Form **990**

** PUBLIC DISCLOSURE COPY ** 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

2023 A For the 2022 calendar year, or tax year beginning OCT 1, 2022 and ending SEP 30, C Name of organization D Employer identification number B Check if Address BOISE RESCUE MISSION, INC. Name change 82-0259387 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 208-343-2689 PO BOX 1494 termi 22,666,552. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende BOISE, ID 83701 H(a) Is this a group return Applica-F Name and address of principal officer: WILLIAM ROSCOE for subordinates? L Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions HTTPS://BOISERM.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1959 M State of legal domicile: ID Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE SERVICES TO HOMELESS Governance AND TRANSIENT PERSONS. if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box 12 3 Number of voting members of the governing body (Part VI, line 1a) 12 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 222 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 4355 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 16,924,813. 15,626,195. Contributions and grants (Part VIII, line 1h) 8 120,455. 165,795. Program service revenue (Part VIII, line 2g) 9 232,830. -2,041.10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,771. 5,342. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17,048,569. 16,032,591. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,800,630. 1,827,025. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 6,150,833. 7,013,862. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 33,454. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 2,736,953. 2,445,146. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,577,840. 10,430,063. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,454,751. 6,618,506. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 50 Assets (22,285,843. 26,739,062. 20 Total assets (Part X, line 16) 282,722. 255,661. 21 Total liabilities (Part X, line 26) et 26,483,401. 22,003,121. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign WILLIAM ROSCOE, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name 03/02/24 P00266294 CHERYL GUIDDY self-employed CHERYL GUIDDY Paid Firm's EIN 26-4022510 HARRIS & CO., PLLC Preparer Firm's name Firm's address 1120 S. RACKHAM WAY, STE 100 Use Only Phone no. (208) 333-8965 MERIDIAN, ID 83642 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2022) BOISE RESCUE MISSION, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			.,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	_	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3,5
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3,5
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		· ·	
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			w
	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, VIII, 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,	١ ا	v	
	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			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	11d		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie	_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	-111		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120	-22	_
D		12b		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		-
D	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts and II	21		X
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Form 990 (2022) BOISE RESCUE MISSION, INC.
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	_	_
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			.,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f			₩.
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		-
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? /f			•
~	"Yes," complete Schedule L, Part IV	28c	х	_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
20	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25.0	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	_	
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
-	Notes All Forms 000 files are year jured to construct to Cohoda la O	38	х	
Par		50		
	Check if Schedule O contains a response or note to any line in this Part V			
		1	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20		. 56	,,,,
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		-0	
	(gambling) winnings to prize winners?	1c	х	

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 222 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? <u>4a</u> 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). Х 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 c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Х a 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 Х b If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х 7с to file Form 8282? Х 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 If "Yes," see the instructions and file Form 4720, Schedule N. Х 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes." complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 12 1a 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. 12 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 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? 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? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х 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 Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O 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? X 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? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 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 organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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, Another's website X Upon request X Own website Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 208-343-2689

PO BOX 1494, BOISE, ID 83701

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	or any related	orga	niza	tion	con	nper	nsat	ed any current officer, d	rector, or trustee.	
(A)	(B)			Pos	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i Irecto	s bott	tee)	compensation	compensation	amount of other
	week (list any	-				T	Í	from the	from related organizations	compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	trustee or director	stee			usate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		99,6e	m me		1099-NEC)	,	and related
	below	Individual	Institutional trustee	<u></u>	Kay employee	Highest compensated employee	je j			organizations
	line)	호	its	Officer	Ş.	불	Former			
(1) WILLIAM ROSCOE	40.00								l Available on reques	4
CHIEF EXECUTIVE OFFICER	1 00	-	_	X	_	-			Avanable on reques	
(2) RON FREEMAN	1.00									
CHAIR	4 00	X	_	X	_	-	-	0.	0.	0.
(3) MICHAEL ARMSTRONG	1.00	ł						_		_
VICE CHAIR	1 00	X	_	Х	_	₩	-	0.	0.	0.
(4) CATHIE MARTIN	1.00			,,					0.	_
SECRETARY	1 00	Х	<u>_</u>	X	_	⊢	\vdash	0.	0.	0.
(5) THOMAS WILFORD	1.00	1		x				0.	0.	0.
TREASURER	1 00	Х	-	A		-	-	0.	0.	0.
(6) WILLIAM BAHNEY	1.00							0.	0.	0.
DIRECTOR	1.00	X				\vdash	-	0.	0.	0.
(7) SANDY DALTON	1.00	x						0.	0.	0.
DIRECTOR	1.00	^	-	_	-	\vdash	\vdash	0.	0.	0.
(8) BRIAN FAULKS DIRECTOR	1.00	x						0.	0.	0.
(9) BRUCE GESTRIN	1.00	₽	-	-	-	\vdash	\vdash	0.	0.	
DIRECTOR	1.00	x						0.	0.	0.
(10) DAVE HILLS	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(11) WILLIAM LASKA	1.00	-								
DIRECTOR		x						0.	0.	0.
(12) RYAN MARTIN	1.00					\vdash	T			
DIRECTOR		x						0.	0.	0.
(13) SHARON POPPELL	1.00									
DIRECTOR		x						0.	0.	0.
					ļ.,					
V.										
		_								

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	T VII Section A. Officers, Directors, Trus		1				11100		ompensated Employee			_		
	(A)	(B)			_	C)			(D)	(E)			(F)	
	Name and title	Average hours per week	box	not o , unle	heck ss pe	rson i	than o	n an	Reportable compensation from	Reportable compensation from related	- 1	an	timate nount o other	_
		(list any	ector						the	organizations	3	com	pensa	
		hours for related	e or director	98			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	C/		om the anizati	
		organizations	truste	al trus		iyee	unden		1099-NEC)	1099-1120)		-	d relate	
		below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
_														
											_			
_										.1 1 1				
1b	Subtotal							.	A	vailable on rec	quest			^
									Λ		Λ			
q	Total from continuation sheets to Part V							.	0. A	vailable on red	0.	i		0.
_d 2	Total (add lines 1b and 1c) Total number of individuals (including but r				*****				A	vailable on rec	quest	t		
	Total (add lines 1b and 1c)				*****				A		quest	t	Yes	
	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization Did the organization list any former officer	not limited to th	ose ee, k	liste	d ab	oyee) wh	o re	A ceived more than \$100,	000 of reportable	quest	18	Yes	1 No
3	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for state of the schedule of	not limited to the	ose ee, k	liste	d ab	oyee) wh	o re	ceived more than \$100,	000 of reportable	quest	3	Yes	1
2	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for service any individual listed on line 1a, is the service of the	not limited to the	ose ee, k	liste	d ab	oyee) wh	o re	ceived more than \$100,	oyee on	quest	3	Yes	1 No
3	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for state of the schedule of	not limited to the director, trust such individual um of reportable 0,000? If "Yes,"	e co	liste	mplensate S	oyee) wh	o re	ceived more than \$100, hest compensated emplorer compensation from the cruck individual	000 of reportable oyee on ne organization	quest	18	Yes	1 No
3 4 5	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," confirmed in the series of the organization?	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue comper	ee, k	liste	mplensate Som	oyee) who	o re	ceived more than \$100, hest compensated emplorer compensation from the compensation or individual dorganization or individual	oyee on ne organization	quest	3	Yes	1 No
3 4 5	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contition B. Independent Contractors	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue comperendete Schedule	ose e co " co ssatio	liste	d ab	oove,) who	high	ceived more than \$100,000 mest compensated employer compensation from the compensation from the compensation or individual dorganization dorga	oyee on ne organization	quest	3 4 5		1 No X
3 4 5	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," confirmed in the series of the organization?	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue comperendete Schedule ompensated incompensated inco	ose e co cossatio	liste	d ab	oove	and adule	ore high	ceived more than \$100,0 nest compensated emplorer compensation from the compensation or individual at received more than \$	oyee on ne organization lual for services	quest	3 4 5		1 No X
3 4 5	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series for any individual listed on line 1a, is the series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contition B. Independent Contractors Complete this table for your five highest contractors	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue comperendete Schedule ompensated income the calendarye	ose ee, k ee co essatic	liste	ensate Soom and the congression of the congression	oove	and adule	ore high	ceived more than \$100,0 nest compensated emplorer compensation from the compensation or individual at received more than \$	oyee on ne organization lual for services 100,000 of composer.	guest	3 4 5	om.	X X X
3 4 5	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contition B. Independent Contractors Complete this table for your five highest continuous did not compensation for the organization. Report compensation for (A)	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue comperendete Schedule ompensated income the calendarye	ose ee, k ee co essatic	liste	ensate Soom and the congression of the congression	oove	and adule	ore high	nest compensated empler compensation from the compensation or individual at received more than \$ the organization's tax years.	oyee on ne organization lual for services 100,000 of composer.	guest	3 4 5	om	1 No X X
3 4 5	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contition B. Independent Contractors Complete this table for your five highest continuous did not compensation for the organization. Report compensation for (A)	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue comperendete Schedule ompensated income the calendarye	ose ee, k ee co essatic	liste	ensate Soom and the congression of the congression	oove	and adule	ore high	nest compensated empler compensation from the compensation or individual at received more than \$ the organization's tax years.	oyee on ne organization lual for services 100,000 of composer.	guest	3 4 5	om	1 No X
3 4 5	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contition B. Independent Contractors Complete this table for your five highest continuous did not compensation for the organization. Report compensation for (A)	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue comperendete Schedule ompensated income the calendarye	ose ee, k ee co essatic	liste	ensate Soom and the congression of the congression	oove	and adule	ore high	nest compensated empler compensation from the compensation or individual at received more than \$ the organization's tax years.	oyee on ne organization lual for services 100,000 of composer.	guest	3 4 5	om	1 No X
3 4 5	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contition B. Independent Contractors Complete this table for your five highest continuous did not compensation for the organization. Report compensation for (A)	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue comperendete Schedule ompensated income the calendarye	ose ee, k ee co essatic	liste	ensate Soom and the congression of the congression	oove	and adule	ore high	nest compensated empler compensation from the compensation or individual at received more than \$ the organization's tax years.	oyee on ne organization lual for services 100,000 of composer.	guest	3 4 5	om	1 No X
3 4 5	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contition B. Independent Contractors Complete this table for your five highest continuous did not compensation for the organization. Report compensation for (A)	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue comperendete Schedule ompensated income the calendarye	ose ee, k ee co essatic	liste	ensate Soom and the congression of the congression	oove	and adule	ore high	nest compensated empler compensation from the compensation or individual at received more than \$ the organization's tax years.	oyee on ne organization lual for services 100,000 of composer.	guest	3 4 5	om	1 No X
3 4 5	Total (add lines 1b and 1c) Total number of individuals (including but recompensation from the organization Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contition B. Independent Contractors Complete this table for your five highest continuous did not compensation for the organization. Report compensation for (A)	not limited to the director, trust such individual um of reportable 0,000? If "Yes, accrue comperended Schedule ompensated incentive calendaryes address	ose ee, k ee co cossatic	liste wey e mple mple mple mon fr nder ndin	d ab	oove, oyee scheany opersontra) who	o re	ceived more than \$100, hest compensated emplorer compensation from the such individual dorganization or individual at received more than \$100,000 the organization's tax years. (B) Description of second controls and controls are second controls.	oyee on ne organization lual for services 100,000 of competer. ervices	guest	3 4 5	om	1 No X X

BOISE RESCUE MISSION, INC. 82-0259387 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Unrelated Revenue excluded Related or exempt Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts b Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ... 15,626,195. 1f 1,795,825. 1g \$ g Noncash contributions included in lines 1a-1f 15,626,195. h Total. Add lines 1a-1f **Business Code** 86,707. 455000 86,707. 2 a WAREHOUSE ONLINE SALES Program Service Revenue 51,875. 51,875. b TRANSITIONAL HOUSING 623990 C INSURANCE PROCEEDS 624200 27,213. 27,213. f All other program service revenue 165,795. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 312,311. other similar amounts) 312,311. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less; rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 5,718,337. 830,994. assets other than inventory **b** Less: cost or other basis 5,686,595. 942,217. Other Revenue -111,223. 31,742. c Gain or (loss) _______7c -79,481. -79,481. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 12,920. 8a b Less: direct expenses 5,149. 7,771. 7,771. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue

0.

165,795.

16,032,591.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 1,827,025. 1,827,025. 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 Compensation of current officers, directors, trustees, and key employees 166,213. 137,940. 11,356. 16,917. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 4,449,778. 5,365,199. 379,682. 535,739. Pension plan accruals and contributions (include 74,144. 62,520. 435. 11,189. section 401(k) and 403(b) employer contributions) 930,304. 784,449. 5,463. 140,392. 9 Other employee benefits 373,849. 478,002. 66,492. 10 Payroll taxes 37,661. 11 Fees for services (nonemployees): a Management 573. 573. b Legal 35,300. 35,300. Accounting d Lobbying e 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 Sch O.) Advertising and promotion 12 256,748. 133,575. 72,614. 50,559. Office expenses 13 Information technology 14 Royalties 15 434,111. 408,514. 23,547. 2,050. Occupancy 16 152,947. 134,574. 15,940. 2,433. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 452,840. 409,026. 43,803. 11. 22 Depreciation, depletion, and amortization Insurance 205,175. 190,799. 14,376. 23 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.) 715,263. 17,413. 697,762. 88. MAILINGS 168,764. 158,755. 9,964. **b** MAINTENANCE 45. 132,762. c SUPPLIES 43,633. 89,129. d PROGRAM EXPENSES 105,566. 105,733. 167. 76,737. 22,857. 29,479. 24,401. e All other expenses 11,577,840. 9,223,262. 746,123. 25 Total functional expenses. Add lines 1 through 24e 1,608,455. 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 X if following SOP 98-2 (ASC 958-720)

Secured mortgages and notes payable to unrelated third parties

Net assets without donor restrictions

Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

> 26,483,401. 26,739,062. Form 990 (2022)

255,661.

23,077,298.

3,406,103.

23 24

26

27

28

29

30

31

32

33

282,722.

19,911,523.

22,003,121.

22,285,843.

2,091,598.

Net Assets or Fund Balances

31

32

of Schedule D

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Organizations that follow FASB ASC 958, check here

Total liabilities and net assets/fund balances

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b 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

3a

Х

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization 82-0259387 BOISE RESCUE MISSION, INC. 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.) X A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я 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 university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on 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. d _____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 (iv) is the organization listed (vi) Amount of other (v) Amount of monetary (i) Name of supported (ii) EIN in your governing document? organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2022 BOISE RESCUE MISSION, INC. 82-0259

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
	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.						
	ction B. Total Support				1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4			10,	10/202	10/2022	(-) rotal
	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	ne)		1	12	
	First 5 years. If the Form 990 is for th			fourth or fifth tax	vear as a section f		
	organization, check this box and stor			iourui, or martux		. , , ,	
Sec	tion C. Computation of Publi						
_	Public support percentage for 2022 (I			column (fl)		14	%
15	Public support percentage from 2021	Schedule A, Part I	II, line 14				%
	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on line	9 13, 16a, or 16b.	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test					17a, and line 15 is	10% or
	more, and if the organization meets th	_				,	
	organization meets the facts-and-circu					rotion	
18	Private foundation. If the organization					************	

Schedule A (Form 990) 2022 BOISE RESCUE MISSION, INC.
Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified porsons that exceed the greater of \$5,000 or 1% of the						
,	amount on line 13 for the year Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
108	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
Ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975					2	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	o organization's fi	ret second third t	ourth or fifth tay	vear as a section 5	01(c)(3) organizatio	n .
14	check this box and stop here				, our us a socion s	- (G)(G) Organizatio	,
Sec	ction C. Computation of Publi	c Support Per			***************************************		
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	22 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	ies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2021. If the						nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	, or 19b, check th	nis box and see ins	tructions	

Part IV Supporting C

Supporting Organizations

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

Section A. All Supporting Organizations

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

		· · ·	
		Yes	No
	1		
	2		
	3a		_
	O.L.		
	3b		
	3c		
	4a		
	4b		_
	4c		
	-70		
	5a		_
	5b	\vdash	_
	5c		-
	6		
	7		
	8		
	9a		
	9b		
	9c		
	46		
	10a		
	10b		
_	IUD		_

Pa	rt IV Supporting Organizations (continued)			_
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_1_		_
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			_
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s),	11		
Sec	tion D. All Type III Supporting Organizations			_
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		-	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	-	
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	Z VZOSOV Page O
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

8 Breakdown of line 7:
a Excess from 2018
b Excess from 2019
c Excess from 2020
d Excess from 2021
e Excess from 2022

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2022

Schedule B (Form 990) (2022)

82-0259387 BOISE RESCUE MISSION, INC. Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

BOISE RESCUE	MISSION	. INC.
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82-0259387

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$436,322.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>432,855.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization

Employer identification number

BOISE RESCUE MISSION, INC.

82-0259387

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	SECURITIES	\$ 436,322.	12/21/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	² 2
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		-	

Name of or	rganization				Employer identification number
BOTSE	RESCUE MISSION, INC.				82-0259387
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through (e) and the following line charitable, etc., contributions of \$1,00	e entry. For organia	zations	at total more than \$1,000 for the year
(a) No. from				(d) D	alasta and to according to be 1.4
Part I	(b) Purpose of gift	(c) Use of gift		(a) Desc	ription of how gift is held
	. —————————————————————————————————————				
-		(a) Transfer of	4 -144		
		(e) Transfer o	ii giit		
-	Transferee's name, address, a	nd ZIP + 4	Relati	ionship of tran	nsferor to transferee
	5				
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer o	f gift		
	Transferee's name, address, a	nd ZIP + 4	Relati	onship of tran	nsferor to transferee
	·				
	A				
	2				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
Part I		,,,			
	š <u> </u>				
		(e) Transfer o	f aift		
		,,,			
-	Transferee's name, address, a	nd ZIP + 4	Relati	onship of tran	sferor to transferee
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
-					
		(e) Transfer o	f gift		
	Transferee's name, address, ar	nd ZIP + 4	Relati	onship of tran	sferor to transferee
	3				
1	Ē.				
- 1					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

BOISE RESCUE MISSION, INC.

Employer identification number 82-0259387

Schedule D (Form 990) 2022

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or A	Accounts. Complete if the
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets hel	d in donor advised fu	inds
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	y other purpose confe	erring
	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes	" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribu	ition in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а				
b	•			
c	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the orga	inization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conserva	tion easements during the year
_				and the state of t
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enf	ording conservation e	easements during the year
•	Does each conservation easement reported on line 2(d) above	antinfutha raquiramente	of coation 170/hV/AV	B/G)
8				
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservatio			
9	balance sheet, and include, if applicable, the text of the footnot			
	organization's accounting for conservation easements.	ote to the organization s	iii lanciai staterne its i	That describes the
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9		·	
1a	If the organization elected, as permitted under FASB ASC 958		nue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for publ			
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			•

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		ESCUE MISS			_			<u>82-02</u>	<u> 259387</u>	Page 2
Pa	rt III Organizations Maintaining C	collections of Ar	t, His	torical Tre	easures, o	r Othe	r Simila	r Asset	s continu	ed)
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	following tha	t make si	ignificant u	use of its		
	collection items (check all that apply):									
а	Public exhibition		d 🗀	Loan or exc	change progr	am				
b	Scholarly research		e 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explain	n how t	hey further th	he organization	on's exer	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m	aintained as part of t	he orga	nization's co	llection?				Yes	No No
Par	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contribution	s or other as	sets not i	included			
	on Form 990, Part X?							2	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
c	Beginning balance						. 1c			
d	Additions during the year						. 1d			
е	Distributions during the year						. 1e			
f	Ending balance									
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liabili	ity?	<u>X</u>	Yes	No No
	If "Yes," explain the arrangement in Part XIII.									
Pal	t V Endowment Funds. Complete								T	
		(a) Current year	(b)	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions					_				
	Net investment earnings, gains, and losses					-				
	Grants or scholarships					-				
e	Other expenditures for facilities									
	and programs					-				
	Administrative expenses					-			_	
g	End of year balance									
2	Provide the estimated percentage of the cur		٠.	g, column (a)) held as:					
a	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
C		%								
2-	The percentages on lines 2a, 2b, and 2c sho		AL.			6 4 .	_			
Sa	Are there endowment funds not in the posse organization by:	ession of the organiza	ation the	at are neid ar	na aaministei	ea for th	е		[V	es No
										69 NO
	(i) Unrelated organizations								3a(i) 3a(ii)	
ь	(ii) Related organizations	ations listed as requir	ed on S	chedule R2						+-
4	Describe in Part XIII the intended uses of the								30	
	t VI Land, Buildings, and Equipm		WITHOUT	iunuo.						
	Complete if the organization answere), Part I	V. line 11a. S	ee Form 990	Part X.	line 10.			
-	Description of property	(a) Cost or o		T	or other		ccumulate	d	(d) Book v	zali ie
	2 confidence property	basis (investr		1 ''	(other)		preciation	٠	(a) Dook (alue
1a	Land									
b	Buildings			16,17	9,786.	4,1	19,72	27. 1	2,060	059.
	Leasehold improvements									
d	Equipment			1,46	9,409.	1,0	36,42	25.	432	984.
	Other				3,810.				2,893	
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. colur			un cu ucu y	(a)	1	5,386,	853.

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	DC	TOF	KESC
Part VII	Investments	- Other	Secu	rities.

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	(B) Book value	(b) moniou di validadini dest di si	a or your market raide
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	451		
	9 15.)		
Part X Other Liabilities.		10 or 11f See Form 990 Part V line 25	
Part X Other Liabilities. Complete if the organization answered "Yes"		1e or 11f. See Form 990, Part X, line 25	
Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		1e or 11f. See Form 990, Part X, line 25	(b) Book value
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		1e or 11f. See Form 990, Part X, line 25	
Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)		1e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)		1e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)		1e or 11f. See Form 990, Part X, line 25	
Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		1e or 11f. See Form 990, Part X, line 25	
Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		1e or 11f. See Form 990, Part X, line 25	
Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		1e or 11f. See Form 990, Part X, line 25	
Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		1e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		1e or 11f. See Form 990, Part X, line 25	

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

	dule D (Form 990) 2022 BOISE RESCUE MISSION, INC.				0259387	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	s With F	Revenue per Re	turn.		
	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	16,137,	351.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	97				
а	Net unrealized gains (losses) on investments	2a	25,529.			
b	Donated services and use of facilities	2b	79,231.	-		
¢	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		760.
3	Subtract line 2e from line 1			3	16,032,	591.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		Î	H		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
C	Add lines 4a and 4b			4c		0.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	16,032,	591.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ts With	Expenses per P	letur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	11,657,	071.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities	2a	79,231.			
b	Prior year adjustments	2b				
C	Other losses	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		231.
3	Subtract line 2e from line 1			3	11,577,	840.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	- 4				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	11,577,	840.
Pa	t XIII Supplemental Information.					
rov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b a	nd 2b; Part V, line 4;	Part 2	(, line 2; Part XI	,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE MISSION MAY RECOGNIZE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL YEARS 2023 OR 2022.

Schedule D (Form 990) 2022 BOISE RESCUE MISSION, INC. [Part XIII] Supplemental Information (continued)	82-0259387	Page 5
Part XIII Supplemental Information (continued)		
THE MISSION IS CLASSIFIED AS A CHURCH AS DESCRIBED IN IN	TERNAL REVENUE	
CODE SECTION 170(B)(1)(A)(I) AND IS NOT REQUIRED TO FILE	A TAX RETURN.	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

2022 2022	:: (
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Go to www.irs.gov/Form990 for the latest information.

| b Open to Public Inspection

Name of the organization BOLSE RESCUE MISSION	CUE MISSIC	ON, INC.					Employer identification number 82-0259387
Part I General Information on Grants and Assistance	nd Assistance						
Does the organization maintain records to substantlate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	no no
criteria used to award the grants or assistance?	tance?						X Yes
앎	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. recipient that received more than \$5,000. Part II can be duplicated if additional space is nee	Domestic Organiz 5,000. Part II can	ations and Domestic Governments. Con be duplicated if additional space is needed.		complete if the orga ed.	anization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded.	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	nd government org	anizations listed in the	line 1 table				
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.			***************************************		Schedule I (Form 990) 2022

Pacje 2

82-0259387

Schedule I (Form 990) 2022

Part III

(Form 990) 2022 BOISE RESCUE MISSION, INC.
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

SUPPLIES & SERVICES (INCLUDING FOOD BOXES AND SUPPLIES CLOTHING) 529,346. FMV OF DONATION 572,581. FMV OF DONATION 456,454. 268,644. 49650 2440 SUPPLIES & SERVICES FOOD & SUPPLIES

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION MAINTAINS INTERNAL RECORDS TO SUBSTANTIATE ASSISTANCE

GIVEN DURING THE TAX YEAR.

Schedule I (Form 990) 2022 232102 10-31-22

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

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

2022 Open to Public

OMB No. 1545-0047

pen to Public Inspection

Name of the organization

BOISE RESCUE MISSION, INC.

Employer identification number 82-0259387

Pal	TTT Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determin ontribution a		ts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		158,797.	THRIFT S	HOP VA	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	23	761,287.	FAIR MAR	KET VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate · Residential							
16	Real estate · Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	2,334	488,174.	THRIFT S	HOP VA	LUE	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it	1 2		
	must hold for at least 3 years from the date of the	ne initial co	ntribution, and which	ch isn't required to be used t	or			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	olicy that re	quires the review o	of any nonstandard contribut	ons?	31	Х	
32a	Does the organization hire or use third parties of	r related or	ganizations to solic	it, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

Schedule M	(Form 990) 2022	BOISE RESCUE	MISSION,	INC.	82-0259387	Page 2
Part II	Supplemental is reporting in Part this part for any ac	I Information. Provide t I, column (b), the number dditional information.	the information of contributions	required by Part I, lines 30b, 3 , the number of items received	2b, and 33, and whether the organizati d, or a combination of both. Also compl	ion lete
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7,						
y.						
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			_			
				_		

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.

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BOISE RESCUE MISSION, INC.

Employer identification number 82-0259387

DOIDE REDCOL MIDDION, INC. OZ OZSSSOT
FORM 990, PART VI, SECTION A, LINE 1A:
THE GOVERNING BODY OF THE ORGANIZATION DELEGATES BROAD AUTHORITY TO ACT ON
ITS BEHALF TO THE EXECUTIVE COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE GOVERNING BODY OF THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 12C:
UPON AGREEING TO SERVE AS A BOARD MEMBER, EACH INDIVIDUAL ACKNOWLEDGES THE
CONFLICT OF INTEREST POLICY AND ADHERES TO REPORTING CONFLICTS AS THEY
ARISE. THE EXECUTIVE DIRECTOR OF THE ORGANIZATION MONITORS AND ENFORCES
COMPLIANCE WITH THE POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD REVIEWS SALARIES AND APPROVES RAISES FOR THE EXECUTIVE DIRECTOR.
ALL OTHER STAFF SALARIES ARE REVIEWED AND SET BY THE EXECUTIVE DIRECTOR AND
CHIEF OPERATING OFFICER. THE BOARD REVIEWS AND SETS THE ANNUAL BUDGET WHICH
INCLUDES SALARIES ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES DOCUMENTS AVAILABLE ON THE WEBSITE AND TO THE PUBLIC
UPON REQUEST.
FORM 990, PART XII, LINE 2C:
NO CHANGE IN THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX
YEAR.

Schedule O (Form 990) 20	22				 Page 2
Name of the organization		RESCUE	MISSION,	INC.	Employer identification number 82-0259387
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