (B), line :	10c.)			1	1,00	7,1	82.
							C	chodule	D /Forn	0001	2022

Schedule D (Form 990) 20

232052 09-01-22

(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) ANNUITIES	275,588.	END-OF-YEAR MARKET	
(B) EQUITY SECURITIES	2,255,354.	END-OF-YEAR MARKET	
(C) MUTUAL FUNDS	324,491.	END-OF-YEAR MARKET	
(D) OTHER ASSETS	131,045.	END-OF-YEAR MARKET	VALUE
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,986,478.	and the second sec	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)	14. ¹		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			6,863.
(2) ACCRUED EXPENSES			26,259.
(3) BANK OVERDRAFTS			16,346.
(4) FUNDS HELD FOR OTHERS			23,828.
(5) SECURITY DEPOSIT			5,600.
(6)			
(7)			
(8)			
(9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		78,896.
 Liability for uncertain tax positions. In Part XIII, provide t 	the text of the footnote to t	the organization's financial statements t	
E Elability for anoonally tax positions. In Farryin, provide i			

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

(b) Book value

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)

(c) Method of valuation: Cost or end-of-year market value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 RESCUE MISSION OF EL PASO,	INC.	74-6062443 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue pe	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Б. Я.	10 B
а	Net unrealized gains (losses) on investments	2a	1946
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1031
е	Add lines 2a through 2d		2e
З	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	r 31	1. 172
а	Investment expenses not included on Form 990, Part VIII, line 7b		2
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ints With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	r as	17 AST
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	10.210
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	,,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		6.172
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	the states of th
b	Other (Describe in Part XIII.)	4b	- Alama
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5
Pa	rt XIII Supplemental Information.		

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

Schedule D (Form 990) 2022

232054 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctivities	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.						2022	
Department of the Treasury							Open to Public	
Internal Revenue Service		www.irs.gov/Form990 for instruc	tions	and th	ne latest information	n.	Inspection	
Name of the organization		MISSION OF EL PASO	, IN	īC.		24-6062	entification number 2443	
the second se		Complete if the organization answe			n Form 990, Part IV, I	ine 17. Form 990-E	Z filers are not	
 Indicate whether the a Ail Solicitat Mail solicitat Internet and Phone solicit In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the following e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with pr iduals or entities (fundraisers) pursue	tion of tion of fundra (includ	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?	tees, or		
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	aiser Jstody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
			·					
•								
· · · · · · · · · · · · · · · · · · ·								
							·	
					-			
Total 3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	contrib	utions	or has been notified	l it is exempt from r	egistration	
•								
			_					
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z.	Schedu	le G (Form 990) 2022	

232081 10-27-22

Schedule G (Form 990) 20

RESCUE MISSION OF EL PASO, INC.

74-6062443 Page 2

Part II	Fundraising Events.	Complete if the organiza	tion answered "Yes"	on Form 990, P	art IV, line 18, c	or reported more than	\$15,000
	of fundraising event contri	butions and arose income	on Form 990-E7 lin	es 1 and 6b Lis	t events with ar	ross receipts greater t	han \$5.000.

		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1 NEWSPAPER INSERTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	12,685.			12,685.
	2	Less: Contributions				
	-					
_	3	Gross income (line 1 minus line 2)	12,685.			12,685.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
Д	8	Entertainment				
	9	Other direct expenses				
	10					12,685.
Pa		Net income summary. Subtract line 10 from I II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
-	1	Gross revenue				
s	2	Cash prizes				
esu						
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No

Schedule G (Form 990) 2022

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232082 10-27-22

Schedule G (Form 990) 2022	RESCUE MISSION	OF EL PAS	O, INC.	74-6062443 Page 3
11 Does the organization conduct ga				Yes No
12 Is the organization a grantor, bene				
to administer charitable gaming?				Yes No
13 Indicate the percentage of gaming				
a The organization's facility				13a%
b An outside facility				Disaster i
14 Enter the name and address of th	e person who prepares the ord	anization's gaming	/special events books and rec	ords:
Name				
**				
Address				
15a Does the organization have a con	tract with a third party from wh	nom the organizatio	n receives gaming revenue?	YesNo
b If "Yes," enter the amount of gam	ing revenue received by the or	ganization \$	and the	amount
of gaming revenue retained by the	e third party \$			
c If "Yes," enter name and address	of the third party:			
Name				
Address				
16 Gaming manager information:				
Name				
Gaming manager compensation	\$			
Description of services provided				
		Independent c	antractor	
Director/officer		independent c	Unitacion	
17 Mandatory distributions:				
a is the organization required under	r state law to make charitable (distributions from th	e gaming proceeds to	
retain the state gaming license?	State law to make chamable t		ie gaming proceeds to	Yes No
b Enter the amount of distributions	roquired under state law to be	distributed to othe	r exempt organizations or spe	nt in the
organization's own exempt activit		distributed to othe	oxompt organizations of spo	
Part IV Supplemental Infor	mation. Provide the explana	ations required by F	art I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
	applicable. Also provide any a			
232083 10-27-22		31		Schedule G (Form 990) 2022

Schedule G	(Form 990
The NUT	O

Part IV Supplemental Information (continued)	
	Schedule G (Form 990

232084 04-01-22

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

74-6062443

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

Department of the Treasury Internal Revenue Service

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Attach to Form 990.	

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

Name of the organization

T.

RESCUE MISSION OF EL PASO, INC.

Pa	TI Types of Property		(14)	(0)		(d)		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		determinin		
1	Art - Works of art							
2	Art - Historical treasures					_	_	
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X			ESTIMATED			
6	Cars and other vehicles	X			ESTIMATED	COSTS		
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded						_	
10	Securities · Closely held stock						_	
11	Securities · Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures				· · · · · · · · · · · · · · · · · · ·			
14	Qualified conservation contribution - Other				·			
15	Real estate · Residential							
16	Real estate - Commercial						_	
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X			ESTIMATED	COSTS		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (MISC)		0	0.	ESTIMATED	COSTS		_
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82							
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ontribution, and wh	ich isn't required to be used	for			-3-
	exempt purposes for the entire holding period					30a		X
b	If "Yes," describe the arrangement in Part II.						211	
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	31		Х
	Does the organization hire or use third parties							
	contributions?					32a		X
b	If "Yes," describe in Part II.	COLUMN TOTAL	e	namo de della		1.50	100	
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	y for which column (a) is che	cked,			
	describe in Part II.							1
LHA		the Instruc	tions for Form 99	0.	Schedu	le M (Form	990)	2022

232141 09-09-22

Schedule M	(Form 990) 2022	RESCUE	MISSION	OF	EL	PASO,	INC.	74-6062443	Page 2
Part II	Supplementa is reporting in Par this part for any a	I Information t I, column (b),	n. Provide the the number of o	inforr contrit	mation outions	required by s, the numb	Part I, line er of items	es 30b, 32b, and 33, and whether the organi: received, or a combination of both. Also cor	ation nplete
32142 09-09-2	2							Schedule M (For	m 990) 202

SCHEDULE O

(Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 2022 Open to Public Inspection

Employer identification number

74-6062443

Department of the Treasury Internal Revenue Service Name of the organization

RESCUE MISSION OF EL PASO, INC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VOCATIONAL TRAINING AND PLACEMENT.

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

THE GOVERNING BODY IS GIVEN A COPY OF THE 990 PRIOR TO THIS FILING.

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

THE GOVERNING BODY MEETS ONCE A MONTH. BOARD MEMBERS ARE REQUIRED TO

DISCLOSE ALL TRANSACTIONS WITH THE CORPORATION WHICH AFFECT THEM OR A

FAMILY MEMBER IN ANY WAY, INCLUDING TRANSACTIONS WITH A BUSINESS IN WHICH

THE BOARD MEMBER HAS AN INTEREST.

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

DATA FOR COMPARABLE SALARIES FOR KEY PERSONNEL HAS BEEN COMPILED BY THE

ASSOCIATION OF GOSPEL RESCUE MISSIONS FOR OTHER RESCUE MISSIONS WITH A

COMPARABLE BUDGET. THAT DATA IS MADE AVAILABLE TO THE GOVERNING BODY.

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

COPIES ARE MAINTAINED IN THE CORPORATION'S FINANCIAL OFFICE AND DISTRIBUTED

FREE OF CHARGE TO ANYONE WHO ASKS FOR A COPY. 990 CAN ALSO BE FOUND OF THE

ORGANIZATION'S WEBSITE

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

SCHEDU	LE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number 74-6062443

Name of the organization

RESCUE MISSION OF EL PASO, INC.

Part Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HALLELUJAH! BBQ LLC - 81-4661487	OFFERS RESIDENTS TRAINING				
209 NORTH LEE STREET	AND EMPLOYMENT IN THE FOOD				
EL PASO, TX 79901	SERVICE FIELD	TEXAS			
	-				
	-				
	-				
Identification of Deleted Tex Events Organiza	tions. Complete if the organization or	owered "Vee" on Form 000 Ba	rt IV line 34 becaus	se it had one or more	related tax-evernpt

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity			(d) (e) Exempt Code Public charity section status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled iity?
			501(c)(3))	501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 RESCUE MISSION OF EL PASO, INC.

74-6062443 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

							-			-	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	ר)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity entity entity verticed, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets verticed ver		entity Predominant income Share of total Share of (related, unrelated, income end-of-year allocated)		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o managing partner?	Percentage ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	l
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Part IV

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(cont	(i) ction (b)(13) trolled tity?
		country)						Yes	No
							-	<u> </u>	<u> </u>
									-

Schedule R (Form 990) 2022 RESCUE MISSION OF EL PASO, INC.

Part V	Transactions With Related Org	ganizations. Corr	nplete if the organization	answered "Yes" on Form	990, Part IV, line 34, 35b, or 36.
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Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
С	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
е	Loans or loan guarantees by related organization(s)	1e		
		高大	1	
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	11		
j	Lease of facilities, equipment, or other assets to related organization(s)	-1j		
		1.		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
0	Sharing of paid employees with related organization(s)	10		
		1.1	kine.	1234
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
			1	12254
r	Other transfer of cash or property to related organization(s)	1r		
S	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
_(4)			
(5)			
_(6)			

Schedule R (Form 990) 2022 RESCUE MISSION OF EL PASO, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under	(e Are partner 501(c org: Yes) all s sec.)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(I Dispr tion alloca Yes	n) ropor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes) ging ier? NO	(k) Percentage ownership

Schedule R (Form 990) 2022

Schedule R	(Form 990) 2022	RESCUE	MISSION	OF EL	PASO,	INC.	74-6062443	Page 5
Part VI	Supplemental Infor	mation			and the second second			
		mation		o on Cohod	ule D. Coo in	actructions		
-	Provide additional informa	ation for respor	ises to question	s on Scheu	ule H. See II	Istructions.		
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