

SUZAN H. SLUDER, CPA PA  
P O BOX 96  
ARDEN, NC 28704

WESTERN CAROLINA RESCUE  
MINISTRIES, INC.  
P.O. BOX 909  
ASHEVILLE, NC 28802  
|||||

Form **990**

# 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

**2021**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2021** calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

<b>C</b> Name of organization <b>WESTERN CAROLINA RESCUE MINISTRIES, INC.</b>		<b>D</b> Employer identification number <b>56-1249407</b>
Doing business as		<b>E</b> Telephone number <b>828-254-1529</b>
Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. BOX 909</b>		
City or town, state or province, country, and ZIP or foreign postal code <b>ASHEVILLE NC 28802</b>		<b>G</b> Gross receipts \$ <b>4,234,632</b>
<b>F</b> Name and address of principal officer: <b>REV. MICHEAL WOODS P.O. BOX 909 ASHEVILLE NC 28802</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>u</b> <b>www.westerncarolinarescue.org</b>	<b>H(c)</b> Group exemption number <b>u</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>	<b>L</b> Year of formation: <b>1981</b>	<b>M</b> State of legal domicile: <b>NC</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROVIDE FOOD, SHELTER, REHABILITATION AND CHRISTIAN MINISTRY TO THE POOR AND HOMELESS</b>		
	<b>2</b> Check this box <input type="checkbox"/> <b>u</b> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>8</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>49</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>600</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>2,907,419</b>	Current Year <b>3,912,576</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>277,702</b>	<b>255,168</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0</b>	<b>0</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>47,035</b>	<b>66,888</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,232,156</b>	<b>4,234,632</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>	<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>954,542</b>	<b>1,187,159</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>121,410</b>	<b>171,734</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>356,476</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>1,103,047</b>	<b>1,208,152</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>2,178,999</b>	<b>2,567,045</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,053,157</b>	<b>1,667,587</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>4,988,854</b>	End of Year <b>6,677,351</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,653,483</b>	<b>1,674,393</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,335,371</b>	<b>5,002,958</b>

## 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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>REV. MICHEAL WOODS</b> Type or print name and title	<b>EXECUTIVE DIRECTOR</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Suzan H. Sluder</b>	Preparer's signature <b>Suzan H. Sluder</b>	Date <b>07/29/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00447910</b>
	Firm's name } <b>SUZAN H. SLUDER, CPA PA</b>	Firm's EIN } <b>20-1291926</b>			
	Firm's address } <b>P O BOX 96 ARDEN, NC 28704</b>	Phone no. <b>828-551-1669</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROVIDE FOOD, SHELTER, REHABILITATION AND CHRISTIAN MINISTRY TO THE POOR AND HOMELESS

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

Yes  No

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

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

Yes  No

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

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

4a (Code: ) (Expenses \$ 1,991,811 including grants of \$ ) (Revenue \$ 255,168 )

PROVIDE FOOD, SHELTER, REHABILITATION AND CHRISTIAN MINISTRY TO THE POOR AND HOMELESS IN ASHEVILLE NC.

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

N/A

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

N/A

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

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

4e Total program service expenses u 1,991,811

**Part IV Checklist of Required Schedules**

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

**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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)			Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 49		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	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?			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders	<b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in 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. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), Yes, and No. Contains questions about governing body members, relationships, and documentation.

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

Table with columns for line numbers (10a-16b), Yes, and No. Contains questions about local chapters, conflict of interest policies, whistleblower policies, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u None
18 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.
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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records u

MIRIAM DILLINGHAM
ASHEVILLE

P.O. BOX 909

NC 28802

828-254-1529

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>GEORGE GABLER</b>	1.00									
SECRETARY	0.00	X		X			0	0	0	
(2) <b>BRIAN GOMPERS</b>	0.00									
TREASURER	0.00	X		X			0	0	0	
(3) <b>BARRY LAWSON</b>	1.00									
MEMBER	0.00	X					0	0	0	
(4) <b>E J MATHIS</b>	0.00									
EX-OFFICIO MEMBER	0.00	X					0	0	0	
(5) <b>KEVIN MATHIS</b>	1.00									
VICE CHAIRMAN	0.00	X		X			0	0	0	
(6) <b>ROBBY RUSSELL</b>	1.00									
CHAIRMAN	0.00	X		X			0	0	0	
(7) <b>MATT TOMMEY</b>	1.00									
MEMBER	0.00	X					0	0	0	
(8) <b>WILLIAM WILCOX</b>	1.00									
EX OFFICIO MEMBER	0.00	X					0	0	0	
(9)										
(10)										
(11)										



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Subtotal u
c Total from continuation sheets to Part VII, Section A u
d Total (add lines 1b and 1c) u

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> <b>3,912,576</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ <b>144,191</b>				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b> <b>3,912,576</b>				
<b>Program Service Revenue</b>	<b>2a</b> <b>THRIFT STORE SALES</b>	Business Code <b>453310</b>	<b>255,168</b>	<b>255,168</b>		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	<b>u</b> <b>255,168</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>				
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents	(i) Real	<b>30,000</b>			
		(ii) Personal				
		<b>6b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Rental inc. or (loss)	<b>6c</b> <b>30,000</b>				
	<b>d</b> Net rental income or (loss)	<b>u</b>	<b>30,000</b>		<b>30,000</b>	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7b</b> Less: cost or other basis and sales exps.	<b>7b</b>			
		<b>7c</b> Gain or (loss)	<b>7c</b>			
	<b>d</b> Net gain or (loss)	<b>u</b>				
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>				
		<b>8b</b> Less: direct expenses	<b>8b</b>			
<b>c</b> Net income or (loss) from fundraising events		<b>u</b>				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>9b</b> Less: direct expenses	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>10b</b> Less: cost of goods sold	<b>10b</b>				
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>				
<b>Miscellaneous Revenue</b>	<b>11a</b> <b>OTHER INCOME</b>	Business Code	<b>36,888</b>		<b>36,888</b>	
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>	<b>36,888</b>			
<b>12 Total revenue.</b> See instructions	<b>u</b>	<b>4,234,632</b>	<b>255,168</b>	<b>0</b>	<b>66,888</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	953,780	743,948	95,378	114,454
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	163,263	127,345	16,326	19,592
<b>10</b> Payroll taxes	70,116	54,691	7,012	8,413
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	4,642	2,785	1,393	464
<b>c</b> Accounting	7,100	4,260	2,130	710
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	171,734			171,734
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	20,150	3,425	10,075	6,650
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	69,775	47,019	14,644	8,112
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	49,873	48,876	997	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	201,920	169,613	20,192	12,115
<b>23</b> Insurance	61,315	38,015	15,942	7,358
<b>24</b> 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.)				
<b>a</b> PROGRAM EXPENSES	427,511	427,511		
<b>b</b> FOOD - IN KIND	123,691	123,691		
<b>c</b> MAINTENANCE	68,675	61,808	6,867	
<b>d</b> MINISTRY PROJECTS	57,403	57,403		
<b>e</b> All other expenses	116,097	81,421	27,802	6,874
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,567,045	1,991,811	218,758	356,476
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	1,653,339	1	1,401,648
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	26,357	3	
	4 Accounts receivable, net	1,884	4	4,569
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,998	9	14,807
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,003,083		
	b Less: accumulated depreciation	10b 1,917,673	3,243,448	10c 5,085,410
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	55,828	15	170,917
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	4,988,854	16	6,677,351	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	25,812	17	82,600
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,520,477	23	1,591,793
	24 Unsecured notes and loans payable to unrelated third parties	107,194	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,653,483	26	1,674,393
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions	2,987,754	27	5,002,958
	28 Net assets with donor restrictions	347,617	28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,335,371	32	5,002,958
33 Total liabilities and net assets/fund balances	4,988,854	33	6,677,351	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>4,234,632</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,567,045</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>1,667,587</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>3,335,371</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>5,002,958</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</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		

**SCHEDULE A**  
(Form 990)

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.

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

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

**WESTERN CAROLINA RESCUE  
MINISTRIES, INC.**

Employer identification number

**56-1249407**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 331/3% 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test—2021; b 33 1/3% support test—2020; 17a 10%-facts-and-circumstances test—2021; b 10%-facts-and-circumstances test—2020; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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		
c 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		

**Section 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		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
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.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	
6 Other distributions ( <i>describe in Part VI</i> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016 .....			
b From 2017 .....			
c From 2018 .....			
d From 2019 .....			
e From 2020 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017 .....			
b Excess from 2018 .....			
c Excess from 2019 .....			
d Excess from 2020 .....			
e Excess from 2021 .....			

**Part VI**

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

**Part II, Line 10 - Other Income Detail**

\$ 143,659

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

WESTERN CAROLINA RESCUE MINISTRIES, INC.

Employer identification number

56-1249407

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$.

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

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

**Part V Endowment Funds.**

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

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

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

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

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

- (i)** Unrelated organizations .....
  - (ii)** Related organizations .....
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>147,000</b>		<b>147,000</b>
<b>b</b> Buildings .....		<b>5,907,693</b>	<b>1,325,195</b>	<b>4,582,498</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>948,390</b>	<b>592,478</b>	<b>355,912</b>
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <b>u</b>				<b>5,085,410</b>

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) .....	<b>u</b>	

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>4,241,832</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>7,200</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>7,200</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>4,234,632</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>4,234,632</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>2,574,245</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>7,200</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>7,200</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>2,567,045</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>2,567,045</b>

**Part XIII Supplemental Information.**

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

**Part X - FIN 48 Footnote**

**THE ORGANIZATION IS EXEMPT FROM PAYMENT OF INCOME TAXES UNDER THE PROVISION OF SECTION 501 C 3 OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT OF TAXES ON ANY UNRELATED INCOME.**

**FASB ASC 740 PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED AND DISCLOSED IN THE FINANCIAL STATEMENTS.**

**FASB ASC 740 REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKING THE COURSE OF PREPARING FINANCIAL STATEMENTS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED BY THE APPLICABLE TAX AUTHORITY.**

**Part XIII** Supplemental Information *(continued)*

Area with horizontal dotted lines for supplemental information.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

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

**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**WESTERN CAROLINA RESCUE  
MINISTRIES, INC.**

Employer identification number

**56-1249407**

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Clark Communications 1 2 Westside Drive Asheville NC 28806	Mail		X	807,705	34,755	772,950
2 Blue Dawg, LLC 3810 5th Court North Birmingham AL 35222	Mail		X	727,294	26,769	700,525
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				<b>1,534,999</b>	<b>61,524</b>	<b>1,473,475</b>

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

**All states**

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

Table with 4 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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

Table with 4 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u** .....

Address **u** .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization **u** \$ ..... and the amount of gaming revenue retained by the third party **u** \$ .....
- c** If "Yes," enter name and address of the third party:

Name **u** .....

Address **u** .....

**16** Gaming manager information:

Name **u** .....

Gaming manager compensation **u** \$ .....

Description of services provided **u** .....

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0074

**2021**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**MINISTRIES, INC.**

Employer identification number

**56-1249407**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	<b>X</b>	<b>1</b>	<b>123,691</b>	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( )	<b>X</b>	<b>1</b>	<b>20,500</b>	
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

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

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



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or Form 990-EZ.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**WESTERN CAROLINA RESCUE  
MINISTRIES, INC.**

Employer identification number

**56-1249407**

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

**THE BOARD OF DIRECTORS IS PROVIDED A COPY OF THE FORM 990  
IN ADVANCE OF FILING. MEMBERS ARE GIVEN AN OPPORTUNITY TO ASK QUESTIONS  
AND PROVIDE FEEDBACK BEFORE THE RETURN IS FILED.**

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

**ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO PROVIDE WRITTEN  
STATEMENTS EVIDENCING THEIR COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF  
INTEREST POLICY ON AN ANNUAL BASIS. THE HUMAN RESOURCES DIRECTOR IS  
RESPONSIBLE FOR MONITORING COMPLIANCE WITH THIS REQUIREMENT.**

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

**COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE  
EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS. THE ORGANIZATION CONSIDERS  
THE LEVEL OF COMPENSATION FOR THE DIRECTOR IN RELATION TO DIRECTORS OF  
SIMILAR ORGANIZATIONS WITH SIMILAR RESPONSIBILITIES.**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

**THE ORGANIZATION PROVIDES PAPER COPIES OF DOCUMENTS, POLICIES AND FINANCIAL  
STATEMENTS TO THE PUBLIC UPON REQUEST.**



Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**

Attachment Sequence No. **179**

Name(s) shown on return **WESTERN CAROLINA RESCUE  
MINISTRIES, INC.**

Identifying number  
**56-1249407**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	<b>1,050,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,620,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>165,198</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	<b>34,458</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	<b>06/30/21</b>	<b>115,000</b>	27.5 yrs.	MM	<b>2,265</b>
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>201,921</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

WCRM WESTERN CAROLINA RESCUE

56-1249407

FYE: 12/31/2021

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Residential Real Property:</b>									
264	HOUSE - 512 SUTTLE STREET	6/30/21	115,000			115,000	27 MMS/L	0	2,265
			<u>115,000</u>			<u>115,000</u>		<u>0</u>	<u>2,265</u>
<b>Prior MACRS:</b>									
233	BUILDING B PHASE 1	10/31/16	1,343,881			1,343,881	39 MMS/L	145,013	34,458
			<u>1,343,881</u>			<u>1,343,881</u>		<u>145,013</u>	<u>34,458</u>
<b>Other Depreciation:</b>									
1	Rack/Fixture Depr	5/01/03	12,509			12,509	5 MO S/L	12,509	0
2	Furniture and Fixtures	4/09/03	1,623			1,623	5 MO S/L	1,623	0
7	Vacant Lot	1/02/87	39,000			39,000	0 -- Memo	0	0
8	Land	1/02/87	78,000			78,000	0 -- Memo	0	0
9	Building	1/02/87	153,000			153,000	20 MO S/L	153,000	0
10	Joshua House	1/01/01	323,459			323,459	40 MO S/L	161,641	8,087
11	Large Freezer	12/31/80	3,000			3,000	10 MO S/L	3,000	0
12	Chest Freezers	12/31/81	700			700	10 MO S/L	700	0
13	Refrigerators	12/31/83	800			800	10 MO S/L	800	0
14	Gas Range	12/31/80	1,600			1,600	10 MO S/L	1,600	0
15	Electric Range	12/31/80	279			279	10 MO S/L	279	0
16	Hood & Exhaust System	12/31/80	1,500			1,500	10 MO S/L	1,500	0
17	Dishwasher	12/31/80	400			400	10 MO S/L	400	0
18	Washer and Dryer	12/31/80	828			828	10 MO S/L	828	0
19	Washer	8/20/86	397			397	5 MO S/L	397	0
20	Walk in Freezer	12/15/87	1,500			1,500	10 MO S/L	1,500	0
21	Washing Machine	1/01/90	390			390	10 MO S/L	390	0
23	Dishwasher	1/02/91	1,900			1,900	10 MO S/L	1,900	0
24	Stove	9/30/94	2,450			2,450	5 MO S/L	2,450	0
25	Video	9/08/93	750			750	5 MO S/L	750	0
26	Refridgerator	6/02/94	683			683	7 MO S/L	683	0
27	Walk in Cooler	3/27/96	2,754			2,754	7 MO S/L	2,754	0
28	Organ	7/01/95	5,000			5,000	5 MO S/L	5,000	0
30	Pepsi Machine	4/01/96	697			697	5 MO S/L	697	0
31	Washer	12/15/96	4,870			4,870	7 MO S/L	4,870	0
32	Dryer	12/15/96	3,200			3,200	7 MO S/L	3,200	0
33	CPU Unit	12/15/96	379			379	7 MO S/L	379	0
35	Gateway G6 233 Computer	2/11/98	3,184			3,184	5 MO S/L	3,184	0
36	Two Computers	4/06/99	2,067			2,067	5 MO S/L	2,067	0
37	Hot Food Table	9/15/99	1,328			1,328	5 MO S/L	1,328	0
38	Furnace - DR and Dorm	1/31/01	12,160			12,160	7 MO S/L	12,160	0
39	AC Dorm	6/30/01	2,135			2,135	7 MO S/L	2,135	0
41	Refridgerator	8/16/00	444			444	7 MO S/L	444	0
42	Range	8/16/00	434			434	5 MO S/L	434	0
43	Washer	8/07/00	413			413	5 MO S/L	413	0
44	Dryer	8/07/00	412			412	5 MO S/L	412	0
45	6 Air Conditioners	8/28/00	1,266			1,266	5 MO S/L	1,266	0
46	Washer	11/20/00	369			369	5 MO S/L	369	0
47	Refridgerator	10/19/00	415			415	7 MO S/L	415	0
48	Range	10/19/00	357			357	7 MO S/L	357	0
49	Washer	12/27/00	355			355	5 MO S/L	355	0
50	Dryer	12/27/00	301			301	5 MO S/L	301	0
51	Security System	2/11/02	4,252			4,252	10 MO S/L	4,252	0
52	Donation Software	8/08/01	1,450			1,450	3 MO S/L	1,450	0
53	Dell Computer	1/02/03	1,478			1,478	3 MO S/L	1,478	0
54	Used Comm. Washer	10/08/02	1,000			1,000	3 MO S/L	1,000	0
55	Dell Computer	8/11/04	597			597	3 MO S/L	597	0
56	Steel Table	12/31/80	175			175	10 MO S/L	175	0
57	Steel Sink	12/31/80	200			200	10 MO S/L	200	0
58	Steel Sink	12/31/80	200			200	10 MO S/L	200	0
59	8 Dining Room Chairs	12/31/80	160			160	10 MO S/L	160	0
60	60-Dining Room Chairs	12/31/80	60			60	10 MO S/L	60	0
61	100-Single Beds	12/31/80	150			150	10 MO S/L	150	0
62	24-Dressers	12/31/80	120			120	10 MO S/L	120	0
63	Window Fan	12/31/80	100			100	10 MO S/L	100	0
64	26-Mattresses	12/31/80	260			260	10 MO S/L	260	0
65	2-Steel Case Desks	12/31/84	1,000			1,000	10 MO S/L	1,000	0

## WCRM WESTERN CAROLINA RESCUE

56-1249407

## Federal Asset Report

FYE: 12/31/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
66	Electric Typewriter	12/31/84	75				75	10	MO S/L	75	0
67	Telephone System	7/01/85	2,776				2,776	10	MO S/L	2,776	0
68	Piano	12/31/80	100				100	10	MO S/L	100	0
69	Pulpit	12/31/80	50				50	10	MO S/L	50	0
70	Pews	12/31/80	100				100	10	MO S/L	100	0
71	Ceiling Fan	12/31/80	50				50	10	MO S/L	50	0
72	Lobby Desk	12/31/80	100				100	10	MO S/L	100	0
73	Lobby Tables	12/31/80	300				300	10	MO S/L	300	0
75	3 Office Chairs	12/31/84	150				150	10	MO S/L	150	0
76	Apartment Furniture	12/31/80	1,200				1,200	10	MO S/L	1,200	0
77	Air Conditioners	12/31/80	950				950	10	MO S/L	950	0
78	9 Fans	12/31/80	180				180	10	MO S/L	180	0
79	3 Circular Heaters	12/31/80	1,500				1,500	10	MO S/L	1,500	0
80	Electric Heater	12/31/80	350				350	10	MO S/L	350	0
81	2 Gas Heaters	12/31/80	400				400	10	MO S/L	400	0
82	4 Fire Extinguishers	12/31/80	130				130	10	MO S/L	130	0
83	Dorm Speakers	7/01/85	174				174	10	MO S/L	174	0
84	Various F&F Items	12/15/87	6,581				6,581	10	MO S/L	6,581	0
85	Piano	12/15/87	420				420	10	MO S/L	420	0
86	Desk Typing Table	1/01/90	105				105	10	MO S/L	105	0
87	Desk and Chairs	1/01/90	180				180	10	MO S/L	180	0
88	File Cabinets	1/01/90	230				230	10	MO S/L	230	0
89	Carpeting	6/05/94	562				562	7	MO S/L	562	0
90	Chairs	3/15/97	423				423	7	MO S/L	423	0
91	Piano	10/31/00	2,115				2,115	7	MO S/L	2,115	0
92	Furnishings - Joshua House	1/01/01	11,844				11,844	7	MO S/L	11,844	0
93	Office Furniture	5/21/02	800				800	7	MO S/L	800	0
94	Bunk Beds	1/07/02	1,085				1,085	7	MO S/L	1,085	0
95	Hot Water Heater	3/18/03	1,484				1,484	5	MO S/L	1,484	0
96	12 Doors	12/31/80	360				360	20	MO S/L	360	0
97	20 Ceiling Lights	12/31/80	500				500	20	MO S/L	500	0
98	Drop Ceiling	12/31/80	4,500				4,500	21	MO S/L	4,500	0
99	Tile and Carpeting	12/31/80	6,700				6,700	20	MO S/L	6,700	0
100	Fire Doors	12/31/80	1,250				1,250	20	MO S/L	1,250	0
101	Plumbing	12/31/80	4,900				4,900	20	MO S/L	4,900	0
102	Dry Wall & Insulation	12/31/80	6,800				6,800	20	MO S/L	6,800	0
103	Improvements Labor	12/31/80	13,500				13,500	20	MO S/L	13,500	0
104	Water Heater	7/01/85	930				930	20	MO S/L	930	0
106	Building Improv	12/15/88	19,171				19,171	20	MO S/L	19,171	0
107	Building Improv	1/01/90	42,426				42,426	20	MO S/L	42,426	0
109	Building Improv	12/15/87	43,117				43,117	20	MO S/L	43,117	0
110	Building Improv	2/15/97	10,825				10,825	20	MO S/L	10,825	0
111	Floor	2/15/97	3,406				3,406	20	MO S/L	3,406	0
112	Building Improv	2/15/97	2,093				2,093	20	MO S/L	2,093	0
113	Air Conditioning Improv	8/28/98	2,725				2,725	5	MO S/L	2,725	0
114	Electrical Wiring	12/31/80	15,000				15,000	20	MO S/L	15,000	0
115	Flooring/Stairway	7/31/00	10,068				10,068	40	MO S/L	5,139	252
118	Elect Work	5/06/03	3,618				3,618	20	MO S/L	3,196	181
121	Ford Van	2/11/00	18,025				18,025	5	MO S/L	18,025	0
123	Dryer	4/23/91	239				239	10	MO S/L	239	0
124	Chef Ref White	4/23/91	459				459	10	MO S/L	459	0
125	Chef Ref	4/23/91	459				459	10	MO S/L	459	0
126	2 Quasar Microwaves	4/23/91	258				258	10	MO S/L	258	0
127	W/W Washer White	4/23/91	329				329	10	MO S/L	329	0
128	W/W Washer White	4/23/91	329				329	10	MO S/L	329	0
129	W/W Washer White	4/23/91	329				329	10	MO S/L	329	0
130	W/W Dryer White	4/23/91	239				239	10	MO S/L	239	0
131	W/W Dryer White	4/23/91	239				239	10	MO S/L	239	0
132	2 White Ranges	4/01/91	468				468	10	MO S/L	468	0
133	Dishwashers SU330	4/01/91	454				454	10	MO S/L	454	0
134	Draperies	4/01/91	1,274				1,274	10	MO S/L	1,274	0
135	11 Spindle Beds Singer	5/06/91	935				935	10	MO S/L	935	0
136	7 Nightstands Singer	5/06/91	679				679	10	MO S/L	679	0
137	4 Drawer Chests Singer	5/06/91	1,099				1,099	10	MO S/L	1,099	0
138	3 Double Dressers-Singer	5/06/91	735				735	10	MO S/L	735	0
139	3 Vert Mirrors	5/06/91	330				330	10	MO S/L	330	0
140	4/6 Spindle Bed Singer	5/06/91	136				136	10	MO S/L	136	0
141	Bunk Beds Rosalc	5/06/91	837				837	10	MO S/L	837	0
142	Rocker Bisque	5/06/91	199				199	10	MO S/L	199	0
143	2 Sleepers Claude	5/06/91	674				674	10	MO S/L	674	0
144	2 Coctails Tables impact	5/06/91	138				138	10	MO S/L	138	0

WCRM WESTERN CAROLINA RESCUE

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Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
145	4 End Tables Impact	5/06/91	276			276	10 MO S/L	276	0
146	28 Woodstone Col Elite	5/06/91	196			196	10 MO S/L	196	0
147	2 Sofa Blue El Ran	5/06/91	754			754	10 MO S/L	754	0
148	Sofa Caddy Circ	5/06/91	318			318	10 MO S/L	318	0
149	2 Rect End Tables	5/06/91	109			109	10 MO S/L	109	0
150	2 Brass Lamps	5/06/91	108			108	10 MO S/L	108	0
151	Chair Caddy Circ	5/06/91	238			238	10 MO S/L	238	0
152	3 Bookcases	5/06/91	240			240	10 MO S/L	240	0
153	Table Top	5/06/91	299			299	10 MO S/L	299	0
154	11 Simmons 3x3 Bed Sets	5/06/91	2,200			2,200	10 MO S/L	2,200	0
155	Simmons 4/6 Bed Set	5/06/91	300			300	10 MO S/L	300	0
156	3 Simmons 2 PC Bunks	5/06/91	450			450	10 MO S/L	450	0
157	3 4/6 Buns-Riverside	5/06/91	360			360	10 MO S/L	360	0
158	Electrical Materials	1/02/91	8,121			8,121	20 MO S/L	8,121	0
159	Plumbing Materials	1/02/91	3,829			3,829	20 MO S/L	3,829	0
160	Renovation Materials	1/02/91	43,458			43,458	20 MO S/L	43,458	0
161	Carpet & Vinyl	5/01/91	6,368			6,368	20 MO S/L	6,368	0
162	Heating & Airconditioning	6/24/91	10,000			10,000	20 MO S/L	10,000	0
163	Roof MH	4/15/97	6,225			6,225	20 MO S/L	6,225	0
164	Leased Vehicle Impr	3/11/03	4,500			4,500	5 MO S/L	4,500	0
165	GMC Deliver Truck Lease	3/15/03	29,138			29,138	5 MO S/L	29,138	0
166	Door exit alarm-TSS Patton Ave	4/19/06	1,153			1,153	7 MO S/L	1,153	0
167	Architect fees- Patton Ave building	6/01/06	504			504	10 MO S/L	504	0
168	Patton Avenue Store-deposit	6/30/06	25,000			25,000	40 MO S/L	9,063	625
169	Fire Door	6/15/06	5,293			5,293	7 MO S/L	5,293	0
171	Sign for Thrift Store including wiring	8/04/06	13,230			13,230	7 MO S/L	13,230	0
172	Computer for Jeremy	8/01/06	699			699	5 MO S/L	699	0
173	Patton Avenue Building Purchase	8/15/06	1,085,943			1,085,943	39 MO S/L	401,428	27,844
174	12 DELL COMPUTERS W/ PERI AND IN	4/30/07	27,384			27,384	5 MO S/L	27,384	0
175	USED KITCHEN EQUIPMENT	1/12/07	2,450			2,450	7 MO S/L	2,450	0
176	DONATED ROOF AIR CONDITIONER	10/27/07	5,000			5,000	7 MO S/L	5,000	0
178	2007 TRAILER	7/18/08	3,200			3,200	5 MO S/L	3,200	0
179	ACT SOFTWARE	2/07/08	3,333		X	1,667	3 MO Amort	3,333	0
180	SAGE DONOR SOFTWARE	3/24/08	6,796		X	3,398	3 MO Amort	6,796	0
182	GAS WASHER & DRYER	1/30/09	8,383			8,383	7 MO S/L	8,383	0
183	CCTV ALARM & INSTALLATION	7/20/09	12,779			12,779	7 MO S/L	12,779	0
184	2001 SUBURBAN - DONATED	6/30/09	6,500			6,500	5 MO S/L	6,500	0
185	IPAD	12/31/10	588			588	5 MO S/L	588	0
186	Roof Replacement - Bonitz Co	8/18/10	35,910			35,910	39 MO S/L	9,515	920
187	2 Washers	10/31/10	1,215			1,215	7 MO S/L	1,215	0
188	Security Cameras	9/20/10	1,942			1,942	7 MO S/L	1,942	0
189	Aqubanc Equip Lease	9/15/10	30,863			30,863	5 MO S/L	30,863	0
190	ARSi	11/21/11	1,974			1,974	7 MO S/L	1,974	0
	Mass Sale: 10/31/21								
191	Book Warehouse	12/06/11	185			185	7 MO S/L	185	0
	Mass Sale: 10/31/21								
192	Low Price Furn(plexi cholder etc...	12/21/11	276			276	7 MO S/L	276	0
	Mass Sale: 10/31/21								
193	ARSi	10/10/11	1,215			1,215	7 MO S/L	1,215	0
	Mass Sale: 10/31/21								
194	ARSi (fixtures)	10/10/11	2,530			2,530	7 MO S/L	2,530	0
	Mass Sale: 10/31/21								
195	Book Warehouse (wooden fixtures	10/11/11	1,723			1,723	7 MO S/L	1,723	0
	Mass Sale: 10/31/21								
196	ARSi (fixtures)	12/13/11	2,530			2,530	7 MO S/L	2,530	0
	Mass Sale: 10/31/21								
198	Store Supply whse	9/17/11	145			145	7 MO S/L	145	0
	Mass Sale: 10/31/21								
199	High Resolution	9/19/11	2,936			2,936	7 MO S/L	2,936	0
	Mass Sale: 10/31/21								
200	Renew (hangers unltd)	9/28/11	1,030			1,030	7 MO S/L	1,030	0
	Mass Sale: 10/31/21								
201	Renew	10/10/11	1,215			1,215	7 MO S/L	1,215	0
	Mass Sale: 10/31/21								
202	Book Warehouse (wooden fixtures	10/11/11	1,723			1,723	7 MO S/L	1,723	0
	Mass Sale: 10/31/21								
203	Store Supply whse (Bagging stand	11/02/11	258			258	7 MO S/L	258	0
	Mass Sale: 10/31/21								
204	Store Supply whse	11/03/11	258			258	7 MO S/L	258	0
	Mass Sale: 10/31/21								
206	Ipad & assessories - Jonathan	10/31/11	788			788	5 MO S/L	788	0

WCRM WESTERN CAROLINA RESCUE

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Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
207	TOOL CABINET	9/30/11	713			713	7 MO S/L	713	0
208	BEDS FOR DORM	12/21/11	13,311			13,311	7 MO S/L	13,311	0
209	DRYER - MEN'S DORM	10/31/11	766			766	7 MO S/L	766	0
210	2 CLEAN AIR PLANT	2/16/11	2,000			2,000	7 MO S/L	2,000	0
211	DEMOLITION - WOMEN'S SHELTER	5/11/11	39,737			39,737	39 MO S/L	9,849	1,019
212	WATER HEATER	2/24/11	3,115			3,115	7 MO S/L	3,115	0
213	ROOF - BUILDING B (2)	3/10/11	46,422			46,422	39 MO S/L	11,705	1,190
214	Reconditioned MSI V630	7/17/12	5,800			5,800	5 MO S/L	5,800	0
216	New Women's Bathroom	7/30/12	41,820			41,820	39 MO S/L	9,025	1,073
217	Kitchen Remodel	7/31/12	161,004			161,004	39 MO S/L	34,747	4,128
218	Mens Dorm Remodel	4/30/12	49,333			49,333	39 MO S/L	10,963	1,265
219	Forklift	7/17/12	2,400			2,400	5 MO S/L	2,400	0
220	BW	1/06/12	5,350			5,350	7 MO S/L	5,350	0
	Mass Sale: 10/31/21								
221	60 Shpping carts/ckout cntns, 2 jewelry cases	7/09/12	3,112			3,112	7 MO S/L	3,112	0
	Mass Sale: 10/31/21								
222	BW- Store Kit for P2	8/20/12	12,001			12,001	7 MO S/L	12,001	0
	Mass Sale: 10/31/21								
223	CORRECTION TO # 221	9/04/13	-2,112			-2,112	7 MO S/L	-2,112	0
	Mass Sale: 10/31/21								
224	Sign - Smoky Park	12/01/13	4,367			4,367	7 MO S/L	4,367	0
225	2011 CHEVY VAN	10/08/13	16,653			16,653	5 MO S/L	16,653	0
226	MENS DORM REMODEL ADDL	4/24/13	1,245			1,245	39 MO S/L	245	32
227	WILLS COMPUTER	4/30/14	2,213			2,213	5 MO S/L	2,213	0
228	1998 Ford Truck HI-CUBE	9/18/14	10,000			10,000	5 MO S/L	10,000	0
229	Micheal Computer	12/14/15	963			963	5 MO S/L	963	0
230	Sign - Moss Signs	12/03/15	3,516			3,516	7 MO S/L	2,554	502
231	Ice Machine	7/06/16	2,211			2,211	7 MO S/L	1,421	316
232	1998 Chevy 1500 Truck	5/04/16	3,000			3,000	7 MO S/L	2,000	429
234	FORKLIFT	10/03/17	9,900			9,900	7 MO S/L	4,596	1,415
235	10 CHROMEBOOKS FOR EDUCATION	12/31/18	1,090			1,090	5 MO S/L	436	218
236	TWIN MATTRESSES- ABBAS HOUSE	1/05/18	1,249			1,249	7 MO S/L	535	179
237	WHITAKER BRUSH MACHINES	9/27/18	4,405			4,405	7 MO S/L	1,416	629
238	LAMINATED SPORTS ABSORBER	6/30/18	2,000			2,000	7 MO S/L	714	286
239	3 COMPUTERS	8/31/18	1,141			1,141	5 MO S/L	532	229
240	CAMERA & ASSESSORIES	2/28/18	782			782	5 MO S/L	443	156
241	PBI OFFICE FURNITURE	10/09/18	2,545			2,545	7 MO S/L	818	364
242	2017 FORD E450 BUS	3/23/18	47,176			47,176	5 MO S/L	25,947	9,435
243	BUILDING B PHASE 2	2/01/18	635,239			635,239	39 MO S/L	47,507	16,288
244	ABBAS HOUSE	2/01/18	42,761			42,761	39 MO S/L	3,198	1,096
245	2017 Chevrolet Express Van	4/02/19	20,892			20,892	5 MO S/L	7,312	4,179
246	Outdoor Freezer/Refrigerator	11/06/19	49,710			49,710	7 MO S/L	8,285	7,102
247	Forklift - VESCO	11/27/19	6,330			6,330	7 MO S/L	980	904
248	GARAGE DOOR-624 PATTON	10/12/20	1,650			1,650	7 MO S/L	59	236
249	SECURITY CAMERA SYSTEM	2/27/20	2,149			2,149	7 MO S/L	256	307
250	DEMO 2020 3-STAT PORTABLE SHOWE	6/11/20	45,600			45,600	7 MO S/L	3,800	6,514
251	2006 FORD F-150	12/22/21	13,500			13,500	5 MO S/L	0	0
252	KITCHEN STEAMER	5/21/21	9,534			9,534	7 MO S/L	0	795
253	PAVING FRONT DRIVEWAY 225 PATTO	11/22/21	10,300			10,300	15 MO S/L	0	57
254	FENCE AND POWER SECURITY GATE	1/21/21	17,637			17,637	15 MO S/L	0	1,078
255	WALL MURAL ON BLDG	12/02/21	87,529			87,529	15 MO S/L	0	486
256	SHOWERS- JULIUS STREET	12/15/21	176,630			176,630	39 MO S/L	0	377
257	LAND- 1100 BUFFALO STREET	1/07/21	20,000			20,000	0 -- Land	0	0
258	BLDG - 1100 BUFFALO STREET	1/07/21	910,000			910,000	39 MO S/L	0	23,333
259	CCRM 2nd floor renovation	8/20/21	371,452			371,452	39 MO S/L	0	3,175
260	LAND-1018 BUFFALO STREET	1/07/21	5,000			5,000	0 -- Land	0	0
261	BLDG - 1018 BUFFALO STREET	1/07/21	40,000			40,000	39 MO S/L	0	1,026
262	EQUIPMENT - 1100 BUFFALO STREET	1/07/21	262,300			262,300	7 MO S/L	0	37,471
263	LAND- 512 SUTTLE STREET HOUSE	6/30/21	5,000			5,000	0 -- Land	0	0
	<b>Total Other Depreciation</b>		<u>5,580,555</u>			<u>5,575,491</u>		<u>1,607,093</u>	<u>165,198</u>
	<b>Total ACRS and Other Depreciation</b>		<u>5,580,555</u>			<u>5,575,491</u>		<u>1,607,093</u>	<u>165,198</u>

WCRM WESTERN CAROLINA RESCUE

56-1249407

FYE: 12/31/2021

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	<b>Grand Totals</b>		7,039,436			7,034,372		1,752,106	201,921
	<b>Less: Dispositions and Transfers</b>		36,349			36,349		36,349	0
	<b>Less: Start-up/Org Expense</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>7,003,087</u>			<u>6,998,023</u>		<u>1,715,757</u>	<u>201,921</u>

## Depreciation Adjustment Report

### All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	233	BUILDING B PHASE 1	34,458	34,458	0
Page 1	1	264	HOUSE - 512 SUTTLE STREET	<u>2,265</u>	<u>2,265</u>	<u>0</u>
				<u>36,723</u>	<u>36,723</u>	<u>0</u>

WCRM WESTERN CAROLINA RESCUE

56-1249407

FYE: 12/31/2021

## Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
OTHER	\$ 44,059	\$ 17,736	\$ 21,917	\$ 4,406
AUTO EXPENSE	35,266	27,861	4,937	2,468
PROGRAM EXPENSES- IN KIND	20,500	20,500		
SUPPLIES	9,205	8,285	920	
FOOD	5,667	5,667		
CAPITAL CAMPAIGN	1,400	1,372	28	
Total	<u>\$ 116,097</u>	<u>\$ 81,421</u>	<u>\$ 27,802</u>	<u>\$ 6,874</u>



WCRM WESTERN CAROLINA RESCUE  
56-1249407  
FYE: 12/31/2021

## Federal Statements

### Schedule A, Part II, Line 1(e)

Description	Amount
CASH CONTRIBUTIONS	\$ 3,768,385
IN KIND DONATIONS	123,691
IN KIND DONATIONS - PROGRAM SUPPLIES	20,500
Total	\$ <u>3,912,576</u>

WCRM WESTERN CAROLINA RESCUE  
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FYE: 12/31/2021

## Federal Statements

### Schedule A, Part II, Line 8(e)

Description	Amount
RENTAL INCOME	\$ 30,000
Total	\$ <u>30,000</u>

### Schedule A, Part II, Line 10(e)

Description	Amount
OTHER INCOME	\$ 36,888
Total	\$ <u>36,888</u>

### Schedule A, Part II, Line 12 - Current year

Description	Amount
THRIFT STORE SALES	\$ 255,168
Total	\$ <u>255,168</u>