# Form 990

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

| Α                         | Fort         | he 2023 calen   | dar year, or tax year beg  | inning               | , 20                                    | 23, and endin      | g                          | , 20                  |                     |                              |  |  |
|---------------------------|--------------|---|--|----------------------|---|--------------------|----------------------------|-----------------------|---------------------|------------------------------|--|--|
| В                         | Check        | if applicable:  | С  |                      |   |                    |                            | D Employ              | er ident            | ification number             |  |  |
|                           |              | ddress change   | Rescue Ministri  | es of Mić            | l-Michigan                              |                    |                            | 38-                   | 1368                | 362                          |  |  |
|                           |              | lame change   | PO Box 548   |                      |   |                    | ŀ                          | E Telepho             |                     |                              |  |  |
|                           |              | nitial return   | Saginaw, MI 486  | 06                   |   |                    |                            | ,                     |                     |                              |  |  |
|                           |              |   | ,  |                      |   |                    | ŀ                          | 989                   | 152                 | -6051                        |  |  |
|                           | Н            | inat return/terminated  |  |                      |   |                    | 1                          | _                     |                     |                              |  |  |
|                           | $\vdash$     | mended return   |  |                      |   |                    |                            | <b>G</b> Gross r      |                     | , , ,                        |  |  |
|                           | ∐△           | pplication pending  | F Name and address of princi   | pal officer;         |   |                    | H(a) Is this a             | -                     |                     |                              |  |  |
|                           |              |   | Same As C Above  | !                    |   |                    | H(b) Are all s<br>if "No," | subordinates          | included<br>See ins | d? Yes No                    |  |  |
| 1                         | Tax          | -exempt status:   | X 501(c)(3) 501(c) (   | ( ) (ir              | isert no.) 4947(a)(1                    | or 527             | ,, (10)                    | andon b not           | , 000 1113          | iii dogona,                  |  |  |
| J                         | We           | bsite: ww   | w.rescuemidmich  | igan.org             |   |                    | H(c) Group e               | xemption nu           | ımber               |                              |  |  |
| K                         | For          | n of organization:  | X Corporation Trust  | Association          | Other                                   | L Year of formati  |                            |                       |                     | egal domicile: MI            |  |  |
| Pa                        | rt I         | Summar  |  |                      |   |                    | ··· 1703                   | 1 100                 |                     | egui dominio. P12            |  |  |
| 1.500                     | 1            | Briefly descri  | be the organization's mis  | sion or most s       | ionificant activities F                 | vnressin           | r Codia                    | 10110                 | hu                  | roaching out                 |  |  |
|                           |              | to the h  | urting and home  | less of t            | ha Grast Iska                           | voressiin          | don by                     | 1006                  | Dy                  | r cholton and                |  |  |
| ည                         |              | care pr   | oclaiming the G  | osnal of             | Christ and a                            | s bay Key          | TOTI DA                    | Provi                 | TOT III             | 1 prefret que                |  |  |
| 2                         | 1            | disadvan  | taged people.  | ozber or             | cmrisc' and e                           | 3. COD T T 2 11 T  | ing Citt                   | rariai                | i ar                | scibies amond                |  |  |
| ke.                       | 2            | Check this bo   |  | ion discontinu       | ed its operations or d                  | icposed of me      | ro than 25                 | 0/ of ita             |                     |                              |  |  |
| Ĝ                         | 3            |   | oting members of the gov   | ernina body (F       | Part VI line 1a\                        | isposed of file    | ire man zo                 | 176 UI 115            | <b>3</b>            |                              |  |  |
| ∞ರ                        | 4            | Number of in  | dependent voting member  | ers of the gave      | rning body (Part VI.                    | ine 1b)            |                            |                       | 4                   | 12<br>12                     |  |  |
| Activities & Governance   | 5            | Total number  | of individuals employed  | in calendar ve       | ar 2023 (Part V. line                   | 2a)                |                            |                       | 5                   | 84                           |  |  |
| ₹                         | 6            | Total number  | of volunteers (estimate  | if necessary).       |   |                    |                            |                       | 6                   | 200                          |  |  |
| इ                         | 7a           | Total unrelate  | ed business revenue from   | n Part VIII. coli    | umn (C), line 12                        |                    |                            |                       | 7a                  | 0.                           |  |  |
| _                         |              | Net unrelated   | l business taxable incom   | e from Form 9        | 90-T. Part I. line 11                   |                    |                            |                       | 7b                  | 0.                           |  |  |
|                           | <b></b>      |   |  |                      |   |                    | ····                       | ior Year              | 7 10                | Current Year                 |  |  |
|                           | 8            | Contributions   | and grants (Part VIII, lin   | e 1h)                |   |                    |                            | , 605, 7              | 57                  | 6,302,819.                   |  |  |
| Revenue                   | 9            |   | rice revenue (Part VIII, lir   |                      |   |                    |                            | 3,6                   |                     | 700.                         |  |  |
| ë                         | 10           |   | come (Part VIII, column  |                      |   |                    |                            | -63,4                 |                     | 80,526.                      |  |  |
| Ë                         | 11           |   | e (Part VIII, column (A),  |                      |   |                    |                            | $\frac{-63,4}{612,7}$ |                     | 661,341.                     |  |  |
|                           | 12           | Total revenue   | e - add lines 8 through 1  | 1 (must equal        | Part VIII. column (A)                   | line 12)           |                            | $\frac{612,7}{158,6}$ |                     |                              |  |  |
|                           | 13           |   | milar amounts paid (Parl   |                      |   |                    |                            | 130,0                 | 00.                 | 7,045,386.                   |  |  |
|                           | 14           |   |  |                      |   |                    |                            |                       |                     |                              |  |  |
|                           |              |   | enefits paid to or for members (Part IX, column (A), line 4)                     |                      |   |                    |                            |                       |                     |                              |  |  |
| ø                         | 15           |   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 |                      |   |                    |                            |                       | 64.                 | 2,804,291.                   |  |  |
| nse                       | 16a          | Professional fundraising fees (Part IX, column (A), line 11e) |  |                      |   |                    |                            |                       |                     |                              |  |  |
| Expenses                  | b            | Total fundrais  | ing expenses (Part IX, c   | olumn (D), line      | 25)                                     | 444,605.           |                            |                       |                     |                              |  |  |
| Ш                         | 17           | Other expens  | es (Part IX, column (A),   | lines 11a-11d.       |   |                    | 2                          | 709,0                 | <b>63</b>           | 3,541,060.                   |  |  |
|                           | 18           |   | es. Add lines 13-17 (must  |                      |   |                    |                            |                       |                     |                              |  |  |
|                           | 19           |   | expenses. Subtract line  |                      |   |                    |                            | 334,9                 |                     | 6,345,351.                   |  |  |
| - 6                       | 13           | Teveriue 1e33   | expenses. Junitact line  | to nontaine t        |   | ***********        | <del></del>                | 823,7                 |                     | 700,035.                     |  |  |
| 15 or                     | 20           | Total accets (  | Dort V. Dec. 16)   |                      |   |                    |                            | of Curren             |                     | End of Year                  |  |  |
| Not Assets<br>Fund Baland | 21           | Total liabilities   | Part X, line 16)   |                      | *************                           |                    |                            | 562,9                 |                     | 12,270,840.                  |  |  |
| # 2                       | 21           |   |  |                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                    |                            | 634,7                 |                     | 1,642,638.                   |  |  |
|                           |              |   | fund balances. Subtract  | line 21 from li      | ne 20                                   |                    | 9,                         | 928,1                 | 67.                 | 10,628,202.                  |  |  |
| Pa                        | rt II        | Signatur  | e Block  |                      |   |                    |                            |                       |                     | ···········                  |  |  |
| Unde                      | r penal      | ties of perjury, I de   | clare that I have examined this re<br>ren (other than officer) is based or       | turn, including acco | ompanying schedules and st              | atements, and to t | ne best of my              | knowledge :           | and belie           | of, it is true, correct, and |  |  |
| comp                      | nete. D      | eciaration of prepar  | ren (other than officer) is based of   | n all information of | which preparer has any kno              | wiedge.            |                            |                       |                     |                              |  |  |
|                           |              | <i>6</i>  | Jan // lan   |                      |   |                    | İ                          | JULY                  | 18                  | 2024                         |  |  |
| Sig<br>He                 | n            | Signature of o  | officer 1  |                      |   |                    | Date                       | (                     |                     |                              |  |  |
| He                        | re           | Dan St  | reeter   |                      |   | CI                 | EO                         |                       |                     |                              |  |  |
|                           |              |   | name and title   |                      |   | <u></u>            | <del></del>                |                       |                     |                              |  |  |
|                           |              | Print/Type pa   | reparer's name   | Preparer's signa     | ature                                   | Date               |                            | Check                 | if I                | PTIN                         |  |  |
| Pai                       | d            | Robert  | Klaczkiewicz   | Robert 1             | Klaczkiewicz                            |                    | - 1                        | <u> </u>              | J" [                |                              |  |  |
|                           | u<br>:pare   |   |  |                      | *************************************** |                    | -   5                      | elf-employe           | <u> </u>            | 201501312                    |  |  |
|                           | pare<br>e On | Is a 1  | AMMP Busines   |                      | ··········                              |                    |                            |                       |                     |                              |  |  |
| U JI                      | . VII        | Y Firm's addre  |  |                      | -                                       | •                  | F                          | irm's EIN             |                     | 4072318                      |  |  |
| 1 /                       |              |   | Freeland, MI   |                      |   |                    | F                          | hone no.              | 989-                | 225-1083                     |  |  |
| May                       | the l        | RS discuss thi  | s return with the prepare  | r shown above        | ? See instructions                      |                    |                            |                       |                     | X Yes No                     |  |  |

| 4c | (Code:       | ) (Expenses \$          |                 | including grants of | \$\$ | ) (Revenue | \$\$ | )             |
|----|--------------|-------------------------|-----------------|---------------------|------|------------|------|---------------|
|    |              |                         |                 |                     | -    |            | <br> | · – – – – – - |
|    |              |                         |                 |                     |      |            | <br> |               |
|    |              |                         |                 |                     |      |            | <br> |               |
|    |              |                         |                 |                     |      |            |      |               |
|    |              |                         |                 |                     |      |            |      |               |
|    |              |                         |                 |                     |      |            |      |               |
| 4d | Other progra | am services (Describe d | on Schedule O.) | •                   |      | _          |      |               |
|    | (Evnanças    | ¢                       | including grant | s of S              | ) (  | Pavanua Š  |      | )             |

5,455,880.

4e Total program service expenses

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1   | Χ   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2   |     | Χ  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |     | Х  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4   |     | Х  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5   |     | Х  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |     | 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? <i>If "Yes," complete Schedule D, Part II.</i>   | 7   |     | Х  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>  | 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 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, as applicable.   |     |     |    |
| 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 | Х   |    |
| b   | Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  | 11b |     | Х  |
| С   | Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  | 11c |     | Х  |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | Х  |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |     | Χ  |
| 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)? <i>If "Yes," complete Schedule D, Part X</i>  | 11f |     | Х  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.  | 12a |     | Х  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |     | Х  |
| 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 |     | Х  |
|     | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b |     | Х  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>   | 15  |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>   | 16  |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.  | 17  |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.  | 18  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.  | 19  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   | 20a |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |     |    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  |     | Х  |

# Form 990 (2023) Rescue Ministries of Mid-Michigan Part IV Checklist of Required Schedules (continued)

|       |   |     | Yes | No   |
|-------|---|-----|-----|------|
| 22    | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.  | 22  |     | Х    |
| 23    | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>   | 23  |     | Х    |
| 24a   | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.   | 24a |     | Х    |
| b     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |      |
|       | 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 |     |      |
| 25a   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.   | 25a |     | X    |
| b     | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 25b |     | Х    |
|       | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26  |     | Х    |
| 27    | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. | 27  |     | Х    |
|       | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).   |     |     |      |
| а     | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV   | 28a |     | Χ    |
| b     | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b |     | X    |
| С     | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.   | 28c |     | Х    |
| 29    | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M   | 29  | X   |      |
| 30    | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>  | 30  |     | Х    |
| 31    | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | X    |
| 32    | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>   | 32  |     | Х    |
| 33    | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>  | 33  |     | Х    |
| 34    | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.   | 34  |     | X    |
| 35a   | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | X    |
| b     | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b |     |      |
| 36    | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36  |     | Х    |
| 37    | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>   | 37  |     | Х    |
|       | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.  | 38  | Х   |      |
| Par   | 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  |     | 162 | 140  |
|       | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable   |     |     |      |
| С     | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |     | 77  |      |
| D A A | (gambling) winnings to prize winners?   | 1c  | X   |      |

Form 990 (2023) Rescue Ministries of Mid-Michigan

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

|     |  |            | res | NO   |
|-----|--|------------|-----|------|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 84  |            |     |      |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b         | Χ   |      |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         |     | Χ    |
|     | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule 0.</i>  | 3b         |     |      |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a         |     | Х    |
| b   | If "Yes," enter the name of the foreign country  |            |     |      |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |     |      |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |     | X    |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |     | X    |
| С   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5с         |     |      |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 6a         |     | Х    |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b         |     |      |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |            |     |      |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a         |     | X    |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |     |      |
|     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c         |     | Х    |
|     | If "Yes," indicate the number of Forms 8282 filed during the year  |            |     |      |
|     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |     | X    |
|     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |     | X    |
| Ĭ   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7</b> g |     |      |
|     | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h         |     |      |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8          |     |      |
| 9   | Sponsoring organizations maintaining donor advised funds.  | ٥          |     |      |
|     | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |     |      |
|     | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         |     |      |
|     | Section 501(c)(7) organizations. Enter:  | 35         |     |      |
|     | Initiation fees and capital contributions included on Part VIII, line 12   |            |     |      |
|     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |            |     |      |
| 11  | Section 501(c)(12) organizations. Enter:   |            |     |      |
| а   | Gross income from members or shareholders  |            |     |      |
| b   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  |            |     |      |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a        |     |      |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |            |     |      |
|     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |     |      |
| а   | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |     |      |
|     | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   |            |     |      |
|     | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |            |     |      |
|     | Enter the amount of reserves on hand   |            |     | .,,  |
|     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |     | X    |
|     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b        |     |      |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   | 15         |     | Х    |
| 10  | If "Yes," see the instructions and file Form 4720, Schedule N.   | 16         |     | X    |
|     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.   | 16         |     | Λ    |
| 17  | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would  | 17         | Ţ   |      |
|     | result in the imposition of an excise tax under section 4951, 4952, or 4953?   | 17         |     |      |
|     | TEF 4010FL 00102102  |            |     | 0000 |

Form 990 (2023) Rescue Ministries of Mid-Michigan 38-1368362 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . . . 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent. . . . 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... Χ 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. See . Schedule. . O. . . . . . . 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain on Schedule O) See Sch. O Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

Angela Gwizdala PO Box 548 Saginaw MI 48606 989 752-6051

# 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.

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

|                       |   |      | (C)            |       |              |  |    |   |  |  |
|-----------------------|---|------|----------------|-------|--------------|--|----|---|--|--|
| (A)<br>Name and title | Average hours per week (list any hours for related organizations below dotted line) | box, | unles<br>er an | ss pe | more<br>rson | than both the Highest compensated employee | an | (D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) Dan Streeter      | 40  |      |                |       |              | -  |    |   |  |  |
| CEO                   | 0   |      |                |       | Х            |  |    | 91,079.   | 0.   | 0.   |
| _(2) Gary Labadie     | 0   | Х    |                |       |              |  |    | 0.  | 0.   | 0.   |
| (3) Richard Frontjes  | 0   |      |                |       |              |  |    |   |  |  |
| Director              | 0   | Х    |                |       |              |  |    | 0.  | 0.   | 0.   |
| (4) Curt Tucker       | 0   |      |                |       |              |  |    |   |  |  |
| Director              | 0   | Х    |                |       |              |  |    | 0.  | 0.   | 0.   |
| (5) Jeff Englehart    | 0   |      |                |       |              |  |    |   |  |  |
| Director              | 0   | Х    |                |       |              |  |    | 0.  | 0.   | 0.   |
| (6) Christopher Pryor | 0   |      |                |       |              |  |    |   |  | _  |
| Director              | 0   | Х    |                |       |              |  |    | 0.  | 0.   | 0.   |
| (7) Steve Hensley     | 0   |      |                |       |              |  |    |   |  |  |
| Director              | 0   | Х    |                |       |              |  |    | 0.  | 0.   | 0.   |
| (8) Ernestine Rimmer  | 0   |      |                |       |              |  |    |   |  |  |
| Director              | 0   | Χ    |                |       |              |  |    | 0.  | 0.   | 0.   |
| (9) Steven Hensley    | 0   | ]    |                |       |              |  |    |   |  |  |
| Secretary             | 0   | Х    |                |       |              |  |    | 0.  | 0.   | 0.   |
| (10) Michael Hayes    | 0   | ]    |                |       |              |  |    |   |  |  |
| Director              | 0   | Х    |                |       |              |  |    | 0.  | 0.   | 0.   |
| (11) Charles Lange    | 0   |      |                |       |              |  |    |   |  |  |
| President             | 0   |      |                | Χ     |              |  |    | 0.  | 0.   | 0.   |
| (12) Anthony Essex    | 0   |      |                |       |              |  |    |   |  |  |
| Vice President        | 0   |      |                | Χ     |              |  |    | 0.  | 0.   | 0.   |
| (13) Jami Kinzer      | 0   |      |                |       |              |  |    | _   | _  | _  |
| Treasurer             | 0   |      |                | Χ     |              |  |    | 0.  | 0.   | 0.   |
|                       |   |      |                |       |              |  |    |   |  |  |
|                       |   |      |                |       |              |  |    |   |  |  |

|   |                                   |                                   |                       | (            | C)           |                                 |        |  |  |                |                                   |
|---|-----------------------------------|-----------------------------------|-----------------------|--------------|--------------|---------------------------------|--------|--|--|----------------|-----------------------------------|
| (A)   | (B)                               | (do ı                             | not cl                | Posi<br>neck | more         | than o                          | ne     | (D)  | <b>(E)</b>   |                | (F)                               |
| Name and title  | Average hours                     |                                   |                       | dad          |              | is both<br>or/truste            | ee)    | Reportable compensation from                     | Reportable compensation from related organizations | of c           | d amount<br>other                 |
|   | per week<br>(list any             | Indi:                             | Insti                 | Officer      | Key          | High<br>emp                     | Former | the organization<br>(W-2/1099-<br>MISC/1099-NEC) | (W-2/1099-<br>MISC/1099-NEC)                       | the orga       | ation from<br>anization<br>elated |
|   | hours for<br>related<br>organiza- | lividual<br>director              | tutic                 | cer          | emp          | nest i                          | ner    | ,  | ,  |                | zations                           |
|   | tions                             | or<br>He                          | nal t                 |              | Key employee | com                             |        |  |  |                |                                   |
|   | dotted<br>line)                   | Individual trustee<br>or director | Institutional trustee |              | й            | Highest compensated<br>employee |        |  |  |                |                                   |
|   |                                   |                                   | æ                     |              |              | ated                            |        |  |  |                |                                   |
| (15)  |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
|   |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
| (16)  |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
| (17)  |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
|   |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
| (18)  |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
|   |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
| (19)  |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
|   |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
| (20)  |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
| (21)  |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
| (21)  |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
| (22)  |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
|   |                                   | •                                 |                       |              |              |                                 |        |  |  |                |                                   |
| (23)  |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
| (0.1)   |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
| (24)  |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
| (25)  |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
|   |                                   | •                                 |                       |              |              |                                 |        |  |  |                |                                   |
| 1b Subtotal   |                                   |                                   |                       |              |              |                                 |        | 91,079.  | 0.   | 4              | 0.                                |
| c Total from continuation sheets to Part VII, Section   |                                   |                                   |                       |              |              |                                 |        | 0.   | 0.   |                | 0.                                |
| d Total (add lines 1b and 1c)   |                                   |                                   |                       |              |              |                                 |        | 91,079.  | 0.   |                | 0.                                |
| 2 Total number of individuals (including but not limited from the organization                            | to those II                       | istea                             | abo                   | ve) v        | wno          | receiv                          | /ea    | more than \$100,00                               | u of reportable com                                | pensation      |                                   |
| from the organization 0   |                                   |                                   |                       |              |              |                                 |        |  |  | 1              | res No                            |
| 3 Did the organization list any <b>former</b> officer, direc  | tor trusta                        | م ادم                             | N/ A                  | mnl          | 01/0         | a or h                          | hiak   | nest compensated                                 | employee   |                | 100                               |
| on line 1a? If "Yes, "complete Schedule J for such  | h individu                        | al                                |                       |              |              |                                 |        |  |  | 3              | X                                 |
| 4 For any individual listed on line 1a, is the sum of   | reportable                        | le co                             | mpe                   | ensa         | ation        | and                             | oth    | er compensation                                  | from   |                |                                   |
| the organization and related organizations greate such individual   |                                   |                                   |                       | If "         | Yes,         | " con                           | nple   | ete Schedule J for                               |  | . 4            | X                                 |
| 5 Did any person listed on line 1a receive or accru   | e compen                          | satio                             | n fr                  | om           | anv          | unrel                           | late   | d organization or                                | individual   |                |                                   |
| for services rendered to the organization? If "Yes  | s," comple                        | ete S                             | che                   | dule         | J fo         | or suc                          | ch p   | person   |  | 5              | X                                 |
| Section B. Independent Contractors  1 Complete this table for your five highest compen                    | satod inde                        | anan                              | don                   | t 001        | ntra         | ctorc                           | tha    | t received more th                               | 222 \$100 000 of                                   |                |                                   |
| compensation from the organization. Report compen   | sation for                        | the c                             | alen                  | dar <u>j</u> | year         | endir                           | ng v   | vith or within the or                            | ganization's tax yea                               | ır.            |                                   |
| <b>(A)</b><br>Name and business addi  | ess                               |                                   |                       |              |              |                                 |        | (B)<br>Description (                             | of services  | (C)<br>Compens | sation                            |
| BEAM Industries 4070 Tittabawassee Saginaw, MI 48604 staffing 352,069.                                    |                                   |                                   |                       |              |              |                                 |        |  |  |                |                                   |
| Serenus Johnson Construction 5178 Kasemeye  |                                   |                                   | ity                   | , M          | II 4         | 8706                            |        | construction                                     |  |                | 4,759.                            |
| Gordon Food Service 3800 Bay Road Saginaw,  |                                   | -                                 |                       |              |              |                                 |        | food & kitche                                    | n supplies   |                | 4,322.                            |
| RKD Group LLC 2701 Dallas Pkwy #650 Plano,  |                                   |                                   |                       |              |              |                                 |        | mailing and m                                    | arketing   | 25             | 9,342.                            |
| Milwaukee Director Marketing 10335 W. Oklahoma Ave, STE 101 Milwauke mailings and marketing               |                                   |                                   |                       |              |              |                                 |        |  | 13   | 4,046.         |                                   |
| 2 Total number of independent contractors (including the \$100,000 of compensation from the organization) |                                   | ited to                           | o tho                 | ose I        | ıste         | d abov                          | ve)    | who received more                                | than   |                |                                   |
|   | 5                                 |                                   |                       |              |              |                                 |        |  |  |                |                                   |

|   |                             | Check if Schedule O contains a respons  | se or note to any        | y line in this Part V       | III                                    |   |  |
|---|-----------------------------|---|--------------------------|-----------------------------|--|---|--|
|   |                             |   |                          | <b>(A)</b><br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a<br>b<br>c<br>d<br>e<br>f | All other contributions, gifts, grants, and similar amounts not included above 1f 4 | .,635,249.<br>1,667,570. |                             |  |   |  |
| E O   | g                           | Noncash contributions included in lines 1a-1f                                       | ,063,590.                |                             |  |   |  |
|   | h                           | Total. Add lines 1a-1f  | Business Code            | 6,302,819.                  |  |   |  |
| Program Service Revenue                                 | 2a                          |   | 0099                     | 700.                        | 700.                                   |   |  |
| Bey   | b                           |   |                          |                             |  |   |  |
| vice.   | C                           |   |                          |                             |  |   |  |
| n Se  | a<br>e                      |   |                          |                             |  |   |  |
| gran  | f                           | All other program service revenue   |                          |                             |  |   |  |
| P.  | g                           | Total. Add lines 2a-2f  |                          | 700.                        |  |   |  |
|   | 3                           | Investment income (including dividends, interother similar amounts)                 | est, and                 | 80,526.                     | 80,526.                                |   |  |
|   | 4                           | Income from investment of tax-exempt bo   | L                        | 00,320.                     | 00,320.                                |   |  |
|   | 5                           | Royalties   |                          |                             |  |   |  |
|   | 62                          | Gross rents 6a (i) Real   | (ii) Personal 30,713.    |                             |  |   |  |
|   |                             | Less: rental expenses 6b  | 30,713.                  |                             |  |   |  |
|   |                             | Rental income or (loss) 6c  | 30,713.                  |                             |  |   |  |
|   | d                           | Net rental income or (loss)   | (ii) Other               | 30,713.                     | 30,713.                                |   |  |
|   | 7a                          | sales of assets   | (II) Other               |                             |  |   |  |
|   | b                           | other than inventory Less: cost or other basis                                      |                          |                             |  |   |  |
|   |                             | and sales expenses 7b   |                          |                             |  |   |  |
|   |                             | Gain or (loss)  |                          |                             |  |   |  |
| <u>o</u>  |                             | Gross income from fundraising events  |                          |                             |  |   |  |
|   | - Ju                        | (not including \$   |                          |                             |  |   |  |
| Other Revenu  |                             | of contributions reported on line 1c).  See Part IV, line 18                        |                          |                             |  |   |  |
| er  | b                           | Less: direct expenses 8b  |                          |                             |  |   |  |
| ₹   | С                           | Net income or (loss) from fundraising ever  | nts                      |                             |  |   |  |
|   | 9a                          | Gross income from gaming activities. See Part IV, line 19                           |                          |                             |  |   |  |
|   | b                           | Less: direct expenses 9b  |                          |                             |  |   |  |
|   |                             | Net income or (loss) from gaming activitie  | S                        |                             |  |   |  |
|   | 10a                         | Gross sales of inventory, less returns and allowances                               |                          |                             |  |   |  |
|   |                             | returns and allowances  |                          |                             |  |   |  |
|   |                             | Net income or (loss) from sales of invento  | ry                       |                             |  |   |  |
| 2   |                             |   | Business Code            |                             |  |   |  |
| scellaneous<br>Revenue                                  | 11a<br>h                    | Special events  |                          | 342,478.                    | 342,478.                               |   |  |
| scellaneo<br>Revenue                                    | b<br>c                      | Legacies Baling Income  |                          | 275,329.<br>11,821.         | 275,329.<br>11,821.                    |   |  |
| <u> </u>  | d                           | All other revenue   |                          | 1,000.                      | 1,000.                                 |   |  |
| Σ   |                             | Total. Add lines 11a-11d  |                          | 630,628.                    |  |   |  |
|   | 12                          | <b>Total revenue.</b> See instructions  |                          | 7,045,386.                  | 742,567.                               | 0.                                      | 0.   |

Form 990 (2023) Rescue Ministries of Mid-Michigan 38
Part IX Statement of Functional Expenses

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

|             | Check if Schedule O contains a re   |                       |                                     |                                     |                                       |
|-------------|---|-----------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| Do i<br>6b, | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | <b>(B)</b> Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1           | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                     |                                     |                                       |
| 2           | Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                     |                                     |                                       |
| 3           | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                     |                                     |                                       |
| 4           | Benefits paid to or for members   |                       |                                     |                                     |                                       |
| 5           | Compensation of current officers, directors, trustees, and key employees  | 91,079.               | 0.                                  | 91,079.                             | 0.                                    |
| 6           | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 0.                    | 0.                                  | 0.                                  | 0.                                    |
| 7           | Other salaries and wages  | 2,086,074.            | 1,824,924.                          | 128,579.                            | 132,571.                              |
| 8           | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 50,826.               | 42,694.                             | 5,083.                              | 3,049.                                |
| 9           | Other employee benefits   | 417,327.              | 349,179.                            | 42,420.                             | 25,728.                               |
| 10          | Payroll taxes   | 158,985.              | 133,119.                            | 16,113.                             | 9,753.                                |
| 11          | Fees for services (nonemployees):   |                       |                                     |                                     |                                       |
| а           | Management  |                       |                                     |                                     |                                       |
| b           | Legal   | 711.                  |                                     | 711.                                |                                       |
| С           | Accounting  | 51,142.               | 43,982.                             | 3,580.                              | 3,580.                                |
| d           | Lobbying  |                       |                                     |                                     |                                       |
| е           | Professional fundraising services. See Part IV, line 17   |                       |                                     |                                     |                                       |
|             | Investment management fees  |                       |                                     |                                     |                                       |
| g           | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)   | 399,964.              | 344,225.                            | 27,514.                             | 28,225.                               |
| 12          | Advertising and promotion   | 455,243.              | 364,194.                            | 22,762.                             | 68,287.                               |
| 13          | Office expenses   | 99,014.               | 84,200.                             | 7,407.                              | 7,407.                                |
| 14          | Information technology  | 21,749.               | 17,968.                             | 973.                                | 2,808.                                |
| 15          | Royalties   |                       | =://                                | 3,3,1                               |                                       |
| 16          | Occupancy   |                       |                                     |                                     |                                       |
| 17          | Travel  |                       |                                     |                                     |                                       |
| 18          | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                     |                                     |                                       |
| 19          | Conferences, conventions, and meetings  | 42,200.               | 34,304.                             | 3,948.                              | 3,948.                                |
| 20          | Interest  | ,                     | ,                                   | ,                                   | ,                                     |
| 21          | Payments to affiliates  |                       |                                     |                                     |                                       |
| 22          | Depreciation, depletion, and amortization   | 468,385.              | 365,206.                            | 56,340.                             | 46,839.                               |
| 23          | Insurance   | 104,489.              | 94,041.                             | 5,224.                              | 5,224.                                |
| 24          | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)             |                       |                                     |                                     |                                       |
| а           | donated materials   | 1,063,590.            | 1,063,590.                          |                                     |                                       |
| b           |   | 278,173.              | 250,357.                            | 13,908.                             | 13,908.                               |
| С           | food and kitchen supplies   | 139,053.              | 139,053.                            |                                     |                                       |
| d           |   | 104,032.              | 20,807.                             | 5,202.                              | 78,023.                               |
| e           | All other expenses.   | 313,315.              | 284,037.                            | 14,023.                             | 15,255.                               |
| 25          | <b>Total functional expenses.</b> Add lines 1 through 24e   | 6,345,351.            | 5,455,880.                          | 444,866.                            | 444,605.                              |
| 26          | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720). |                       |                                     |                                     |                                       |

|                            |    | Check if Schedule O contains a response or note to   | any lin                       | e in this Part X                            |                          |          |                        |
|----------------------------|----|--|-------------------------------|---|--------------------------|----------|------------------------|
|                            |    |  |                               |   | (A)<br>Beginning of year |          | (B)<br>End of year     |
|                            | 1  | Cash — non-interest-bearing  |                               |   | 2,565,554.               | 1        | 3,009,128.             |
|                            | 2  | Savings and temporary cash investments   |                               |   |                          | 2        |                        |
|                            | 3  | Pledges and grants receivable, net   |                               |   | 4,027.                   | 3        | 1,360.                 |
|                            | 4  | Accounts receivable, net   |                               |   | 446,050.                 | 4        | 243,834.               |
|                            | 5  | Loans and other receivables from any current or form<br>trustee, key employee, creator or founder, substantial<br>controlled entity or family member of any of these pe  | er office<br>contrib<br>rsons | er, director,<br>utor, or 35%               |                          | 5        |                        |
|                            | 6  | Loans and other receivables from other disqualified p  | ersons (                      | as defined under                            |                          |          |                        |
|                            |    | section 4958(f)(1)), and persons described in section  |                               |   |                          | 6        |                        |
|                            | 7  | Notes and loans receivable, net  | ` '                           | ` / ` /                                     |                          | 7        |                        |
| Ø                          | 8  | Inventories for sale or use  |                               | L   | 600.                     | 8        | 600.                   |
| Assets                     | 9  | Prepaid expenses and deferred charges  |                               | -   | 25,869.                  | 9        | 35,572.                |
| As                         | _  |  |                               |   | 23,009.                  | 3        | 33,312.                |
|                            |    | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | 10a                           | 14,066,987.                                 |                          |          |                        |
|                            | b  | Less: accumulated depreciation   |                               | 5,107,618.                                  | 6,752,560.               | 10c      | 8,959,369.             |
|                            | 11 | Investments — publicly traded securities   |                               | -   |                          | 11       |                        |
|                            | 12 | Investments – other securities. See Part IV, line 11   |                               | -   |                          | 12       |                        |
|                            | 13 | Investments – program-related. See Part IV, line 11.   |                               |   |                          | 13       |                        |
|                            | 14 | Intangible assets  |                               | <u> </u>                                    |                          | 14       |                        |
|                            | 15 | Other assets. See Part IV, line 11   | -                             | 1,768,270.                                  | 15                       | 20,977.  |                        |
|                            | 16 | Total assets. Add lines 1 through 15 (must equal line  | 33)                           |   | 11,562,930.              | 16       | 12,270,840.            |
|                            | 17 | Accounts payable and accrued expenses  |                               | 304,763.                                    | 17                       | 332,638. |                        |
|                            | 18 | Grants payable   |                               | <u> </u>                                    |                          | 18       |                        |
|                            | 19 | Deferred revenue   |                               | _   |                          | 19       |                        |
|                            | 20 | Tax-exempt bond liabilities  |                               | _   |                          | 20       |                        |
| ë                          | 21 | Escrow or custodial account liability. Complete Part I   |                               | L   |                          | 21       |                        |
| Liabilities                | 22 | Loans and other payables to any current or former of<br>key employee, creator or founder, substantial contribu-<br>controlled entity or family member of any of these pe | utor, or 3                    | 35%   |                          | 22       |                        |
|                            | 23 | Secured mortgages and notes payable to unrelated the   |                               | <u> </u>                                    | 1,330,000.               | 23       | 1,310,000.             |
|                            | 24 | Unsecured notes and loans payable to unrelated third   | I parties                     |   | 2,000,000                | 24       | 2/020/0000             |
|                            | 25 | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com   | es to rela<br>plete Pa        | ated third parties,<br>art X of Schedule D. |                          | 25       |                        |
|                            | 26 | Total liabilities. Add lines 17 through 25   |                               |   | 1,634,763.               | 26       | 1,642,638.             |
| Ices                       |    | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  | ;                             | X   |                          |          |                        |
| ā                          | 27 | Net assets without donor restrictions  |                               |   | 9,865,725.               | 27       | 10,305,125.            |
| Ba                         | 28 | Net assets with donor restrictions   |                               |   | 62,442.                  | 28       | 323,077.               |
| nd                         |    | Organizations that do not follow FASB ASC 958, che   | ck here                       |   | •                        |          |                        |
| 丑                          |    | and complete lines 29 through 33.  |                               |   |                          |          |                        |
| Net Assets or Fund Balance | 29 | Capital stock or trust principal, or current funds   |                               |   |                          | 29       |                        |
| ets                        | 30 | Paid-in or capital surplus, or land, building, or equipm   | nent fund                     | d   |                          | 30       |                        |
| SS                         | 31 | Retained earnings, endowment, accumulated income,  | , or othe                     | r funds                                     |                          | 31       |                        |
| t A                        | 32 | Total net assets or fund balances  |                               |   | 9,928,167.               | 32       | 10,628,202.            |
| ž                          | 33 | Total liabilities and net assets/fund balances   |                               |   | 11,562,930.              | 33       | 12,270,840.            |
| RΔ                         | ^  |  | TFFA0111                      | L 08/23/23                                  | •                        | -        | Form <b>990</b> (2023) |

| Pai | rt XI Reconciliation of Net Assets   |         |      |                |        |
|-----|--|---------|------|----------------|--------|
|     | Check if Schedule O contains a response or note to any line in this Part XI.   |         |      |                |        |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)  | 1       | 7,0  | 45,3           | 386.   |
| 2   | Total expenses (must equal Part IX, column (A), line 25)   | 2       | 6,3  | 45,3           | 351.   |
| 3   | Revenue less expenses. Subtract line 2 from line 1   | 3       |      | 00,0           |        |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  | 4       | 9,9  | 28,1           | 67.    |
| 5   | Net unrealized gains (losses) on investments.  | 5       | •    |                |        |
| 6   | Donated services and use of facilities   | 6       |      |                |        |
| 7   | Investment expenses  | 7       |      |                |        |
| 8   | Prior period adjustments   | 8       |      |                |        |
| 9   | Other changes in net assets or fund balances (explain on Schedule O).  | 9       |      |                | 0.     |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,   | 10      | 10.0 |                |        |
| Day | column (B))  | 10      | 10,6 | 28,2           | 202.   |
| Pai | rt XII Financial Statements and Reporting  |         |      |                | _      |
|     | Check if Schedule O contains a response or note to any line in this Part XII   |         |      |                |        |
|     |  |         |      | Yes            | No     |
| 1   | Accounting method used to prepare the Form 990: Cash X Accrual Other   |         | _    |                |        |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |         |      |                |        |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |         | . 2a |                | X      |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both.  Separate basis  Both consolidated and separate basis                 | ed on a |      |                |        |
| b   | Were the organization's financial statements audited by an independent accountant?   |         | . 2b | X              |        |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  X Both consolidated and separate basis | ate     |      |                |        |
| c   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?          | ,<br>   | . 2c | Х              |        |
|     | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |         |      |                |        |
|     | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?  |         | . 3a | Х              |        |
| b   | o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits           |         | . 3b | Х              |        |
| BAA | TEEA0112L 08/23/23   |         | Forn | 1 <b>990</b> ( | (2023) |

### SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2023

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number Rescue Ministries of Mid-Michigan 38-1368362 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (ii) EIN (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

| Sec          | tion A. Public Support  |  |   |                                    | ,                   |                      |                  |
|--------------|---|--|---|------------------------------------|---------------------|----------------------|------------------|
| Cale<br>begi | ndar year (or fiscal year<br>nning in)  | <b>(a)</b> 2019                          | <b>(b)</b> 2020                         | (c) 2021                           | (d) 2022            | <b>(e)</b> 2023      | (f) Total        |
| 1            | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |  |   |                                    |                     |                      |                  |
|              | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |  |   |                                    |                     |                      |                  |
| 3            | The value of services or facilities furnished by a governmental unit to the organization without charge   |  |   |                                    |                     |                      |                  |
| 4            | Total. Add lines 1 through 3  |  |   |                                    |                     |                      |                  |
| 5            | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |  |   |                                    |                     |                      |                  |
| 6            | Public support. Subtract line 5 from line 4   |  |   |                                    |                     |                      |                  |
| Sec          | tion B. Total Support   |  |   |                                    |                     |                      |                  |
| Cale<br>begi | ndar year (or fiscal year<br>nning in)  | <b>(a)</b> 2019                          | <b>(b)</b> 2020                         | <b>(c)</b> 2021                    | (d) 2022            | <b>(e)</b> 2023      | <b>(f)</b> 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<br>business activities, whether or<br>not the business is regularly<br>carried on   |  |   |                                    |                     |                      |                  |
| 10           | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  |  |   |                                    |                     |                      |                  |
| 11           | Total support. Add lines 7 through 10   |  |   |                                    |                     |                      |                  |
| 12           | Gross receipts from related activ   | ities, etc. (see ins                     | structions)                             |                                    |                     | 12                   |                  |
| 13           | First 5 years. If the Form 990 is organization, check this box and  | for the organization                     | on's first, second                      | , third, fourth, or f              | fifth tax year as a | section 501(c)(3)    |                  |
| Sec          | tion C. Computation of Pul  | olic Support P                           | ercentage                               |                                    |                     |                      |                  |
|              | Public support percentage for 20  | •  | •                                       |                                    | -                   | <b></b>              | %                |
| 15           | Public support percentage from 2  | 2022 Schedule A,                         | Part II, line 14.                       |                                    |                     | 15                   | %                |
| 16a          | <b>33-1/3% support test—2023.</b> If the and <b>stop here.</b> The organization   | ne organization di<br>qualifies as a pul | d not check the lolicly supported o     | oox on line 13, an<br>organization | d line 14 is 33-1/3 | 3% or more, check    | this box         |
| b            | <b>33-1/3% support test—2022.</b> If th and <b>stop here.</b> The organization  | e organization did<br>qualifies as a pu  | d not check a boo<br>blicly supported o | on line 13 or 16a<br>organization  | a, and line 15 is 3 | 3-1/3% or more, c    | heck this box    |
| 17a          | <b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-  | meets the facts-a                        | nd-circumstance                         | s test, check this                 | box and stop here   | e. Explain in Part \ | VI how           |
| b            | <b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and   | meets the facts-a                        | nd-circumstance                         | s test, check this                 | box and stop here   | . Explain in Part \  | VI how the       |
| 18           | Private foundation. If the organiz  | zation did not che                       | ck a box on line                        | 13, 16a, 16b, 17a                  | , or 17b, check th  | is box and see ins   | structions       |

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.)

| Sec   | tion A. Public Support   |                         |                          | · · · · · · · · · · · · · · · · · · · |                     |                    |                  |
|-------|--|-------------------------|--------------------------|---------------------------------------|---------------------|--------------------|------------------|
| Calen | dar year (or fiscal year beginning in)   | <b>(a)</b> 2019         | <b>(b)</b> 2020          | <b>(c)</b> 2021                       | (d) 2022            | <b>(e)</b> 2023    | <b>(f)</b> Total |
| 1     | Gifts, grants, contributions,<br>and membership fees<br>received. (Do not include<br>any "unusual grants.")  | 5,790,580.              | 5 361 374                | 6 644 704                             | 7 237 250           | 6 963 860          | 31,997,768.      |
| 2     | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.  | 982,325.                | 249,159.                 | 8,913.                                | 3,637.              |                    | 1,245,034.       |
| 3     | Gross receipts from activities that are not an unrelated trade or business under section 513.  | 962,323.                | 249,139.                 | 0,913.                                | 3,037.              | 1,000.             |                  |
| 4     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.   |                         |                          |                                       |                     |                    | 0.               |
|       | The value of services or facilities furnished by a governmental unit to the organization without charge  |                         |                          |                                       |                     |                    | 0.               |
|       | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons   | 6,772,905.              | 5,610,533.               | 6,653,617.                            | 7,240,887.          | 6,964,860.         | 33,242,802.      |
| b     | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  | 0.                      | 0.                       | 0.                                    | 0.                  | 0.                 |                  |
|       | Add lines 7a and 7b  | 0.                      | 0.                       | 0.                                    | 0.                  | 0.                 | 0.               |
|       | Public support. (Subtract line 7c from line 6.)  | 0.                      | 0.                       | 0.                                    | 0.                  | 0.                 | 33,242,802.      |
| Sec   | tion B. Total Support  |                         |                          |                                       |                     |                    | 00/212/0021      |
|       | dar year (or fiscal year beginning in)   | <b>(a)</b> 2019         | <b>(b)</b> 2020          | (c) 2021                              | (d) 2022            | <b>(e)</b> 2023    | (f) Total        |
|       | Amounts from line 6  | 6,772,905.              | 5,610,533.               | 6,653,617.                            |                     | 6,964,860.         | 33,242,802.      |
|       | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.   | 4,238.                  | 8,452.                   | 21,715.                               |                     |                    | 44,750.          |
|       | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  | ·                       | ·                        |                                       |                     |                    | 0.               |
| -     | Add lines 10a and 10b  | 4,238.                  | 8,452.                   | 21,715.                               | -70,181.            | 80,526.            | 44,750.          |
|       | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                         |                          |                                       |                     |                    | 0.               |
|       | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |                         |                          |                                       |                     |                    | 33,287,552.      |
|       | First 5 years. If the Form 990 is organization, check this box and   | stop here               |                          | third, fourth, or f                   | ifth tax year as a  | section 501(c)(3)  |                  |
|       | tion C. Computation of Pul   |                         |                          |                                       |                     | ,                  |                  |
|       | Public support percentage for 20   | •                       | .,,                      |                                       | •                   |                    | 99.87 %          |
|       | Public support percentage from 2   |                         |                          |                                       |                     | 16                 | 100.00 %         |
|       | tion D. Computation of Inv   |                         |                          |                                       |                     |                    |                  |
|       | Investment income percentage f   | •                       |                          | -                                     | ***                 |                    | 0.13 %           |
|       | Investment income percentage f   |                         |                          |                                       |                     |                    | 0.00 %           |
|       | <b>33-1/3% support tests—2023.</b> If is not more than 33-1/3%, check <b>33-1/3% support tests—2022.</b> If the support tests—2022 is the support tests—2022 i | this box and <b>sto</b> | <b>p here.</b> The orgar | nization qualifies a                  | as a publicly supp  | orted organization | 1 <u>X</u>       |
|       | line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization  | , check this box a      | and <b>stop here.</b> Th | e organization qu                     | alifies as a public | ly supported orga  | nization         |

38-1368362

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

|    |   |            | Yes | No |
|----|---|------------|-----|----|
| 1  | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1          |     |    |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 2          |     |    |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.   | 3a         |     |    |
| 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 <b>Part VI</b> when and how the organization made the determination.   | 3b         |     |    |
| С  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3c         |     |    |
| 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>4</b> a |     |    |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b         |     |    |
| С  | 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 <b>Part VI</b> 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.   | 4c         |     |    |
| 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 <b>Part VI</b> , 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). | 5a         |     |    |
| b  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  | 5b         |     |    |
| С  | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c         |     |    |
| 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? <i>If "Yes," provide detail in Part VI.</i>  | 6          |     |    |
| 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).   | 7          |     |    |
| 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).   | 8          |     |    |
| 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 <b>Part VI.</b>  | 9a         |     |    |
| 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? <i>If "Yes," provide detail in Part VI.</i>  | 9b         |     |    |
| С  | 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 <b>Part VI</b> .  | 9с         |     |    |
| 0a | 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.   | 10a        |     |    |
| 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.)  | 10b        |     |    |

| Sch | edule A (Form 990) 2023 Rescue Ministries of Mid-Michigan 38-136836   | 2       | F       | age <b>5</b> |
|-----|---|---------|---------|--------------|
| Pa  | rt IV Supporting Organizations (continued)  |         |         |              |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?   |         | Yes     | No           |
|     | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,   |         |         |              |
|     | the governing body of a supported organization?   | 11a     |         |              |
| ŀ   | A family member of a person described on line 11a above?  | 11b     |         |              |
|     | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.   | 11c     |         |              |
| Sec | ction B. Type I Supporting Organizations  |         |         |              |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one   |         | Yes     | No           |
| 1   | or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's  |         |         |              |
|     | officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more          |         |         |              |
|     | than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers                       |         |         |              |
|     | during the tax year.  | 1       |         |              |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such              |         |         |              |
|     | benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the  |         |         |              |
| _   | supporting organization.  | 2       |         |              |
| Sec | ction C. Type II Supporting Organizations   |         | Vac     | No           |
| 1   |   |         | Yes     | No           |
| •   | 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 <b>Part VI</b> how control or management of the    | _       |         |              |
|     | supporting organization was vested in the same persons that controlled or managed the supported organization(s).  | 1       |         |              |
| Sec | ction D. All Type III Supporting Organizations  |         | V       | N -          |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |         | Yes     | No           |
|     | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the                  |         |         |              |
|     | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1       |         |              |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |         |         |              |
|     | organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                        | 2       |         |              |
| ,   |   | _       |         |              |
| 3   | voice in the organization's investment policies and in directing the use of the organization's income or assets at  |         |         |              |
|     | all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | 3       |         |              |
| Sec | ction E. Type III Functionally Integrated Supporting Organizations  | <u></u> |         |              |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |         |         |              |
|     | The organization satisfied the Activities Test. Complete line 2 below.  |         |         |              |
|     | <b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>   |         |         |              |
|     | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see   | instrı  | uction: | s).          |
| 2   | Ashirities Test Assured lines 2s and 2h heleur  | 1       |         |              |
|     | Activities Test. Answer lines 2a and 2b below.  |         | Yes     | No           |
|     | <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> |         |         |              |
|     | organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted                          |         |         |              |
|     | substantially all of its activities.  | 2a      |         |              |
|     | <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or   |         |         |              |
|     | more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities                           |         |         |              |
|     | but for the organization's involvement.   | 2b      |         |              |
| 3   | Parent of Supported Organizations. Answer lines 3a and 3b below.  |         |         |              |
|     | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of   | 2-      |         |              |
|     | each of the supported organizations? If "Yes" or "No," provide details in Part VI.  | 3a      |         |              |
|     | <b>b</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 <b>Part VI</b> the role played by the organization in this regard.         | 3b      |         |              |

Schedule A (Form 990) 2023 Rescue Ministries of Mid-Michigan

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 38-1368362

| ı a | Type in Non-1 unctionary integrated 303(a)(3) Supporting Orga  | iiiiZat | 10113  |                                      |
|-----|--|---------|--|--------------------------------------|
| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization                               | t on No | ov. 20, 1970 (explain in<br>st complete Sections A | n Part VI). <b>See</b><br>through E. |
| Sec | tion A – Adjusted Net Income   |         | (A) Prior Year                                     | (B) Current Year<br>(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       |  |                                      |
| Sec | tion B — Minimum Asset Amount  |         | (A) Prior Year                                     | (B) Current Year<br>(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):  |         |  |                                      |
| ā   | Average monthly value of securities  | 1a      |  |                                      |
|     | Average monthly cash balances  | 1b      |  |                                      |
|     | Fair market value of other non-exempt-use assets   | 1c      |  |                                      |
| (   | d Total (add lines 1a, 1b, and 1c)   | 1d      |  |                                      |
| •   | e Discount claimed for blockage or other factors (explain in detail in Part VI):   |         |  |                                      |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets   | 2       |  |                                      |
| 3   | Subtract line 2 from line 1d.  | 3       |  |                                      |
| 4   | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 4       |  |                                      |
| 5   | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5       |  |                                      |
| 6   | Multiply line 5 by 0.035.  | 6       |  |                                      |
| _ 7 | Recoveries of prior-year distributions   | 7       |  |                                      |
| 8   | Minimum Asset Amount (add line 7 to line 6)  | 8       |  |                                      |
| Sec | tion C — Distributable Amount  |         |  | Current Year                         |
| 1   | Adjusted net income for prior year (from Section A, line 8, column A)  | 1       |  |                                      |
| 2   |  | 2       |  |                                      |
| 3   | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3       |  |                                      |
| 4   | Enter greater of line 2 or line 3.   | 4       |  |                                      |
| 5   | Income tax imposed in prior year   | 5       |  |                                      |
| 6   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6       |  |                                      |
| 7   | Check here if the current year is the organization's first as a non-functionally inte (see instructions).  | grated  | Type III supporting or                             | ganization                           |

BAA Schedule A (Form 990) 2023

| Sch | edule A (Form 990) 2023 Rescue Ministries of Mid-Michigan  | 38-136 | 8362   | Page ' |
|-----|--|--------|--------|--------|
| Pa  | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont  | inued) |        |        |
| Sec | tion D - Distributions   |        | Curren | t Year |
| 1   | Amounts paid to supported organizations to accomplish exempt purposes  | 1      |        |        |
| 2   | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | 2      |        |        |
| 3   | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3      |        |        |
| 4   | Amounts paid to acquire exempt-use assets  | 4      |        |        |
| 5   | Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )   | 5      |        |        |
| 6   | Other distributions (describe in Part VI). See instructions.   | 6      |        |        |
| 7   | Total annual distributions. Add lines 1 through 6.   | 7      |        |        |
| 8   | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | 8      |        |        |
| 9   | Distributable amount for 2023 from Section C. line 6   | 9      |        |        |

| _                              | 10                                     |   |
|--------------------------------|--|---|
| (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|                                |  | _   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                |  |   |
|                                | Excess                                 | Excess Underdistributions                 |

BAA Schedule A (Form 990) 2023 Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 4, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

BAA TEEA0408L 08/14/23 Schedule A (Form 990) 2023

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

| Res | cue Ministries of Mid-Michigan   |  |                                     | 38-13  | 368362                       |                              |
|-----|--|--|-------------------------------------|--|------------------------------|------------------------------|
| Par | t I Organizations Maintaining Dono   | r Advised Funds or Oth   | er Similar F                        | unds or Accoun                               | ts                           |                              |
|     | Complete if the organization answ  | vered "Yes" on Form 990  | 0, Part IV, I                       | ine 6.                                       |                              |                              |
|     |  | (a) Donor advised fur  | nds                                 | <b>(b)</b> Funds ar                          | d other acc                  | ounts                        |
| 1   | Total number at end of year  |  |                                     |  |                              |                              |
| 2   | Aggregate value of contributions to (during year)  |  |                                     |  |                              |                              |
| 3   | Aggregate value of grants from (during year)   |  |                                     |  |                              |                              |
| 4   | Aggregate value at end of year   |  |                                     |  |                              |                              |
| 5   | Did the organization inform all donors and donor are the organization's property, subject to the organization's  | advisors in writing that the as<br>ganization's exclusive legal co | ssets held in dontrol?              | onor advised funds                           | Yes                          | No                           |
| 6   | Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?                    | the donor or donor advisor, o                                      | r for any other                     | purpose conferring                           | Yes                          | □ No                         |
| Par |  |  |                                     |  |                              |                              |
|     | Complete if the organization answ  | wered "Yes" on Form 99   | 0, Part IV, I                       | ine 7.                                       |                              |                              |
| 1   | Purpose(s) of conservation easements held by the   |  |                                     |  |                              |                              |
|     | Preservation of land for public use (for example,  | recreation or education)   | Preservat                           | ion of a historically ir                     | nportant lar                 | nd area                      |
|     | Protection of natural habitat  |  | Preservat                           | ion of a certified hist                      | oric structur                | e                            |
|     | Preservation of open space   |  |                                     |  |                              |                              |
| 2   | Complete lines 2a through 2d if the organization held  | I a qualified conservation contrib                                 | oution in the for                   | m of a conservation ea                       | asement on t                 | he                           |
|     | last day of the tax year.  |  |                                     |  | . =                          |                              |
|     | Total growth on of a consequention and a consequent  |  |                                     |  | he End of th                 | ne Tax Year                  |
|     | Total number of conservation easements   |  |                                     |  |                              |                              |
|     | Total acreage restricted by conservation easement  |  |                                     |  |                              |                              |
|     | Number of conservation easements on a certified  |  |                                     | -  |                              |                              |
| C   | Number of conservation easements included on I a historic structure listed in the National Register.   | ine 2c acquired after July 25,                                     | 2006, and not                       | on 2d  |                              |                              |
| 3   | Number of conservation easements modified, transfe   |  |                                     | * * *  | the                          |                              |
|     | tax year   | , , , ,  | ,                                   | 3  |                              |                              |
| 4   | Number of states where property subject to conse   | ervation easement is located                                       |                                     |  |                              |                              |
| 5   | Does the organization have a written policy regar  | ding the periodic monitoring,                                      | inspection, ha                      | ndling of violations,                        |                              |                              |
|     | and enforcement of the conservation easements $ \\$  |  |                                     |  | Yes                          | No                           |
| 6   | Staff and volunteer hours devoted to monitoring, insp  | pecting, handling of violations, a                                 | nd enforcing co                     | nservation easements                         | during the y                 | rear                         |
| 7   | Amount of expenses incurred in monitoring, inspecting  | ng, handling of violations, and e                                  | nforcing conser                     | vation easements duri                        | ng the year                  |                              |
|     |  |  |                                     |  |                              |                              |
| 8   | Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?  |  |                                     |  | Yes                          | No                           |
| 9   | In Part XIII, describe how the organization report include, if applicable, the text of the footnote to t conservation easements.                       | s conservation easements in he organization's financial sta        | its revenue and<br>atements that o  | d expense statement<br>describes the organiz | and baland<br>ation's acco   | ce sheet, and<br>ounting for |
| Par | Organizations Maintaining Collection Complete if the organization answer   | ctions of Art, Historical<br>wered "Yes" on Form 99                | <b>Treasures,</b><br>0, Part IV, I  | or Other Similar ine 8.                      | Assets                       |                              |
| 1a  | If the organization elected, as permitted under FA historical treasures, or other similar assets held f  | ASB ASC 958, not to report in                                      | its revenue st                      | tatement and balance in furtherance of pub   | e sheet worl                 | ks of art,<br>provide in     |
|     | Part XIII the text of the footnote to its financial st   | tatements that describes these                                     | e items.                            |  | ,                            | ,                            |
| b   | If the organization elected, as permitted under FA historical treasures, or other similar assets held for p following amounts relating to these items. | ASB ASC 958, to report in its sublic exhibition, education, or re  | revenue stater<br>esearch in furthe | ment and balance sherance of public servic   | eet works o<br>e, provide th | f art,<br>e                  |
|     | (i) Revenue included on Form 990, Part VIII, line  | e 1  |                                     |  | \$                           |                              |
|     | (i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X   |  |                                     |  | \$                           |                              |
| 2   | If the organization received or held works of art, histo<br>amounts required to be reported under FASB AS  | orical treasures, or other similar                                 | assets for finar                    |  |                              |                              |
| а   | Revenue included on Form 990, Part VIII, line 1  | _  |                                     |  | \$                           |                              |
|     | Assets included in Form 990, Part X  |  |                                     |  |                              |                              |

| Part III   Organizations Maintai   | ining Collectio                        | ns of Art, His                          | storicai i reasures,                               | or Other Similar As          | ssets (conti   | nuea)        |
|--|--|---|--|------------------------------|----------------|--------------|
| <b>3</b> Using the organization's acquisition, a items (check all that apply). | ccession, and other                    | records, check a                        | ny of the following that m                         | nake significant use of its  | collection     |              |
| a Public exhibition  |  | <b>d</b> Loan                           | or exchange program                                |                              |                |              |
| <b>b</b> Scholarly research  |  | e Other                                 |  |                              |                |              |
| c Preservation for future generati   | ons                                    |   |  |                              |                |              |
| 4 Provide a description of the organizati<br>Part XIII.                        | on's collections and                   | I explain how they                      | further the organization'                          | s exempt purpose in          |                |              |
| 5 During the year, did the organizatio to be sold to raise funds rather than   | n solicit or receiven to be maintained | e donations of ar<br>I as part of the o | t, historical treasures, organization's collection | or other similar assets<br>? | Yes            | No           |
| Part IV Escrow and Custodia Complete if the organi                             | l Arrangement<br>zation answere        | <b>s</b><br>ed "Yes" on F               | orm 990. Part IV. I                                | ine 9. or reported a         | n amount o     | on .         |
| Form 990, Part X, line   | 21.                                    |   |  | •                            |                |              |
| 1a Is the organization an agent, truste on Form 990, Part X?                   |  |   |  | ner assets not included      | Yes            | No           |
| <b>b</b> If "Yes," explain the arrangement in P                                | art XIII and comple                    | te the following ta                     | ble.   |                              |                |              |
|  |  |   |  |                              | Amount         |              |
| c Beginning balance  |  |   |  |                              |                |              |
| <b>d</b> Additions during the year   |  |   |  |                              |                |              |
| e Distributions during the year  |  |   |  |                              |                |              |
| f Ending balance   |  |   |  |                              |                |              |
| 2a Did the organization include an amo   |  |   |  | · .                          |                | No           |
| <b>b</b> If "Yes," explain the arrangement in                                  | n Part XIII. Check                     | nere if the expla                       | nation has been provid                             | ed in Part XIII              | · · · · · · L  |              |
| Part V Endowment Funds   |  |   |  |                              |                |              |
| Part V Endowment Funds Complete if the organi                                  | zation answer                          | nd "Voc" on E                           | orm 990 Part IV/ I                                 | ino 10                       |                |              |
| Complete if the organi   | Zation answer                          | eu res onr                              | OIIII 990, Fait IV, I                              | ille 10.                     |                |              |
|  | (a) Current year                       | (b) Prior yea                           | r (c) Two years back                               | (d) Three years back         | (e) Four year  | rs back      |
| 1a Beginning of year balance   |  |   |  |                              |                |              |
| <b>b</b> Contributions   |  |   |  |                              |                |              |
| c Net investment earnings, gains, and losses                                   |  |   |  |                              |                |              |
| <b>d</b> Grants or scholarships  |  |   |  |                              |                |              |
| e Other expenditures for facilities  |  |   |  |                              |                |              |
| and programs   |  |   |  |                              |                |              |
| f Administrative expenses  |  |   |  |                              |                |              |
| g End of year balance  |  |   |  |                              |                |              |
| 2 Provide the estimated percentage of  | of the current year                    | end balance (lir                        | ne 1g, column (a)) held                            | as:                          |                |              |
| a Board designated or quasi-endowm   | ent                                    | %                                       |  |                              |                |              |
| <b>b</b> Permanent endowment   | %                                      |   |  |                              |                |              |
| c Term endowment   | %                                      |   |  |                              |                |              |
| The percentages on lines 2a, 2b, and   | 2c should equal 10                     | 0%.                                     |  |                              |                |              |
| 3a Are there endowment funds not in the  | noccassion of the                      | organization that a                     | are held and administered                          | I for the                    |                |              |
| organization by:   | possession or the t                    | organization that t                     | are nela ana aaministeree                          |                              | Yes            | No           |
| (i) Unrelated organizations?   |  |   |  |                              | . 3a(i)        |              |
| (ii) Related organizations?  |  |   |  |                              | 3a(ii)         |              |
| <b>b</b> If "Yes" on line 3a(ii), are the relate                               | ed organizations li                    | sted as required                        | on Schedule R?                                     |                              | . 3b           |              |
| 4 Describe in Part XIII the intended u   | ses of the organiz                     | ation's endowme                         | ent funds.   |                              |                | .1           |
| Part VI Land, Buildings, and   | Equipment                              |   |  |                              |                |              |
| Complete if the organization   | • •                                    | n Form 990. Part                        | IV. line 11a. See Form 9                           | 90. Part X. line 10.         |                |              |
| Description of property  | <b>(a)</b> Cos                         | t or other basis                        | (b) Cost or other basis (other)                    | (c) Accumulated depreciation | (d) Book v     | alue         |
| <b>1a</b> Land   | `                                      |   | 64,921.  | aoprodiation                 | 6.1            | ,921.        |
| <b>b</b> Buildings.  |  |   | 12,129,951.  | 3,949,451.                   | 8,180          |              |
| c Leasehold improvements   |  |   | 14,147,331.  | J, J4J, 4J1.                 | 0,100          | , 500.       |
| d Equipment  |  |   | 1 600 761  | 072 012                      | 625            | Ω /1 Ο       |
| <b>e</b> Other   |  |   | 1,609,761.   | 973,913.                     |                | <u>,848.</u> |
| Total. Add lines 1a through 1e. (Column  |  | rm 990 Dart V                           | 262,354.   | 184,254.                     |                | ,100.        |
|  | (u) must equal Fo                      | ıııı 990, Part X, I                     | iiile Tuc, column (B))                             |                              | 8,959          |              |
| BAA  |  |   |  | Schea                        | ule D (Form 99 | u) ZUZ3      |

Schedule D (Form 990) 2023

BAA

| Part VII                        | Investments — Other Securities Complete if the organization answered "Yes" or   | Form 990 Part IV line   | N/A 11h See Form 990 Part Y line 12                |                         |
|---------------------------------|---|-------------------------|--|-------------------------|
| (a) Descri                      | ption of security or category (including name of security)                      | (b) Book value          | (c) Method of valuation: Cost or end-              | of-vear market value    |
|                                 | al derivatives  | (a) seem tailed         | (c) mother of variation, cost of one               | or your market value    |
| ` '                             | held equity interests.  |                         |  |                         |
| (3) Other                       |   |                         |  |                         |
| -                               |   |                         |  |                         |
| (A)<br>(B)<br>(C)<br>(D)<br>(E) |   |                         |  |                         |
| (C)                             |   |                         |  |                         |
| (D)                             |   |                         |  |                         |
| (E)                             |   |                         |  |                         |
| (F)                             |   |                         |  |                         |
|                                 |   |                         |  |                         |
| $\frac{(G)}{(H)}$               |   |                         |  |                         |
| (l)                             |   |                         |  |                         |
| Total. (Colum                   | nn (b) must equal Form 990, Part X, line 12, column (B))                        |                         |  |                         |
| Part VIII                       | Investments — Program Related<br>Complete if the organization answered "Yes" or |                         | N/A  |                         |
|                                 | Complete if the organization answered "Yes" or                                  | Form 990, Part IV, line | 11c. See Form 990, Part X, line 13.                |                         |
|                                 | (a) Description of investment   | (b) Book value          | (c) Method of valuation: Cost or end               | I-of-year market value  |
| (1)                             |   |                         |  |                         |
| (2)                             |   |                         |  |                         |
| (3)                             |   |                         |  |                         |
| (4)                             |   |                         |  |                         |
| (5)                             |   |                         |  |                         |
| (6)                             |   |                         |  |                         |
| (7)                             |   |                         |  |                         |
| (8)                             |   |                         |  |                         |
| (9)                             |   |                         |  |                         |
| (10)                            | nn (b) must equal Form 990, Part X, line 13, column (B))                        |                         |  |                         |
| Part IX                         | Other Assets  | N/A                     |  |                         |
| Tartix                          | Complete if the organization answered "Yes" or                                  |                         |  |                         |
|                                 |   | scription               |  | (b) Book value          |
| (1)                             |   |                         |  |                         |
| (2)                             |   |                         |  |                         |
| (3)                             |   |                         |  |                         |
| (4)<br>(5)                      |   |                         |  |                         |
| (6)                             |   |                         |  |                         |
| (7)                             |   |                         |  |                         |
| (8)                             |   |                         |  |                         |
| (9)                             |   |                         |  |                         |
| (10)                            |   |                         |  |                         |
|                                 | umn (b) must equal Form 990, Part X, line 15, c                                 | column (B))             |  |                         |
| Part X                          | Other Liabilities   | E 000 B 1 W 1:          | 11 11( 0 5 000 5 1 7 1)                            | 0.5                     |
|                                 | Complete if the organization answered "Yes" or                                  |                         | The or 111. See Form 990, Part X, line             |                         |
| 1. (1) Federa                   | (a) Descr<br>al income taxes  | ription of liability    |  | (b) Book value          |
| (2)                             | al income taxes   |                         |  |                         |
| (3)                             |   |                         |  |                         |
| (4)                             |   |                         |  |                         |
| (5)                             |   |                         |  |                         |
| (6)                             |   |                         |  |                         |
| (7)                             |   |                         |  |                         |
| (8)                             |   |                         |  |                         |
| (9)                             |   |                         |  |                         |
| (10)                            |   |                         |  |                         |
| (11)                            |   |                         |  |                         |
|                                 | mn (b) must equal Form 990, Part X, line 25, co                                 |                         |  | P. 1200 6 7 7 7         |
|                                 | uncertain tax positions. In Part XIII, provide the text of the for              |                         | nancial statements that reports the organization's | ilability for uncertain |

TEEA3303L 07/20/23

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per   | Return    |            |
|---|-----------|------------|
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   |           |            |
| 1 Total revenue, gains, and other support per audited financial statements  | 1         | 7,045,386. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |           |            |
| a Net unrealized gains (losses) on investments  |           |            |
| b Donated services and use of facilities  |           |            |
| c Recoveries of prior year grants   |           |            |
| d Other (Describe in Part XIII.)  |           |            |
| e Add lines 2a through 2d.  | 2e        |            |
| 3 Subtract line 2e from line 1.   | 3         | 7,045,386. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |           |            |
| a Investment expenses not included on Form 990, Part VIII, line 7b  |           |            |
| b Other (Describe in Part XIII.)  |           |            |
| c Add lines 4a and 4b.  |           |            |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   |           | 7,045,386. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p  | er Return |            |
|   |           |            |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   |           |            |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements   | 1         | 6,345,351. |
|   | 1         |            |
| 1 Total expenses and losses per audited financial statements  | 1         |            |
| <ul><li>1 Total expenses and losses per audited financial statements</li><li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li></ul>  | 1         |            |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  | 1         |            |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  | 1         |            |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  |           |            |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.   | 2e        |            |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 2e        | 6,345,351. |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. 4 Amounts included on Form 990, Part VIII, line 7b. | 2e        | 6,345,351. |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities   | 2e 3      | 6,345,351. |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities   | 2e 3      | 6,345,351. |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities   | 2e 3      | 6,345,351. |

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.

BAA Schedule D (Form 990) 2023

### SCHEDULE L (Form 990)

## **Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(4) (5) (6) (7) (8) (9) (10) Total on

Rescue Ministries of Mid-Michigan

Employer identification number

38-1368362

|                 |                        |   | (h) Relation              | nshin hetw | een disqua                   | lified person and                   |              |                 |                 |          |       |                              | (d) Cor          | rected?         | , |
|-----------------|------------------------|---|---------------------------|------------|------------------------------|-------------------------------------|--------------|-----------------|-----------------|----------|-------|------------------------------|------------------|-----------------|---|
| 1               | (a) Name of disqua     | lified person                             | (2)                       |            | janization                   | oa porcon ana                       |              | (c) Description | of trans        | action   |       |                              | Yes              | No              | - |
| (1)             |                        |   |                           |            |                              |                                     |              |                 |                 |          |       |                              |                  |                 | - |
| (2)             |                        |   |                           |            |                              |                                     |              |                 |                 |          |       |                              |                  |                 |   |
| (3)             |                        |   |                           |            |                              |                                     |              |                 |                 |          |       |                              |                  |                 |   |
| (4)             |                        |   |                           |            |                              |                                     |              |                 |                 |          |       |                              |                  |                 |   |
| (5)             |                        |   |                           |            |                              |                                     |              |                 |                 |          |       |                              |                  |                 |   |
| (6)             |                        |   |                           |            |                              |                                     |              |                 |                 |          |       |                              |                  |                 |   |
| 3 Er            | Loans to a             | and/or From                               | Interested lanswered "Yes | Person     | <b>ns</b><br>m 990-E         | Z, Part V, line 38a<br>5, 6, or 22. |              |                 |                 |          | f the |                              |                  |                 |   |
| <b>(a)</b> Nam  | e of interested person | <b>(b)</b> Relationship with organization | (c) Purpose of loan       | fron       | an to or<br>n the<br>zation? | (e) Original principal amount       | <b>(f)</b> E | Balance due     | <b>(g)</b> In o | default? | by bo | proved<br>pard or<br>nittee? | (i) Wi<br>agreei | ritten<br>ment? |   |
|                 |                        |   |                           | То         | From                         |                                     |              |                 | Yes             | No       | Yes   | No                           | Yes              | No              | _ |
| (1)             | ·                      |   | ·                         |            |                              | ·                                   |              |                 |                 |          |       |                              |                  |                 |   |
| (2)             |                        |   |                           |            |                              |                                     |              |                 |                 |          |       |                              |                  |                 |   |
| <del>\-</del> / |                        |   |                           |            |                              |                                     |              |                 |                 |          |       |                              |                  |                 |   |

# Part III Grants or Assistance Benefiting Interested Persons

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

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

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

Schedule L (Form 990) 2023

38-1368362

Part IV Business Transactions Involving Interested Persons

|                 |              | -        | •       |             |          | -        |               |
|-----------------|--------------|----------|---------|-------------|----------|----------|---------------|
| Complete if the | organization | answered | "Yes" o | n Form 990. | Part IV. | line 28a | . 28b. or 28c |

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) Anthony Essex             | Director  | 352,069.                  | Temporary staffing needs       |   | Х  |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L. See instructions.

TEEA4501L 10/20/23

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

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

OMB No. 1545-0047 2023

Department of the Treasury Internal Revenue Service Name of the organization

Rescue Ministries of Mid-Michigan

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

Open to Public Inspection

Employer identification number

38-1368362

| Pai         | tΙ  | Types of Property  |                               |   |   |                  |                    |          |                |
|-------------|---|--|-------------------------------|---|---|------------------|--------------------|----------|----------------|
|             | •   |  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Metho<br>noncash | od of o<br>contril | determin | iing<br>mounts |
| 1           | Art -   | – Works of art   |                               |   |   |                  |                    |          |                |
| 2           | Art -   | - Historical treasures   |                               |   |   |                  |                    |          |                |
| 3           | Art -   | - Fractional interests   |                               |   |   |                  |                    |          |                |
| 4           | Bool  | ks and publications  |                               |   |   |                  |                    |          |                |
| 5           | Clot  | hing and household goods   |                               |   |   |                  |                    |          |                |
| 6           | Cars  | and other vehicles   |                               |   |   |                  |                    |          |                |
| 7           |   | s and planes   |                               |   |   |                  |                    |          |                |
| 8           |   | lectual property   |                               |   |   |                  |                    |          |                |
| 9           |   | urities – Publicly traded  |                               |   |   |                  |                    |          |                |
| 10          |   | urities – Closely held stock   |                               |   |   |                  |                    |          |                |
| 11          |   | urities – Partnership, LLC, or trust interests.  |                               |   |   |                  |                    |          |                |
| 12          | Seci  | urities - Miscellaneous  |                               |   |   |                  |                    |          |                |
| 13          |   | lified conservation contribution – oric structures   |                               |   |   |                  |                    |          |                |
| 14          | Qua   | lified conservation contribution — Other   |                               |   |   |                  |                    |          |                |
| 15          | Real  | estate - Residential   |                               |   |   |                  |                    |          |                |
| 16          |   | estate – Commercial  |                               |   |   |                  |                    |          |                |
| 17          |   | estate — Other   |                               |   |   |                  |                    |          |                |
| 18          | Colle   | ectibles   |                               |   |   |                  |                    |          |                |
| 19          |   | d inventory  |                               |   |   |                  |                    |          |                |
| 20          |   | s and medical supplies   |                               |   |   |                  |                    |          |                |
| 21          |   | dermy  |                               |   |   |                  |                    |          |                |
| 22          |   | orical artifacts   |                               |   |   |                  |                    |          |                |
| 23          |   | ntific specimens   |                               |   |   |                  |                    |          |                |
| 24          |   | eological artifacts  |                               |   |   |                  |                    |          |                |
| 25          | Othe  | `  |                               |   |   |                  |                    |          |                |
| 26          | Othe  | `(   |                               |   |   |                  |                    |          |                |
| 27          | Othe  | `  |                               |   |   |                  |                    |          |                |
| 28          | Othe  | ·  |                               |   |   |                  |                    |          |                |
| 29          |   | ber of Forms 8283 received by the organization d<br>nization completed Form 8283, Part V, Donee    |                               |   |   | 29               |                    |          |                |
|             | orya  | inization completed Form 8283, Fait V, Dones   | - ACKITOWIEU                  | gement  |   | 29               |                    | Yes      | No             |
|             |   |  |                               |   |   |                  |                    | 163      | NO             |
| 30a         |   | ng the year, did the organization receive by contri  |                               |   |   |                  |                    |          |                |
|             |   | ust hold for at least 3 years from the date of t<br>exempt purposes for the entire holding period? |                               |   |   |                  | 30 a               |          | Х              |
| ŀ           |   | es," describe the arrangement in Part II.  |                               |   |   |                  | Jou                |          |                |
|             | 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   |  |                               |   |   |                  |                    |          | Х              |
|             | 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash |  |                               |   |   |                  |                    |          | 71             |
| <b>3</b> 28 |   | ributions?   |                               |   |   |                  | 32 a               |          | Х              |
| b           |   | es," describe in Part II.  |                               |   |   |                  |                    |          |                |
|             | If the  | e organization didn't report an amount in colu<br>cribe in Part II.                                | mn (c) for a                  | type of property for w                                    | hich column (a) is chec   | ked,             |                    |          |                |

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 07/25/23 Schedule M (Form 990) 2023

### 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Rescue Ministries of Mid-Michigan

Employer identification number

38-1368362

### Form 990, Part VI, Line 11b - Form 990 Review Process

Form is presented to board for approval prior to submission

### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

If the conflict can not be resolved by director, dispute is taken to full board

### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Board establishes salary for CEO

### Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

Organization posts 990 and audit on its own website along with being available on the Charity Navigator website.

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Organization posts audited financial statements on website after approval of audit by Board. Policies are available upon request.