r ,	۲		29	949304	404(022 1				
Form	9	90 "	" Return of Organization Exempt From In			OMB No 1545-0047				
(Pay		2020)	•			2019				
(Rev .	lanuar	ry 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex	· ·	dations)	Open to Bublic				
		the Treasury	Do not enter social security numbers on this form as it may be Go to www.irs.gov/Form999 for instructions and the latest it			Open to Public				
		nue Service	► Go to www.irs.gov/Form990 for instructions and the latest i year, or tax year beginning , 2019, a	nd ending		Inspection (
		applicable	C Name of organizationALTOONA RESCUE MISSION	na enang	D Employe	er identification number				
\Box		change	Doing business as			23-1555452				
	ame ch	•	Number and street (or PO box if mail is not delivered to street address)	Room/suite	E Telephor					
	tial reti	-	PO BOX 3288	NOON SUNG	•	(814)695-5931				
		return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross recei								
$\overline{}$		d return	ALTOONA, PA 16603		\$	72,854				
$\overline{\Box}$		on pending	F Name and address of principal officer EDWIN CHAPPELL	H(a) is this a	group return for					
			6TH AVE., ALTOONA, PA 16602	. 1	subordinates					
I Ta	x-exem	npt status X 50	01(c)(3)	If "No,"	attach a list ((see instructions)				
J W	ebsite			H(c) Group	exemption n	umber ►				
		organization C	orporation ☐ Trust X Association ☐ Other ► ☐ L Year of formation	n 1927 M :	State of legal	domicile PA				
Par	t I	Summary								
	1	Bnefly describe	the organization's mission or most significant activities PROVIDE FOOD	, CLOTHING,	SHELTER	TO THE POOR				
e		AND NEEDY.								
Activities & Governance										
eru	ļ									
Š	2									
ಷ	3	4 Number of independent voting members of the governing body (Part VI, line 1b)								
ies	4									
Ĭ.	5		f individuals employed in calendar year 2019 (Part V, line 2a)	· · · · · · · · · · · ·	5	0				
Act	6		f volunteers (estimate if necessary)		6	6_				
	7a		business revenue from Part VIII, column (C), line 12		7a	0				
	D	Net unrelated b	usiness taxable income from Form 990-T, line 39	T	7b	0				
	١.	Contabutions	nd grants (Part VIII, line 1h)	Prior Year	707	Current Year				
يو	8		nd grants (Part VIII, line 1h) e revenue (Part VIII, line 2g)		,101	32,541				
Revenue	10	-	ome (Part VIII, inite 2g) · · · · · · · · · · · · · · · · · · ·		48	40,150				
ě	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		40	<u>163</u>				
ш.	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,322	72,854				
	13		ilar amounts paid (Part IX, column (A), lines 1-3)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0				
	14		or for members (Part IX, column (A), line 4)			0				
	15	•	compensation, employee benefits (Part IX, column (A), lines 5-10)		-+	0				
ses			ndraising fees (Part IX, column (A), line 11e)			0				
Expenses	l		g expenses (Part IX, column (D), line 25) ► 0							
EX	17	Other expenses	(Part IX, column (A), lines 11a-11d, 11f-24e)	52	,751	55,111				
	18	Total expenses	Add lines 13-17 (must equal Part IX, column (AR, line 25)		,751	55,111				
	19	Revenue less e	expenses Subtract line 18 from line 12		,571	17,743				
or Ses			1111	Beginning of Curre		End of Year				
Net Assets or Fund Balances	20	Total assets (Pa	Q W	193	,236	210,979				
A Pss	21	Total liabilities (Part X, line 26)		T	0				
	22	Net assets or fu	and balances Subtract line 21 from line 20 OGDEN, UT	193	,236	210,979				
Par	t II	Signature	Block							
			e that I have examined this return, including accompanying schedules and statements, and to the best of ation of preparer (other than officer) is based on all information of which preparer has any knowledge	my knowledge and belie	ef, it is	. –				
	551, 1		≥ Communication of the day mornings	<u> </u>		C) 7.				
Sia-			CHAPPELL Edwin Unioppell			5-1-20				
Sign		Signature of	officer		Date					
Here			CHAPPELL, PRESIDENT			<u>.</u>				
		Type or prin	t name and title			FINI				

Duncansville PA 16635

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address

D P OPPEL

311 14TH STREET

1-76

814-695-5610

Firm's EIN

Phone no

Form 990 (2019)

X No

// Form 990 (201

· · · 🗌 Yes

Paid Preparer

Use Only

Form	n 990 (2019) ALTOONA RESCUE MISSION	23-1555452	Page 2
Pa	Irt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u> D</u>
1	Bnefly describe the organization's mission		
	PROVIDE FOOD, CLOTHING, SHELTER TO THE POOR AND NEEDY.		
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 🔲 N	0
	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	0
	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		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$55,111 including grants of \$32,541) (Revenue	<u> </u>	<u> </u>
	PROVIDE FOOD, CLOTHING, SHELTER FOR THE POOR AND NEEDY.		- ′
	Thousand The Town The Town Table 1.		
		<u> </u>	_
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	/ (Lapones +) (Nevenue	<u> </u>	- ′
			
		<u> </u>	
			
		 	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		· ·	'
			
		 	
44	Other program services (Describe on Schedule O)		
+u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 55,111		

Form 990 (2019)

· . · · .



			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	_ X _	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u> </u>
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	١ . ا		
4		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C. Part II	4		
5	,			_X
•	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	۲,		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
		11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D. Parts XI and XII	12a	1	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	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate]	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
45	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
20 -	If "Yes," complete Schedule G, Part III	19 20a		_X_
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on Fart IX, column (X), line F. II. Fes, complete Golleddie I, Farts Falla II.	_=:_		

(a	Checkist of Required Schedules (continued)		1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<u> </u>		X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	<u> </u>		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ļ]
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · ·	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
20	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
•	IV instructions, for applicable filing thresholds, conditions, and exceptions)			£
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1····································	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes " complete Schedule R. Part VI	27		
20	and that is treated as a partitioning to reductal mostlies tax parposes. If it is a superior complete constant is	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note : All Form 990 filers are required to complete Schedule O	38		
Dar		30	Х	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Check it correduce a contains a response of note to any line in this fact the contains	· · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
ıa b	Enter the number of Form W-2G included in 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?	1c	_ x	نـ <u>ـ</u> ــا
			للت	

Form	990 (2019) ALTOONA RESCUE MISSION	23-15554	52	F	Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
	-		(4) #3 85 (4 X)	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0	MAN		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •		2b	actif where	. wii. 841
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				11.50
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	White southers	X 82802
ь	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				7000
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • •		5b		X_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	• • • • • •	_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the] .]
	organization solicit any contributions that were not tax deductible as chantable contributions?	• • • • •	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		2002
7	Organizations that may receive deductible contributions under section 170(c).		33		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?	• • • • •	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				ĺ
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	• • • • • •	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·		域質		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •		_7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required		7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • •		7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		4062		
	sponsoring organization have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.		A SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		х
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders				
ь	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them) · · · · · · · · · · · · · · · · · ·				Silve
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which			15Mg	
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand			STEER!	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N		2,7494E	in adam es Sidenti Marij	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O		影響	的概则	科的問

"Pa	rt VII 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 in Schedule O. See instructions			
-	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		· x
Sec	tion A. Governing Body and Management			
		<u> </u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		EXIS.	
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		_x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_x_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6_		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		_ X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	\$25 E		
	the year by the following		1996C	
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	_ x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> x</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u> </u>	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	186° ± 030s
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	**************************************	*Z.P.	TAB
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	├ ──	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		Ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	<u> </u>	↓
13	Did the organization have a written whistleblower policy?	13		<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	4886.34	X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	14600	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			200
	with a taxable entity during the year?	16a	1-887	X
b	If "Yes," did the organization follow a written policy or procedure requining the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u>x</u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Pennsylvania			
40	Cooking C404 requires an appropriate to make its Forms 4002 (4004 or 4004 A if applicable), 000, and 000 T (Cootion E01(a)			

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain on Schedule O) X Upon request Another's website
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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

	990	

ALTOONA RESCUE MISSION

		52

Page 7

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 and/or Box 7 of Form 1099-MISC) 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

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

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

Check this box in heither the organization flor any relati	Cu organizati	JII COII	ipeni			y cuit		Sincer, director, or i	rusice	
		(C)								
(A)	(B)	/do o	/		Position t check more than or			(D)	(E)	(F)
Name and title	Average					both ar	,	Reportable	Reportable	Estimated amount
	hours	offic	er and	a dı	rector	(trustee)		compensation	compensation	of other
	per week						_	from the organization	from related organizations	compensation from the
	(list any hours for	우衷	l Is	Q	줎	g 뜻	Fο	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	a si	ğ	Officer	Key employee	Sed for	Former	,		related organizations
	organizations	tor tal	ona	- 1	plo	8 8	7			
	below	Individual trustee or director	nstitutional trustee		/ee	룷				
	dotted line)	18	stee			Highest compensated employee				
				- 1		28	l			
(1) CLAIR CHAPPELL	3.00									
MANAGER		X		_				0_	0_	0
(2) MIKE DULL	3.00			1						
TRUSTEE		х						0	- 0	0_
(3) JOEY HELSEL	3 .00									
TRUSTEE	_	X						0	0	0
(4) GARY WILLIAMS	3.00						l			
TRUSTEE		х						0	_ 0	0
(5) JOSEPH SNYDER	3.00									
TRUSTEE		x						0	o	0
(6) EDWIN CHAPPELL	10.00									
PRESIDENT				x				0	0	0
<u>(7)</u>										
<u>(8)</u>				-						
				_						
(9)				ŀ	i		ı			
				_						
(10)				- }			Į			
										<u> </u>
(11)							1			
(12)					Ţ					
(42)	 		-		\dashv					
(13)										
(14)										
	[- -	İ	j				[
				_						

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) (B) Position (D) (E) (do not check more than one								(F)				
	Name and title		Average box, unless person is by officer and a director/to. per week (list any					Reportable compensation from the organization	Reportable compensation from related organizations	c	Estimated amount of other compensation from the		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	1 -	anization ed organi	
<u>(15)</u>													
(16)_											 -		
<u>(17)</u>			_										
<u>(18)</u>													
<u>(19)</u>													
(20)_													
(21)													
<u>(</u> 22)												_	
<u>(23)</u> _													
							_				ļ		
(25)					L.								
1b c	Subtotal												
d 2	Total (add lines 1b and 1c)									0	J		0
	reportable compensation from the organization	<u> </u>		-			•		. <u></u>			Yes	No
3	Did the organization list any former officer, director employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i>			-	e, or •	high 	est co	mpe · ·	nsated		3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than												
5	Individual				 unr	 elate	 ed orga	 anıza	ation or individual		4		х
Cooti	for services rendered to the organization? If "Yes,"	complete Sc	hedule	J fo	or su	ch p	erson			· · · · · · · · · · ·	5	<u> </u>	<u>x</u>
Secure 1	on B. Independent Contractors Complete this table for your five highest compensations.	ated indepen	dent co	ontra	ctor	s tha	at rece		more than \$100.0	00 of			
	compensation from the organization Report comp												
<u>-</u>	(A) Name and business address	s		_					(B) Description of service	es	(C) Compen		
								_					
2	Total number of independent contractors (including	but not limit	ed to t	hose	e list	ed a	bove)	who					
	received more than \$100,000 of compensation from	m the organi	zation	>	•								

Total revenue. See instructions · · · · · · · · · · ▶

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Total revenue Revenue excluded Related or exempt Unrelated function revenue from tax under business revenue sections 512-514 Federated campaigns 1a b Membership dues 1h Contributions, Grits, Grants and Other Similar Amounts Fundraising events 1c Related organizations Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 32,541 Noncash contributions included in lines 1a-1f 1a Total. Add lines 1a-1f **Business Code** 2a THRIFT SHOP 48000 Program Service Revenue All other program service revenue · · · 40,150 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 163 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real 6a Gross rents 6a 6b b Less rental expenses · · c Rental income or (loss) 6с d Net rental income or (loss) (i) Securities 7a Cross amount from sales of assets other than inventory **b** Less cost or other basis Other Revenue and sales expenses . c Gain or (loss) · · · · · 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 ۲a 8Ь **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a 9b **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . 10a 10b **b** Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellanous Revenue 11a d All other revenue e Total. Add lines 11a-11d

72,854

Form 990 (2019) ALTOONA RESCUE MISSION 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			<u>. x</u>
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic	*	1		
	ındıvıduals See Part IV, line 22 :				
،3	Grants and other assistance to foreign		,		SPIRTALP SMIT
	organizations, foreign governments, and	,	•		
	foreign individuals See Part IV, lines 15 and 16 · · · ·				
4	Benefits paid to or for members				
່ 5	Compensation of current officers, directors,			,	
	trustees, and key employees		•	·	<u> </u>
6	Compensation not included above, to disqualified		,	,	
	persons (as defined under section 4958(f)(1)) and				
•	persons described in section 4958(c)(3)(B) · · · · · ·	<u>'</u>			
7	Other salaries and wages		,		
8	Pension plan accruals and contributions (include		1		
	section 401(k) and 403(b) employer contributions)	1.	• 1	` ,	•
9	Other employee benefits	,	F	,	
10	Payroll taxes				
11	Fees for services (nonemployees)		4,		
а	Management	l			
b	Legal			,	
С	Accounting			•	
d	Lobbying	•		•	
е	Professional fundraising services See Part IV, line 17				•
f	Investment management fees				r
g	Other (If line 11g amount exceeds 10% of line 25, column	•			, ,
	(A) amount, list line 11g expenses on Schedule O) · ·		<u> </u>	1	
12	Advertising and promotion		. 1	-	
13	Office expenses	336	336	<u> </u>	
14	Information technology				ļ
15	Royalties ,			<u> </u>	
16	Occupancy · · · · · · · · · · · · · · · · · · ·	·	<u> </u>		
17.	Travel		ad		<u>.</u>
18	Payments of travel or entertainment expenses		ŧ		Γ – .
	for any federal, state, or local public officials		·	<u></u>	<u> </u>
19`	Conferences, conventions, and meetings		· .		
20	Interest · · · · · · · · · · · · · · · · · · ·			·	
21 -	Payments to affiliates			<u>-</u>	
22	Depreciation, depletion, and amortization	6,008	6,008		
23	Insurance	5,936	1 5,936		
24	Other expenses Itemize expenses not covered				
L	above (List miscellaneous expenses on line 24e If				
L	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
, a	BUILDING MAINT EXPENSE	2,882	2,882		
b	REAL ESTATE TAXES	4,117	4,117	· · · · · · · · · · · · · · · · · · ·	•
С	SUPPLIES EXPENSE	6,056	6,056		
ď	UTILITIES EXPENSE	18,547	18,547		
8	All other expenses	11,229	11,229		
25	Total functional expenses. Add lines 1 through 24e · · ·	55,111	55,111	. 0	٠ 0
26	Joint costs. Complete this line only if the			•	· ·
	organization reported in column (B) joint costs from a combined educational campaign and			,] '
-	fundraising solicitation Check here	- '-	,	,	

193,236

33

210,979 Form **990** (2019)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 33,275 57,026 2 2 3 3 4 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 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) 7 Notes and loans receivable, net 7 Assets Inventories for sale or use 10,018 10,018 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b 90.403 149,943 11 11 12 Investments - other securities See Part IV. line 11 12 13 13 Investments - program-related See Part IV, line 11 14 14 15 15 16 16 193,236 210,979 Accounts payable and accrued expenses 17 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 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 25 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 23,248 23.248 28 Net assets with donor restrictions 169,988 187,731 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 32 32 210,979 193,236

33

		3-1555	452	Pa	age 12
₽a	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		72,	854
2	Total expenses (must equal Part IX, column (A), line 25)	2			111
3	Revenue less expenses Subtract line 2 from line 1	3			743
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		193,	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		210,	979
Pa	rtiXIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🛮
				Yes	No
1	Accounting method used to prepare the Form 990 🗓 Cash 🔲 Accrual 🔲 Other		1251	K.	Pinite.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		2	
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		- 2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			170	
	reviewed on a separate basis, consolidated basis, or both				
	X Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1,247.7	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		100		
С	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?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O				
За	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?		. 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
		<u>.</u> .	. 3b		
EEA			Form	990 (2	2019)

SCHEDULE A

(Form 990 or 990-EZ) Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Inspection

2019 Open to Public

Internal Revenue Service Name of the organization

Employer identification number

		A_RESCUE MISSION					23-155545	2		
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must co	mplete	this part) See instructions			
The	orgar	nization is not a private foundation beca	ause it is (For lines	1 through 12, check only	y one box)	- 		0		
1	П	A church, convention of churches, or						n 9		
2	П	A school described in section 170(b)			, , ,	,, ,,,	1	/)		
3	Ħ	A hospital or a cooperative hospital se				a	•			
4	H	A medical research organization operation			,	•	(A)/iii) Enter the			
•	Ц		ated in conjunction	with a nospital described	III Section	170(0)(1)	(A)(III). ⊏IIIer the			
		hospital's name, city, and state					 			
5	Ш	An organization operated for the bene		niversity owned or operat	led by a go	vemmenta	il unit described in			
	_	section 170(b)(1)(A)(iv). (Complete P	•							
6	Ц	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	Ш	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	on 170(b)(1)(A)(vi).	(Complete Part II)						
9		An agricultural research organization of	described in sectio i	n 170(b)(1)(A)(ix) operate	ed in conju	nction with	a land-grant college			
		or university or a non-land-grant colleg	ge of agriculture (se	e instructions) Enter the	name, cit	y, and state	e of the college or			
		university		,		^	·			
10	X	An organization that normally receives	s (1) more than 33	1/3% of its support from	contributio	ns. membe	ership fees, and gross			
	_	receipts from activities related to its ex	, ,			•				
		support from gross investment income	•	•						
		acquired by the organization after Jun		•			om basinesses			
11	П	, , , , <u>, , , , , , , , , , , , , , , </u>			•					
	H	An organization organized and operation	•	,			name and the autococo			
12	Ш	An organization organized and operat								
		of one or more publicly supported orga		* * * * *						
		Check the box in lines 12a through 12		· · · · · ·		•		g		
	а	Type I. A supporting organization	operated, supervise	ed, or controlled by its su	pported or	ganızatıon(s), typically by giving			
		the supported organization(s) the	power to regularly	appoint or elect a majont	y of the dir	ectors or tr	ustees of the			
		supporting organization You mus	st complete Part IV	, Sections A and B.						
	b	Type II. A supporting organization	supervised or cont	rolled in connection with	its support	ed organız	ation(s), by having			
		control or management of the sup	oporting organization	n vested in the same per	sons that o	control or n	nanage the supported			
		organization(s) You must compl	lete Part IV, Sectio	ns A and C.						
	С	Type III functionally integrated.	A supporting organi	zation operated in conne	ction with,	and function	onally integrated with,			
		its supported organization(s) (see	instructions) You i	nust complete Part IV.	Sections A	A, D, and E				
	d	Type III non-functionally integra								
		that is not functionally integrated								
		requirement (see instructions) You	•	•		*				
	е	Check this box if the organization	•				Tyne II Tyne III			
	Ū					a type i, i	ype ii, Type iii			
	f	functionally integrated, or Type III Enter the number of supported organi		egrated supporting organ	iization					
	•	Provide the following information about								
	<u>g</u>		r		4 - 3 45 45 5 5			() A		
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the o	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
				above (see instructions))	docum		instructions)	instructions)		
										
					Yes	No		·		
(A)										
(B)			}		ŀ					
					 					
(C)					1					
						 				
(D)										
(E)										

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) !Part II (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 Calendar year (or fiscal year beginning in)▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the ' organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2017 (b) 2016 (d) 2018 Calendar year (or fiscal year beginning in)▶ (a) 2015 (e) 2019 Amounts from line 4 · · · · · · · · · · · Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets 11 Total support. Add lines 7 through 10 . . 13 First five 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 Public support percentage for 2019 (line,6, column (f) divided by line 11, column (f))..... 16a'33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The ofganization qualifies as a publicly supported organization ▶ , 🗌 **17a 10%-facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the ofganization meets the "facts-and-circumstances" test, check this box and stop here. Explain in ... Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization/ b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,			
	received (Do not include any "unusual grants")	42,175	42,532	18,353	29,101	32,541	164,702
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	29,053	37,449	15,228	-	40,151	159,054
3	Gross receipts from activities that are not an	23,033	37/113	13,220	31,113	10,151	137,034
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		_	_			
6	Total. Add lines 1 through 5	71,228	79,981	33,581	66,274	72,692	323,756
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		_				
b	Amounts included on lines 2 and 3						
	received from other than disqualified			ļ			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)						323,756
	ction B. Total Support	T					
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	71,228	79,981	33,581	66,274	72,692	323,756
ıva	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
h	royalties, and income from similar sources · · Unrelated business taxable income (less	29	12	10	48	163	262
U	section 511 taxes) from businesses	ļ		,	,	ļ	
	acquired after June 30, 1975						
c	Add lines 10a and 10b	29			4.0	7.63	
11	Net income from unrelated business		12	10	48	163	262
••	activities not included in line 10b, whether						
	or not the business is regularly carried on					1	
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)					Ĭ	
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	71,257	79,993	33,591	66,322	72,855	324,018
14	First five years. If the Form 990 is for the oil						
	organization, check this box and stop here	<u> </u>	<u></u>	<u></u> <u>.</u>	<u></u> <u>.</u>	<u> </u>	▶ 🔲
	tion C. Computation of Public Support	<u>_</u> _					
	Public support percentage for 2019 (line 8, o		-			15	99.92 %
	Public support percentage from 2018 Sched			· · · · · · · · ·	· · · · · · · ·	16	99.95 %
	tion D. Computation of Investment In						
	Investment income percentage for 2019 (line					17	0.00 %
	Investment income percentage from 2018 S					18	0.00 %
19a	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n	ot check a box	on line 14, 19a	a, or 19b, chec	k this box and	see instruction	<u>s ▶ ∐</u>

Rart IV: Supporting Organizations

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

Section A. All Supporting Organizations

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

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	_		_	Yes	No
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· Ra	tuly Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Organizations			,
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	man cas a	Yes	No
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
2	Did the organization energia for the honefit of any supported organization other than the supported	SACOUS!	Market Mark	GHW81
_	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 carned out the purposes of the supported organization(s) that operated,			272
	supervised, or controlled the supporting organization	2	With the state of	
Sec	tion C. Type II Supporting Organizations		L	
-	don o. Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	22823	AP 16	RE
·	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			1000
	the supported organization(s)	1	Will bare	Part Statement
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	346.7		11.00
	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 in (2), did the organization's supported organizations have a	10000	Take Consequent	37.2027
	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		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions,	,
a	The organization satisfied the Activities Test Complete line 2 below			
b	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity 	lean in	otruc	tions
	The organization supported a governmental entity Describe in Part VI how you supported a government entity Activities Test Answer (a) and (b) below.	366 11	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	0.312.75	103	(ALCONO.)
~	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	X.41.100	_1555000.0
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	12.6.3.k.		ware
_	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	are de la compansión de	.224.3.751
3	Parent of Supported Organizations Answer (a) and (b) below.	igt§	制源	
	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? Provide details in Part VI.	3a	abbi Artika	الاستنصاف
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	KYZ	THE R	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		man exakt

tion C - Distributable Amount		Current Year	
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		_
Minimum asset amount for prior year (from Section B, line 8, Column A)			
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
nergency temporary reduction (see instructions)	6		
	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year 5	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

.

<u>K</u> a	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	rations (continued)	
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	tions		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is respon	sive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	,			
	(reasonable cause required - explain in Part VI) See			
	instructions			
	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			CANCEL METHOD AND CONTROL OF THE SECOND PROPERTY OF THE CANCEL SECOND
<u>i</u>	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	9777729036400 800 370.8mi. N3001, 4500, 33		The second secon
4	Distributions for 2019 from			
	Section D, line 7 \$			Pick Start Lists by age to the beauty
	Applied to underdistributions of prior years		Disagles montropositions are consulted the children	
	Applied to 2019 distributable amount			2-16040-1905-0-07-60743-1-0485-50-171-74-2-
<u>_c</u>	Remainder. Subtract lines 4a and 4b from 4	You been xendery out termented that a defre factor	Figure 2 de la constitución de l	
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result		,	
	greater than zero, explain in Part VI See instructions	English To the little of the l		
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI See instructions.	CAPITAL SASTEMENT OF PRESENCE.		A. CO. PARKER DEPUBLICATIONS DESCRIPTION
7	Excess distributions carryover to 2020 Add lines 3 _j and 4c			
•			APPENDICTOR TO SECURE OF THE SECURE OF T	". 12. 12. 12. 12. 12. 12. 12. 12. 12. 12
8	Breakdown of line 7		SULIDAN (DU SEDALAT PERSA. 4. TRANSCO - HERRODOS ANDESSE	
	Excess from 2015			Levensky history i erete Levensky history i malkate
	Excess from 2016			
	Excess from 2017 Excess from 2018		DESCRIPTION OF THE PROPERTY OF	uvetureve samentusia Bullukun samentusia
<u>u</u>	Excess from 2018	Der Communication of the commu		rente de l'appendant de la company de la La company de la company d

Schedule A (Forr	n 990 or 990-EZ) 2019 Page 8
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)
	intes 2, 3, and 6 Also complete this part for any additional information (See instructions)
	
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	······································
	
	

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* * * * * * SCHEDULE D . (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2019

Open to Public Inspection

Name	of the organization	Employer identification number					
	OONA RESCUE MISSION			23-1555452			
Pa	rt I Organizations Maintaining Donor Advised Fu	ınds or Other Similai	Funds or Acco	ounts.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, Iir	ne 6				
		(a) Donor advi	sed funds	(b) Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (dunng 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 wi	nting that the assets held	ın donor advised	·			
	funds are the organization's property, subject to the organization	•					
6	Did the organization inform all grantees, donors, and donor ad						
	only for charitable purposes and not for the benefit of the dono						
	conferring impermissible private benefit?						
Pa	t II Conservation Easements.	···-	· · · · · · · · · · · · · · · · · · ·				
	Complete if the organization answered "Yes" o	n Form 990. Part IV. I	ne 7.				
1	Purpose(s) of conservation easements held by the organization		· · · · · · · · · · · · · · · · · · ·				
	Preservation of land for public use (e.g., recreation or educ		Preservation o	f a historically important land area			
	Protection of natural habitat		二	f a certified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified	Looservation contribution	n in the form of a co	nservation			
-	easement on the last day of the tax year		, (10 101111 01 0 00	Held at the End of the Tax Year			
а	• •						
b							
c	Number of conservation easements on a certified historic structure.						
d	Number of conservation easements included in (c) acquired at						
u				2d			
3	Number of conservation easements modified, transferred, rele						
,	tax year	aseu, extiliguistieu, or ter	minated by the orga	sinzation during the			
4	Number of states where property subject to conservation ease	ment is located.					
5	Does the organization have a written policy regarding the period		handling of				
3	violations, and enforcement of the conservation easements it it	- ·					
6	Staff and volunteer hours devoted to monitoring, inspecting, ha						
•	>	moning of violations, and t	chioromy conservat	ion casements daming the year			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enfor	cing conservation e	easements during the year			
•	► \$	ig of tholations, and office	omig contour attorn a	accoments coming the year			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4	\(B\(t)			
•							
9	In Part XIII, describe how the organization reports conservation			- -			
•	balance sheet, and include, if applicable, the text of the footnot		•				
	organization's accounting for conservation easements	to to the organization of the	anoral otatomonio ti				
Pa	t III Organizations Maintaining Collections	of Art. Historical 7	reasures, or C	Other Similar Assets.			
	Complete if the organization answered "Yes"						
1a	If the organization elected, as permitted under FASB ASC 958,			alance sheet works			
	of art, historical treasures, or other similar assets held for publi	•					
	service, provide, in Part XIII the text of the footnote to its finance						
b	If the organization elected, as permitted under FASB ASC 958,			ce sheet works of			
D	art, historical treasures, or other similar assets held for public 6	•					
	•	skillollion, education, or re	scaron in latincian	ce of public service,			
	provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·						
	(ii) Assets included in Form 990, Part X						
•							
2	if the organization received or held works of art, historical treas		ets for financial gair	i, provide the			
	following amounts required to be reported under FASB ASC 95			▶ ¢			
a	Revenue included on Form 990, Part VIII, line 1 · · · · ·						
þ	Assets included in Form 990, Part X	<u> </u>	<u> </u>	<u></u>			

	ule D (Form 990) 2019 ALTOONA RESCUE				23-155		
Pa	rt III Organizations Maintaining	Collections of	Art, Historical T	reasures, or	Other Similar As	sets (continued)	
3	Using the organization's acquisition, accession	n, and other records,	check any of the follo	owing that make s	gnificant use of its		
	collection items (check all that apply)						
а	Public exhibition		d Loan	or exchange progi	rams		
b	Scholarly research		e 🗍 Other				
С	Preservation for future generations		_				
4							
	XIII		,	3			
5	During the year, did the organization solicit or	receive donations of	art, historical treasure	es, or other similar	•		
	assets to be sold to raise funds rather than to					. Tyes No	
Pa	rt IV Escrow and Custodial Arra						
	Complete if the organization	_	on Form 990. Pa	art IV. line 9. o	r reported an am	ount on Form	
	990, Part X, line 21.			,, -			
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ry for contributions or	other assets not			
						☐ Yes ☐ No	
b	If "Yes," explain the arrangement in Part XIII a						
-	Too, explain the divaligement in Fall XIII a	na complete the tollo	wing table	ſ	Ar	nount	
С	Beginning balance				1c	mount	
d	Additions during the year			L	1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on For					· Yes No	
b	If "Yes," explain the arrangement in Part XIII						
_	rt V Endowment Funds.	oneck here it the expi	anation has been pro	Wided on Fait Ail		····· <u> </u>	
<u> </u>	Complete if the organization	answered "Yes"	on Form 990 Pa	art IV line 10			
	Complete if the organization is		1		(4) 70		
1-	Paginging of user helps	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back	
1a _	Beginning of year balance			-		 	
b							
С	Net investment earnings, gains, and						
	losses	· -		-			
d	Grants or scholarships						
е	Other expenditures for facilities and						
_	programs	·—					
T	Administrative expenses			 			
g	End of year balance	L					
2	Provide the estimated percentage of the curre	=	(line 1g, column (a)) f	neld as			
а	Board designated or quasi-endowment						
b		6					
С	Term endowment						
	The percentages on lines 2a, 2b, and 2c shou						
3a	Are there endowment funds not in the possess	sion of the organization	on that are held and a	administered for th	е	[]	
	organization by					Yes No	
	(i) Unrelated organizations · · · · · ·					· 3a(i)	
	• • • • • • • • • • • • • • • • • • • •					- 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizati					· 3b	
4 Day	Describe in Part XIII the intended uses of the		ment tunds				
ral	rt VI Land, Buildings, and Equip		on Form OOO Da	ort IV/ lune 44 =	San Form 000	Dart V. lina 10	
	Complete if the organization a						
	Description of property	(a) Cost or other	' '	r other basis	(c) Accumulated	(d) Book value	
		(investme	ent) (e	other)	depreciation		
1a	Land	• •					
b	Buildings	• •		234,338	90,403	143,935	
С	Leasehold improvements	• •					
d	Equipment	• •					
_е	Other						
Tota	. Add lines 1a through 1e (Column (d) must eq	gual Form 990, Part X	, column (B), line 10d	:)	<u> </u>	143,935	

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**** Schedule D (Form 990) 2019 ALTOONA RESCUE MISSION 23-1555452 Page 3 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 (b) Book value (c) Method of valuation (including name of security) 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) Total. (Column (b) must equal Form 990, Part X, col (B) line 12) · · · · · ▶ 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) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) · · · · · · ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value (a) Description (1) (2) (3)(4)(5) (6)(7)(8) (9) 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 ı	ncome taxes		
(2)			
(3)		_	
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	. ▶	

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

	ALTOURA RESCUE MISSION		23-1555452	Page 4
)F _a a	Reconciliation of Revenue per Audited Financial Statem		er Keturn.	
	Complete if the organization answered "Yes" on Form 990,		T 4 T	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	اما	1	,
a	Net unrealized gains (losses) on investments · · · · · · · · · · · · · · · · · · ·	2a		
b		2b		
C	Recovenes of pnor year grants	2c 2d		
d	Add lines 2a through 2d	l l	2e	
е 3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3 (3.258)	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,17,193 1,17,193	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) · · · ·		5	
	Reconciliation of Expenses per Audited Financial State			
1 1 2.	Complete if the organization answered "Yes" on Form 990,		por rectarin	
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		**************************************	
- а	Donated services and use of facilities	2a		
ь	Prior year adjustments	2b		
c	Other losses · · · · · · · · · · · · · · · · · ·	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		20	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		No. 25 E	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	nes 1b and 2b, Part V, line 4, P	art X, line	<u> </u>
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any			
				_
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			·	
_				
		<u> </u>		
		_ 		

SCHEDULE O .

• , 415 , 19 .

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Employer identification number

2019

Open to Public Inspection

23-1555452 ALTOONA RESCUE MISSION 01. Form 990 governing body review (Part VI, line 11) 990 PROVIDED FOR REVIEW PRIOR TO MAILING TO THE IRS. 02. Governing documents, etc, available to public (Part VI, line 19) FORM 990 IS AVAILABLE TO ANY ONE AT THE MISSION OFFICE IN ALTOONA, PA 03. List of other expenses (Part IX, line 24e) LIST OF OTHER EXPENSES ALREADY REPORTED-NO ADDT'L INFO REQUIRED ON SCH O