

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)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2024** 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

C Name of organization: **GATEWAY RESCUE MISSION, INC.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **328 SOUTH GALLATIN STREET**
 City or town, state or province, country, and ZIP or foreign postal code: **JACKSON MS 39203-3513**

D Employer identification number: **64-0369382**
E Telephone number: **601-353-5864**
G Gross receipts\$: **3,846,260**

F Name and address of principal officer:
REX BAKER
328 S. GALLATIN STREET
JACKSON MS 39203

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **GATEWAYMISSION.ORG** **H(c)** Group exemption number _____

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1948** **M** State of legal domicile: **MS**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO OFFER LIFE CHANGING HOPE THROUGH THE GOSPEL OF JESUS CHRIST TO HOMELESS MEN, WOMEN, AND CHILDREN THROUGH PROGRAMS TO DELIVER FOOD, SHELTER, COUNSELING AND DISCIPLESHIP.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	2950
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,623,431	2,780,902
	9 Program service revenue (Part VIII, line 2g)	991,994	945,851
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,084	117,543
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	462	448
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,702,971	3,844,744
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,486,329	1,610,059
	16a Professional fundraising fees (Part IX, column (A), line 11e)	19,800	12,000
	b Total fundraising expenses (Part IX, column (D), line 25)	530,201	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,950,458	2,011,426
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,456,587	3,633,485
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	246,384	211,259
	20 Total assets (Part X, line 16)	5,455,852	5,726,064
	21 Total liabilities (Part X, line 26)	144,660	203,613
	22 Net assets or fund balances. Subtract line 21 from line 20	5,311,192	5,522,451

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.

Sign Here
 Signature of officer: **REX BAKER** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only
 Preparer's name: **GEORGE M. BIGGS JR.** Preparer's signature: **GEORGE M. BIGGS JR.** Date: **11/10/25** Check if self-employed PTIN: **P00912499**
 Firm's name: **CORBIN & BIGGS PLLC** Firm's EIN: **85-3667394**
 Firm's address: **385-B HIGHLAND COLONY PARKWAY, SUITE 500 RIDGELAND, MS 39157** Phone no.: **601-957-2001**

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:

TO OFFER LIFE CHANGING HOPE THROUGH THE GOSPEL OF JESUS CHRIST TO HOMELESS MEN, WOMEN, AND CHILDREN THROUGH PROGRAMS TO DELIVER FOOD, SHELTER, COUNSELING AND DISCIPLESHIP.

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 \$ **2,611,918** including grants of \$) (Revenue \$ **945,851**)
PROVIDING A CHRIST CENTERED RESPONSE TO PROBLEMS OF HUNGER AND HOMELESSNESS.

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 **2,611,918**

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 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		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
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b	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).		
28a	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
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c	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 noncash 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
35b	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	Section 501(c)(3) organizations. 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? Note: 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		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable 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			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	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			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average 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) REX BAKER	40.00									
EXECUTIVE DIRECTOR	0.00			X			81,637	0	49,057	
(2) BENTLEY EDWARDS	40.00									
CFO	0.00			X			91,003	0	30,854	
(3) ELIZABETH ARCHER	1.00									
SECRETARY	0.00	X		X			0	0	0	
(4) DONNA BRUCE	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) C. GLEN BUSH	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) LEE CAMPBELL	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) DANNY CAWTHON	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) F. ALLEN HOLIMAN	1.00									
TREASURER	0.00	X		X			0	0	0	
(9) PASTOR ARTHUR BRIDGES II	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) TIM MAHAFFEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) JACKIE MECK	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	

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

(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			
(12) FORD MOSBY DIRECTOR	1.00 0.00	X						0	0	0
(13) VERNON PERRY DIRECTOR	1.00 0.00	X						0	0	0
(14) ROBERT SAUMS PRESIDENT	1.00 0.00	X		X				0	0	0
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal								172,640		79,911
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								172,640		79,911

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 **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
BLUE DAWG , LLC BIRMINGHAM AL 35222	3810 5TH COURT NORTH MAILING/CONSULT	188,092

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 **1**

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	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,780,902			
	g Noncash contributions included in lines 1a-1f	1g	\$ 731,074			
	h Total. Add lines 1a-1f		2,780,902			
Program Service Revenue	2a BARGAIN CENTERS	Business Code 453310	945,851	945,851		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		945,851			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		103,246		103,246	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	15,813		
			(ii) Other			
	b Less: cost or other basis and sales exps.	7b	1,516			
	c Gain or (loss)	7c	14,297			
	d Net gain or (loss)		14,297	14,297		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a OTHER INCOME	Business Code 900099	448	448		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		448			
12 Total revenue. See instructions		3,844,744	960,596	0	103,246	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	252,551	51,394	124,508	76,649
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,072,052	860,179	142,251	69,622
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	212,143	173,945	22,693	15,505
10 Payroll taxes	73,313	51,786	13,809	7,718
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	45,435		45,435	
d Lobbying				
e Professional fundraising services. See Part IV, line 7	12,000			12,000
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	4,091	4,091		
12 Advertising and promotion	10,595	275		10,320
13 Office expenses	2,885	1,016	1,869	
14 Information technology	4,648	4,076	572	
15 Royalties				
16 Occupancy	7,200	6,591	609	
17 Travel	5,088	3,014	2,074	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	176,759	171,545	5,214	
23 Insurance	94,443	91,657	2,786	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COST OF GOODS SOLD	471,256	471,256		
b DONOR DEVELOPMENT	337,891			337,891
c FOOD	305,394	304,692	702	
d MAINTENANCE	136,958	117,556	19,402	
e All other expenses	408,783	298,845	109,442	496
25 Total functional expenses. Add lines 1 through 24e	3,633,485	2,611,918	491,366	530,201
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 <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	
Assets	1	Cash—non-interest-bearing	1,159,621	1	839,658
	2	Savings and temporary cash investments	1,957,565	2	2,569,757
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,835	4	1,980
	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	55,491	8	43,151
	9	Prepaid expenses and deferred charges	25,041	9	40,929
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,750,249		
	b	Less: accumulated depreciation	10b 1,526,468	10c	2,223,781
	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	6,808	15	6,808
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,455,852	16	5,726,064	
Liabilities	17	Accounts payable and accrued expenses	144,660	17	203,613
	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		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	Total liabilities. Add lines 17 through 25	144,660	26	203,613
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	5,310,192	27	5,326,416
	28	Net assets with donor restrictions	1,000	28	196,035
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	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	5,311,192	32	5,522,451
33	Total liabilities and net assets/fund balances	5,455,852	33	5,726,064	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,844,744
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,633,485
3	Revenue less expenses. Subtract line 2 from line 1	3	211,259
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,311,192
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,522,451

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.		
2a	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		X
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	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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		

64-0369382

Federal Statements

Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

		Property Type								
	Date	Business %	Cost	Depr Basis	Period	Method	Deduction	Section 179		
2015 ISU TRUCK	8/20/18	100.00	\$ 31,000	\$ 31,000	5.0	S/L-	\$	\$		
2018 CHEVY EXPRESS 3500	3/02/20	100.00	25,824	25,824	5.0	S/L-	5,164			
2005 E350	11/01/05	100.00	29,342	29,342	5.0	S/L-				
2008 FORD VAN E350	6/01/16	100.00	8,500	8,500	5.0	S/L-				
2002 YUKON XL	1/01/19	100.00	2,500	2,500	3.0	S/L-				
2008 TOYOTA TUNDRA	12/07/21	100.00	10,591	10,591	5.0	S/L-	2,118			
2007 CHEVY EXPRESS VAN	11/06/23	100.00	12,000	12,000	5.0	S/L-	2,400			
FORD BOX TRUCK	12/04/24	100.00	23,000	23,000	5.0	S/L-	383			
TOTAL			\$ <u>142,757</u>	\$ <u>142,757</u>			\$ <u>10,065</u>	\$ <u>0</u>		

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization GATEWAY RESCUE MISSION, INC.	Employer identification number 64-0369382
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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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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)						
Total						

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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 (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 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 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test — 2024. 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 — 2023. 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 organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 supported organization; b 10%-facts-and-circumstances test — 2023. 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 supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,546,550	2,780,224	2,730,866	2,623,431	2,780,902	13,461,973
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	904,574	804,929	969,808	991,994	945,851	4,617,156
3 Gross receipts from activities that are not an unrelated trade or business under section 513		131,200				131,200
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	3,451,124	3,716,353	3,700,674	3,615,425	3,726,753	18,210,329
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 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	40,447	37,821	39,638	66,451	150,486	334,843
c Add lines 7a and 7b	40,447	37,821	39,638	66,451	150,486	334,843
8 Public support. (Subtract line 7c from line 6.)						17,875,486

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	3,451,124	3,716,353	3,700,674	3,615,425	3,726,753	18,210,329
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	505	378	12,709	79,204	103,246	196,042
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	505	378	12,709	79,204	103,246	196,042
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,696	1,135	722	462	448	6,463
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,455,325	3,717,866	3,714,105	3,695,091	3,830,447	18,412,834

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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	97.08 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	98.08 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	1 %

19a 33 1/3% support tests — 2024. 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 — 2023. 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 on 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
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)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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.		Yes	No
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? <i>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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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? <i>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.</i>			
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? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
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	Distributable Amount. 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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 III, LINE 12 - OTHER INCOME DETAIL

\$ 6,463

**Schedule B
(Form 990)**
(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization GATEWAY RESCUE MISSION, INC.	Employer identification number 64-0369382
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

GATEWAY RESCUE MISSION, INC.

Employer identification number

64-0369382

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 38,958	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 9,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GATEWAY RESCUE MISSION, INC.

Employer identification number

64-0369382

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	\$ 5,880	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	\$ 10,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GATEWAY RESCUE MISSION, INC.

Employer identification number

64-0369382

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	\$ 15,106	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	\$ 18,408	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	\$ 11,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GATEWAY RESCUE MISSION, INC.

Employer identification number

64-0369382

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	\$ 22,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	\$ 8,911	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	\$ 10,350	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	\$ 5,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	\$ 7,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GATEWAY RESCUE MISSION, INC.

Employer identification number

64-0369382

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	\$ 9,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	\$ 8,955	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	\$ 8,691	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GATEWAY RESCUE MISSION, INC.

Employer identification number

64-0369382

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	\$ 8,605	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	\$ 5,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	\$ 45,398	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GATEWAY RESCUE MISSION, INC.

Employer identification number

64-0369382

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	\$ 13,125	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	\$ 5,095	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	\$ 16,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	\$ 15,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GATEWAY RESCUE MISSION, INC.

Employer identification number

64-0369382

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	\$ 13,120	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	\$ 27,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	\$ 7,927	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GATEWAY RESCUE MISSION, INC.

Employer identification number

64-0369382

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	\$ 7,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	\$ 9,779	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	\$ 5,110	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	\$ 5,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **GATEWAY RESCUE MISSION, INC.** Employer identification number **64-0369382**

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	\$ 12,078	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	\$ 5,170	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	\$ 5,360	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

GATEWAY RESCUE MISSION, INC.

64-0369382

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d 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.

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.

b 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	\$
(ii) Assets included in Form 990, Part X	\$

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	\$
b Assets included in Form 990, Part X	\$

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.
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 in Part XIII

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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g 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 %
 - b** Permanent endowment %
 - c** Term endowment %
- 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? Yes No
 - (ii)** Related organizations? Yes No
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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
1a Land		527,024		527,024
b Buildings		2,647,037	1,186,997	1,460,040
c Leasehold improvements				
d Equipment		576,188	339,471	236,717
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,223,781

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)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (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)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (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)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (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)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (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.

1	Total revenue, gains, and other support per audited financial statements		1	3,844,744
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,844,744
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	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	3,844,744

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.

1	Total expenses and losses per audited financial statements		1	3,633,485
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,633,485
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,633,485

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 HAS BEEN GRANTED TAX EXEMPT STATUS UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND SIMILAR PROVISIONS OF THE MISSISSIPPI CODE. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA (GAAP) PRESCRIBE A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THESE STANDARDS ALSO PROVIDE GUIDANCE ON DERECOGNITION OF TAX BENEFITS, CLASSIFICATION ON THE BALANCE SHEET, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION.

THE COMPANY HAS EVALUATED ITS UNCERTAIN TAX POSITIONS AND RELATED INCOME TAX CONTINGENCIES AND FEELS IT IS NOT MATERIAL TO THE FINANCIAL STATEMENTS. PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES, IF INCURRED. AS OF DECEMBER 31, 2024, TAX PERIODS FOR YEARS 2023, 2022 AND 2021 REMAIN OPEN TO EXAMINATION BY FEDERAL AND STATE TAXING JURISDICTIONS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2024

**Open To Public
Inspection**

GATEWAY RESCUE MISSION, INC.

Employer identification number

64-0369382

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	X		731,074	
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				
29 Number of Forms 8283 received by the organization 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization GATEWAY RESCUE MISSION, INC.	Employer identification number 64-0369382
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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COPY OF THE FORM 990 IS PROVIDED TO THE CHIEF FINANCIAL OFFICER AND BOARD
OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ANNUALLY, THE BOARD OF DIRECTORS ARE ASKED TO DISCLOSE INTERESTS THAT COULD
GIVE RISE TO CONFLICTS. A QUESTIONNAIRE IS PROVIDED TO FACILITATE THE
PROCESS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPENSATION OF EXECUTIVE DIRECTOR AND KEY EMPLOYEES IS DETERMINED BY
INDEPENDENT BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
COMPENSATION OF EXECUTIVE DIRECTOR AND KEY EMPLOYEES IS DETERMINED BY AN
INDEPENDENT BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E - OTHER EXPENSES
DESCRIPTION

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
UTILITIES	\$ 56,069	\$ 25,569	\$ 0
SECURITY	\$ 61,910	\$ 0	\$ 0
WASTE MANAGEMENT	\$ 57,656	\$ 2,906	\$ 0
SUPPLIES	\$ 38,090	\$ 18,214	\$ 0
TELEPHONE	\$ 12,541	\$ 9,114	\$ 0
CONTRACT LABOR	\$ 11,800	\$ 8,709	\$ 0
CREDIT CARD FEES	\$ 14,083	\$ 4,990	\$ 0
FUEL	\$ 12,344	\$ 5,848	\$ 0
MISSION EXPENSES	\$ 12,315	\$ 0	\$ 0
BANK CHARGES	\$ 0	\$ 12,303	\$ 0
GENERAL & ADMINISTRATIVE	\$ 569	\$ 10,983	\$ 496
DUES	\$ 724	\$ 7,459	\$ 0
TAXES	\$ 7,409	\$ 220	\$ 0
SUBSISTENCE			

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization		Employer identification number	
GATEWAY RESCUE MISSION, INC.		64-0369382	
	\$	6,285	\$ 0
EQUIPMENT RENT	\$	2,600	\$ 0
TRAINING	\$	4,011	\$ 0
OTHER	\$	304	\$ 0
BARGAIN CENTER EXPENSE	\$	135	\$ 0
TOTAL	\$	298,845	\$ 496

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment
Sequence No. **179**

Identifying number
64-0369382

GATEWAY RESCUE MISSION, INC.

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	1,220,000
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	3,050,000
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 2023 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 2025. 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	152,824

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 2024	17	1,587
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"/>		

Section B—Assets Placed in Service During 2024 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		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2024 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	10,065
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	164,476
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** (2024)

GATEWAY RESCUE MISSION, INC.

64-0369382

Form 4562 (2024)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions								25			
26 Property used more than 50% in a qualified business use:											
SEE STATEMENT 1											
		%	142,757	142,757			10,065				
		%									
27 Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	10,065		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1										29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year				43	2,372
44 Total. Add amounts in column (f). See the instructions for where to report				44	2,372

64-0369382

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
Prior MACRS:										
96	Fields Plumbing	5/31/13	26,878		X	13,439	15	HY 150DB	19,736	1,587
420	Rollup Door - Distr Center	5/05/16	3,092		X	1,546	7	HY 200DB	3,092	0
			<u>29,970</u>			<u>14,985</u>			<u>22,828</u>	<u>1,587</u>
Other Depreciation:										
1	BLDG-GALLATIN	1/01/91	65,000			65,000	20	MO S/L	65,000	0
2	BLDG-GALLATI	1/01/91	45,351			45,351	20	MO S/L	45,351	0
4	BLDG (2) - HOU	8/01/99	385,000			385,000	20	MO S/L	385,000	0
5	Building Repair	9/16/02	7,400			7,400	20	MO S/L	7,400	0
58	Electrical Renov	11/14/08	15,702			15,702	39	MO S/L	6,106	403
61	Pearl Building	7/01/09	257,976			257,976	39	MO S/L	95,914	6,615
72	Repave Pearl P	3/09/12	43,760			43,760	10	MO S/L	43,760	0
73	Remainder of re	4/01/12	3,000			3,000	10	MO S/L	3,000	0
78	Walk-In Cooler	7/23/12	2,009			2,009	10	MO S/L	2,009	0
81	Light Fixtures	8/26/12	2,385			2,385	10	MO S/L	2,385	0
82	AC & Heat for	9/01/12	6,634			6,634	10	MO S/L	6,634	0
83	Tile Work	9/13/12	5,300			5,300	10	MO S/L	5,300	0
84	Electrical Wiring	9/05/12	1,278			1,278	10	MO S/L	1,278	0
85	3 Six-panel stee	10/04/12	3,290			3,290	10	MO S/L	3,290	0
86	Renovations	10/04/12	3,802			3,802	10	MO S/L	3,802	0
87	Plumbing Repair	11/12/12	3,560			3,560	10	MO S/L	3,560	0
88	Building Improvement	1/28/13	15,841			15,841	10	MO S/L	15,841	0
92	Roof	4/03/13	34,878			34,878	15	MO S/L	24,996	2,325
93	Preston L Field	6/17/13	1,332			1,332	15	MO S/L	932	89
94	Roof	5/17/13	60,154			60,154	15	MO S/L	40,129	4,010
98	Central Bldg	8/09/13	1,104			1,104	10	MO S/L	1,104	0
109	Fields Plumbing	2/20/14	23,734			23,734	10	MO S/L	23,338	396
355	Freezer Compre	8/21/12	4,223			4,223	10	MO S/L	4,223	0
368	Metal Detector	4/24/13	4,939			4,939	10	MO S/L	4,939	0
378	Land Gallatin	11/11/60	10,000			10,000	0	-- Land	0	0
379	Land Gallatin	11/11/60	10,000			10,000	0	-- Land	0	0
381	Land - 8 Ceme	6/30/00	16,000			16,000	0	-- Land	0	0
382	Land - Lot	12/12/01	2,000			2,000	0	-- Land	0	0
383	Land - Clifto	6/30/00	2,000			2,000	0	-- Land	0	0
384	Land - Cemetary	6/30/00	2,000			2,000	0	-- Land	0	0
385	Land 4 Ceme	9/20/04	4			4	0	-- Land	0	0
386	Land Parcel	3/20/07	35,000			35,000	0	-- Land	0	0
387	SW 1/4 of NW	10/30/07	8,000			8,000	0	-- Land	0	0
388	Land Parcel	2/29/08	-7,980			-7,980	0	-- Land	0	0
389	Property 2850 H	7/01/09	450,000			450,000	0	-- Land	0	0
391	Donor Develop	3/30/07	14,761			14,761	3	MO S/L	14,761	0
415	Freezer	6/30/15	7,072			7,072	5	MO S/L	7,072	0
424	Ice Machine - Mission	6/11/14	2,009			2,009	5	MO S/L	2,009	0
426	Concrete wall	12/15/14	7,560			7,560	10	MO S/L	6,867	693
429	Building Improvements	9/28/14	15,989			15,989	15	MO S/L	9,860	1,066
430	Plumbing improvements	10/22/15	1,105			1,105	7	MO S/L	1,105	0
432	Steel Door	12/02/15	3,849			3,849	10	MO S/L	3,111	385
433	Convection Oven	12/14/15	3,134			3,134	7	MO S/L	3,134	0
434	Venable Glass	10/07/15	2,563			2,563	7	MO S/L	2,563	0
435	Plumbing	7/01/15	2,321			2,321	7	MO S/L	2,321	0
436	Equipment - Fields	7/01/15	2,179			2,179	7	MO S/L	2,179	0
438	Plumbing	4/18/16	2,917			2,917	10	MO S/L	2,236	292
439	Plumbing - Fields	4/18/16	1,265			1,265	10	MO S/L	970	127
440	2 Sewer pumps	5/19/16	6,291			6,291	10	MO S/L	4,771	629
441	Electrical - Admin bldg	5/27/16	2,586			2,586	10	MO S/L	1,961	259
442	External lighting	7/01/16	1,507			1,507	10	MO S/L	1,130	151
444	Electrical - Admin	7/07/16	14,088			14,088	10	MO S/L	10,566	1,409
445	Electrical - Admin	7/21/16	3,676			3,676	10	MO S/L	2,726	368
446	Septic tank pump	11/09/16	1,012			1,012	10	MO S/L	725	101
447	Plumbing	7/18/16	1,502			1,502	10	MO S/L	1,114	150
448	CCTV Installation	4/30/17	2,200			2,200	5	MO S/L	2,200	0
449	Condensing unit - Admin	4/28/17	3,232			3,232	10	MO S/L	2,154	324
450	Copier - Toshiba	5/25/17	9,013			9,013	5	MO S/L	9,013	0
452	Organ for Chapel	5/12/17	2,350			2,350	10	MO S/L	1,567	235
453	Safe - Offices	1/19/17	1,756			1,756	10	MO S/L	1,215	175
454	Shed - New life	2/27/17	1,111			1,111	10	MO S/L	759	111
456	AC & Shed - Kitchen	7/01/17	2,480			2,480	10	MO S/L	1,612	248

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Federal Asset Report

Form 990, Page 1

Asset	Description	Date	Cost	Bus	Sec	Basis	Per	Conv	Meth	Prior	Current
		In Service		%	179						
457	Kitchen Renovations	7/28/17	8,100			8,100	10	MO	S/L	5,198	810
458	4 warehouse fans	9/07/17	20,965			20,965	10	MO	S/L	13,278	2,097
459	Building - Renfrow	9/27/17	3,239			3,239	10	MO	S/L	2,024	324
461	Building - Fields	11/21/17	2,521			2,521	10	MO	S/L	1,533	253
462	AC Unit	4/11/18	5,431			5,431	7	MO	S/L	4,461	776
463	AC Unit	4/11/18	5,431			5,431	7	MO	S/L	4,461	776
464	Laundry Room	5/30/18	26,285			26,285	10	MO	S/L	14,676	2,628
465	AC Unit - Pearl Store	7/05/18	6,647			6,647	7	MO	S/L	5,223	950
466	Water Heater - HS	7/06/18	1,696			1,696	10	MO	S/L	933	170
468	Roof Coating	9/20/18	4,213			4,213	10	MO	S/L	2,212	421
469	18x16 Sectional Steel Door	10/25/18	3,169			3,169	15	MO	S/L	1,092	211
470	Shower remodel - sleeping area	10/26/18	6,380			6,380	15	MO	S/L	2,197	426
471	5 Ton AC Unit - Shelter	11/01/18	2,244			2,244	10	MO	S/L	1,159	225
473	IMAC w/ external HD	2/19/19	3,645			3,645	3	MO	S/L	3,645	0
474	IMAC w/ external HD	2/19/19	3,645			3,645	3	MO	S/L	3,645	0
475	LED Lighting - Breakroom	5/08/19	1,575			1,575	5	MO	S/L	1,470	105
476	Compressor - Walk in freezer	5/17/19	2,995			2,995	5	MO	S/L	2,746	249
478	5 Ton AC unit - Pearl	7/05/19	12,514			12,514	10	MO	S/L	5,631	1,252
479	5 Ton AC Unit - Pearl	7/05/19	12,514			12,514	10	MO	S/L	5,631	1,252
480	Shelter Roof	7/30/19	3,200			3,200	10	MO	S/L	1,413	320
481	Septic Tank	7/31/19	5,020			5,020	10	MO	S/L	2,217	502
482	Fence	11/29/19	2,028			2,028	10	MO	S/L	828	203
483	Meco Heavy Duty Hopper	1/31/20	2,758			2,758	5	MO	S/L	2,160	552
487	2.5 Ton AC Unit	7/11/20	2,854			2,854	7	MO	S/L	1,427	408
488	2.5 Ton AC Unit	7/11/20	2,854			2,854	7	MO	S/L	1,427	408
489	Maxpak Baler - MP60HD	7/27/20	14,562			14,562	7	MO	S/L	7,108	2,080
490	DRAIN/PLUMBING - UPST DORM	7/23/20	2,408			2,408	7	MO	S/L	1,175	344
491	DOOR W/ PASSES THRU - JXKT	7/31/20	3,264			3,264	10	MO	S/L	1,115	326
492	CC Camera System	9/23/20	16,800			16,800	5	MO	S/L	10,920	3,360
493	Sump Pump	9/04/20	2,733			2,733	7	MO	S/L	1,302	390
494	Sump Pump	9/04/20	2,733			2,733	7	MO	S/L	1,302	390
495	Leveno Thinkpad	9/04/20	1,481			1,481	3	MO	S/L	1,481	0
496	Glass Door	9/01/20	2,129			2,129	7	MO	S/L	1,014	304
497	Electrical - Transit/Chapel	12/09/20	1,730			1,730	10	MO	S/L	533	173
498	Tankless Water heater - Shelter	1/29/21	3,451			3,451	5	MO	S/L	2,013	690
499	Cash Registers - Pearl Store	5/28/21	3,164			3,164	3	MO	S/L	2,725	439
500	Sprinkler system - Pearl	5/28/21	11,159			11,159	10	MO	S/L	2,883	1,116
501	1/2 Glass Double Swing doors - Pearl	5/28/21	8,333			8,333	10	MO	S/L	2,153	833
502	Metal double swing doors - Pearl	5/28/21	4,615			4,615	10	MO	S/L	1,192	462
503	Wiring for Cat 5 - Pearl	5/28/21	3,632			3,632	5	MO	S/L	1,876	727
504	9 Beds for Mission	10/01/21	23,727			23,727	5	MO	S/L	10,677	4,745
505	20 Beds for Shelter	10/01/21	50,680			50,680	5	MO	S/L	22,806	10,136
506	Gate & Barrier - Pearl	5/28/21	5,136			5,136	10	MO	S/L	1,327	513
507	AC Unit - Conf room Pearl	7/16/21	10,825			10,825	7	MO	S/L	3,737	1,547
508	3 ceiling heaters - Pearl	11/22/21	27,853			27,853	5	MO	S/L	11,606	5,570
509	HP Envy Computer	5/04/21	1,337			1,337	3	MO	S/L	1,189	148
510	Roof - Pearl Store	8/11/21	42,300			42,300	15	MO	S/L	6,815	2,820
511	Roof - Shelter	11/05/21	39,373			39,373	15	MO	S/L	5,687	2,625
512	Transit building renovations	12/14/21	42,730			42,730	10	MO	S/L	8,902	4,273
513	HS renovations	12/20/21	39,832			39,832	10	MO	S/L	7,966	3,983
514	Steel Barrier - Pearl	5/28/21	6,444			6,444	10	MO	S/L	1,665	644
515	Steel Posts Pearl Warehouse	5/28/21	2,354			2,354	10	MO	S/L	608	236
516	Flooring - HS	10/18/21	32,629			32,629	10	MO	S/L	7,070	3,263
518	Pearl TS Renovations	5/28/21	556,910			556,910	39	MO	S/L	36,889	14,280
520	Ice Machine - JXKIT	2/10/22	6,847			6,847	7	MO	S/L	1,875	978
521	Cornish Replacement - PL	3/10/22	1,585			1,585	10	MO	S/L	291	158
522	Gutters - PL	6/10/22	17,033			17,033	10	MO	S/L	2,697	1,703
523	Porch - HS	6/23/22	24,016			24,016	10	MO	S/L	3,602	2,402
524	5 Ton AC Unit - Shelter	3/29/22	5,282			5,282	7	MO	S/L	1,320	755
525	5 Ton AC Unit - Shelter	3/29/22	5,282			5,282	7	MO	S/L	1,320	755
526	5 Ton AC Unit - Shelter	3/29/22	5,282			5,282	7	MO	S/L	1,320	755
527	Lighting - Admin offices	4/11/22	8,886			8,886	10	MO	S/L	1,555	889
528	Tap Installation - Admin	4/15/22	56,623			56,623	39	MO	S/L	2,541	1,452
529	Shelter Renovations	5/27/22	11,661			11,661	10	MO	S/L	1,846	1,166
530	Deck Roof - Mission	5/31/22	47,976			47,976	10	MO	S/L	7,596	4,798
531	Plumbing - Admin bldg	6/19/22	1,321			1,321	7	MO	S/L	283	189
532	23700 BTU AC Unit - MSKIT	6/09/22	864			864	7	MO	S/L	195	124
533	23700 BTU AC Unit - MSKIT	6/09/22	864			864	7	MO	S/L	195	124
534	Deck Roof - HS	6/09/22	6,549			6,549	10	MO	S/L	1,037	655
535	Renovations - Kit/Laund	6/21/22	3,293			3,293	10	MO	S/L	494	329
536	Kawasaki Mower	8/11/22	7,275			7,275	7	MO	S/L	1,472	1,040

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Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
537	6x12 Trailer w/ gate	8/11/22	1,707				1,707	7 MO S/L	345	244
538	15 Dell 5090 PC w monitor	1/11/22	19,518				19,518	3 MO S/L	13,012	6,506
539	5200 Lum Laser Projector	3/22/22	7,896				7,896	3 MO S/L	4,606	2,632
540	Desk - C Harold	1/22/22	1,444				1,444	5 MO S/L	554	289
541	Inspiron Computer	2/11/22	1,070				1,070	3 MO S/L	684	356
542	Optiplex 7000 Workstation	11/29/22	1,464				1,464	3 MO S/L	529	488
543	Electrical work - Mission Renovation	7/14/22	27,732				27,732	39 MO S/L	1,067	711
544	23700 BTU AC Unit	7/22/22	864				864	7 MO S/L	175	123
545	Painting - Shelter	6/22/22	9,234				9,234	10 MO S/L	1,385	924
546	Painting - Mission	6/22/22	10,800				10,800	10 MO S/L	1,620	1,080
547	Painting - Warehouse	6/22/22	1,026				1,026	10 MO S/L	154	103
548	23700 BTU AC Unit	7/22/22	864				864	7 MO S/L	175	123
549	Roll up Door - Gallatin St	1/23/23	4,963				4,963	10 MO S/L	455	496
550	AQ2 Software	2/01/23	17,313			X	3,462	3 MO Amort	14,909	1,154
551	Virtuious Software	2/01/23	53,953			X	10,791	3 MO Amort	46,460	3,596
552	Flooring - Mission	4/05/23	3,470				3,470	10 MO S/L	260	347
553	Podcast Workstation	4/11/23	1,181				1,181	5 MO S/L	177	236
554	MacBook Pro	4/11/23	3,315				3,315	5 MO S/L	497	663
555	Monitor	4/11/23	2,298				2,298	5 MO S/L	345	459
556	MacMini	4/11/23	1,496				1,496	5 MO S/L	224	300
557	MacMini	4/11/23	1,496				1,496	5 MO S/L	224	300
558	Washer/Dryer stack	5/26/23	15,744				15,744	10 MO S/L	918	1,575
559	Lighting - Admin & Dorms	6/14/23	10,889				10,889	10 MO S/L	635	1,089
560	Water Heater - Kitchen	6/14/23	4,517				4,517	10 MO S/L	263	452
562	Dell Inspiron 16 Laptop	10/02/03	1,477				1,477	5 MO S/L	295	296
563	Lighting - Hallway & Office	5/11/23	8,727				8,727	10 MO S/L	582	872
564	Lighting - Pearl	7/14/23	3,816				3,816	10 MO S/L	191	381
565	Renovations - Admin offices	11/13/23	32,574				32,574	39 MO S/L	139	835
567	Fence - Pearl Store	3/13/24	15,514				15,514	10 MO S/L	0	1,293
568	AC Unit - Admin building	3/14/24	647				647	7 MO S/L	0	77
569	AC Unit - Admin building	3/14/24	852				852	7 MO S/L	0	101
570	Central Exhaust Fan Motor	1/16/24	2,258				2,258	10 MO S/L	0	207
571	LED Lighting	5/20/24	3,502				3,502	10 MO S/L	0	204
572	Metal Roofing	6/04/24	6,755				6,755	10 MO S/L	0	394
573	Dell Inspiron 16+	11/08/24	1,364				1,364	5 MO S/L	0	45
575	Dell Inspiron 16+	7/30/24	1,321				1,321	5 MO S/L	0	110
576	Walk-in Freezer	6/18/24	73,851				73,851	15 MO S/L	0	2,462
577	Freezer Buildout	6/18/24	21,984				21,984	15 MO S/L	0	733
Total Other Depreciation			<u>3,349,986</u>				<u>3,292,973</u>		<u>1,271,934</u>	<u>152,824</u>
Total ACRS and Other Depreciation			<u>3,349,986</u>				<u>3,292,973</u>		<u>1,271,934</u>	<u>152,824</u>
Listed Property:										
406	2005 E350	11/01/05	29,342				29,342	5 MO S/L	29,342	0
422	2008 Ford Van E350	6/01/16	8,500				8,500	5 MO S/L	8,500	0
467	2015 Isu Truck	8/20/18	31,000				31,000	5 MO S/L	31,000	0
484	2018 CHEVY EXPRESS 3500	3/02/20	25,824				25,824	5 MO S/L	19,799	5,164
486	2002 Yukon XL	1/01/19	2,500				2,500	3 MO S/L	2,500	0
519	2008 TOYOTA TUNDRA	12/07/21	10,591				10,591	5 MO S/L	4,413	2,118
566	2007 Chevy Express Van	11/06/23	12,000				12,000	5 MO S/L	400	2,400
574	Ford Box Truck	12/04/24	23,000				23,000	5 MO S/L	0	383
			<u>142,757</u>				<u>142,757</u>		<u>95,954</u>	<u>10,065</u>
Amortization:										
561	AQ2 Software	3/31/23	7,116				7,116	3 MO Amort	1,977	2,372
			<u>7,116</u>				<u>7,116</u>		<u>1,977</u>	<u>2,372</u>
Grand Totals			3,529,829				3,457,831		1,392,693	166,848
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>3,529,829</u>				<u>3,457,831</u>		<u>1,392,693</u>	<u>166,848</u>

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
96	Fields Plumbing	5/31/13	26,878		0	0	13,439	13,439
420	Rollup Door - Distr Center	5/05/16	3,092		0	0	1,546	1,546
429	Building Improvements	9/28/14	15,989		0	0	0	15,989
550	AQ2 Software	2/01/23	17,313		0	0	13,851	3,462
551	Virtuious Software	2/01/23	53,953		0	0	43,162	10,791
Grand Total			<u>117,225</u>		<u>0</u>	<u>0</u>	<u>71,998</u>	<u>45,227</u>

64-0369382

11/10/2025 4:01 PM

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>
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There are no assets that meet the criteria of this report

64-0369382

Future Depreciation Report**FYE: 12/31/25****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
96	Fields Plumbing	5/31/13	26,878	1,587	0
420	Rollup Door - Distr Center	5/05/16	3,092	0	0
			<u>29,970</u>	<u>1,587</u>	<u>0</u>
Other Depreciation:					
1	BLDG-GALLATIN	1/01/91	65,000	0	0
2	BLDG-GALLATI	1/01/91	45,351	0	0
4	BLDG (2) - HOU	8/01/99	385,000	0	0
5	Building Repair	9/16/02	7,400	0	0
58	Electrical Renov	11/14/08	15,702	403	0
61	Pearl Building	7/01/09	257,976	6,614	0
72	Repave Pearl P	3/09/12	43,760	0	0
73	Remainder of re	4/01/12	3,000	0	0
78	Walk-In Cooler	7/23/12	2,009	0	0
81	Light Fixtures	8/26/12	2,385	0	0
82	AC & Heat for	9/01/12	6,634	0	0
83	Tile Work	9/13/12	5,300	0	0
84	Electrical Wiring	9/05/12	1,278	0	0
85	3 Six-panel stee	10/04/12	3,290	0	0
86	Renovations	10/04/12	3,802	0	0
87	Plumbing Repair	11/12/12	3,560	0	0
88	Building Improvement	1/28/13	15,841	0	0
92	Roof	4/03/13	34,878	2,325	0
93	Preston L Field	6/17/13	1,332	89	0
94	Roof	5/17/13	60,154	4,010	0
98	Central Bldg	8/09/13	1,104	0	0
109	Fields Plumbing	2/20/14	23,734	0	0
355	Freezer Compre	8/21/12	4,223	0	0
368	Metal Detector	4/24/13	4,939	0	0
378	Land Gallatin	11/11/60	10,000	0	0
379	Land Gallatin	11/11/60	10,000	0	0
381	Land - 8 Ceme	6/30/00	16,000	0	0
382	Land - Lot	12/12/01	2,000	0	0
383	Land - Clifto	6/30/00	2,000	0	0
384	Land - Cemetary	6/30/00	2,000	0	0
385	Land 4 Ceme	9/20/04	4	0	0
386	Land Parcel	3/20/07	35,000	0	0
387	SW 1/4 of NW	10/30/07	8,000	0	0
388	Land Parcel	2/29/08	-7,980	0	0
389	Property 2850 H	7/01/09	450,000	0	0
391	Donor Develop	3/30/07	14,761	0	0
415	Freezer	6/30/15	7,072	0	0
424	Ice Machine - Mission	6/11/14	2,009	0	0
426	Concrete wall	12/15/14	7,560	0	0
429	Building Improvements	9/28/14	15,989	1,066	0
430	Plumbing improvements	10/22/15	1,105	0	0
432	Steel Door	12/02/15	3,849	353	0
433	Convection Oven	12/14/15	3,134	0	0
434	Venable Glass	10/07/15	2,563	0	0
435	Plumbing	7/01/15	2,321	0	0
436	Equipment - Fields	7/01/15	2,179	0	0
438	Plumbing	4/18/16	2,917	291	0
439	Plumbing - Fields	4/18/16	1,265	126	0
440	2 Sewer pumps	5/19/16	6,291	629	0
441	Electrical - Admin bldg	5/27/16	2,586	259	0
442	External lighting	7/01/16	1,507	151	0
444	Electrical - Admin	7/07/16	14,088	1,409	0
445	Electrical - Admin	7/21/16	3,676	368	0
446	Septic tank pump	11/09/16	1,012	101	0
447	Plumbing	7/18/16	1,502	151	0
448	CCTV Installation	4/30/17	2,200	0	0
449	Condensing unit - Admin	4/28/17	3,232	323	0
450	Copier - Toshiba	5/25/17	9,013	0	0
452	Organ for Chapel	5/12/17	2,350	235	0

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Future Depreciation Report**FYE: 12/31/25****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
453	Safe - Offices	1/19/17	1,756	176	0
454	Shed - New life	2/27/17	1,111	111	0
456	AC & Shed - Kitchen	7/01/17	2,480	248	0
457	Kitchen Renovations	7/28/17	8,100	810	0
458	4 warehouse fans	9/07/17	20,965	2,096	0
459	Building - Renfrow	9/27/17	3,239	324	0
461	Building - Fields	11/21/17	2,521	252	0
462	AC Unit	4/11/18	5,431	194	0
463	AC Unit	4/11/18	5,431	194	0
464	Laundry Room	5/30/18	26,285	2,628	0
465	AC Unit - Pearl Store	7/05/18	6,647	474	0
466	Water Heater - HS	7/06/18	1,696	169	0
468	Roof Coating	9/20/18	4,213	421	0
469	18x16 Sectional Steel Door	10/25/18	3,169	211	0
470	Shower remodel - sleeping area	10/26/18	6,380	425	0
471	5 Ton AC Unit - Shelter	11/01/18	2,244	224	0
473	IMAC w/ external HD	2/19/19	3,645	0	0
474	IMAC w/ external HD	2/19/19	3,645	0	0
475	LED Lighting - Breakroom	5/08/19	1,575	0	0
476	Compressor - Walk in freezer	5/17/19	2,995	0	0
478	5 Ton AC unit - Pearl	7/05/19	12,514	1,251	0
479	5 Ton AC Unit - Pearl	7/05/19	12,514	1,251	0
480	Shelter Roof	7/30/19	3,200	320	0
481	Septic Tank	7/31/19	5,020	502	0
482	Fence	11/29/19	2,028	203	0
483	Meco Heavy Duty Hopper	1/31/20	2,758	46	0
487	2.5 Ton AC Unit	7/11/20	2,854	408	0
488	2.5 Ton AC Unit	7/11/20	2,854	408	0
489	Maxpak Baler - MP60HD	7/27/20	14,562	2,080	0
490	DRAIN/PLUMBING - UPST DORM	7/23/20	2,408	344	0
491	DOOR W/ PASSTHRU - JXKT	7/31/20	3,264	327	0
492	CC Camera System	9/23/20	16,800	2,520	0
493	Sump Pump	9/04/20	2,733	391	0
494	Sump Pump	9/04/20	2,733	390	0
495	Leveno Thinkpad	9/04/20	1,481	0	0
496	Glass Door	9/01/20	2,129	304	0
497	Electrical - Transit/Chapel	12/09/20	1,730	173	0
498	Tankless Water heater - Shelter	1/29/21	3,451	691	0
499	Cash Registers - Pearl Store	5/28/21	3,164	0	0
500	Sprinkler system - Pearl	5/28/21	11,159	1,116	0
501	1/2 Glass Double Swing doors - Pearl	5/28/21	8,333	833	0
502	Metal double swing doors - Pearl	5/28/21	4,615	461	0
503	Wiring for Cat 5 - Pearl	5/28/21	3,632	726	0
504	9 Beds for Mission	10/01/21	23,727	4,746	0
505	20 Beds for Shelter	10/01/21	50,680	10,136	0
506	Gate & Barrier - Pearl	5/28/21	5,136	514	0
507	AC Unit - Conf room Pearl	7/16/21	10,825	1,546	0
508	3 ceiling heaters - Pearl	11/22/21	27,853	5,571	0
509	HP Envy Computer	5/04/21	1,337	0	0
510	Roof - Pearl Store	8/11/21	42,300	2,820	0
511	Roof - Shelter	11/05/21	39,373	2,625	0
512	Transit building renovations	12/14/21	42,730	4,273	0
513	HS renovations	12/20/21	39,832	3,984	0
514	Steel Barrier - Pearl	5/28/21	6,444	644	0
515	Steel Posts Pearl Warehouse	5/28/21	2,354	235	0
516	Flooring - HS	10/18/21	32,629	3,263	0
518	Pearl TS Renovations	5/28/21	556,910	14,280	0
520	Ice Machine - JXKIT	2/10/22	6,847	978	0
521	Cornish Replacement - PL	3/10/22	1,585	158	0
522	Gutters - PL	6/10/22	17,033	1,703	0
523	Porch - HS	6/23/22	24,016	2,402	0
524	5 Ton AC Unit - Shelter	3/29/22	5,282	754	0
525	5 Ton AC Unit - Shelter	3/29/22	5,282	754	0
526	5 Ton AC Unit - Shelter	3/29/22	5,282	754	0
527	Lighting - Admin offices	4/11/22	8,886	888	0
528	Tap Installation - Admin	4/15/22	56,623	1,452	0
529	Shelter Renovations	5/27/22	11,661	1,166	0
530	Deck Roof - Mission	5/31/22	47,976	4,797	0
531	Plumbing - Admin bldg	6/19/22	1,321	188	0
532	23700 BTU AC Unit - MSKIT	6/09/22	864	123	0
533	23700 BTU AC Unit - MSKIT	6/09/22	864	123	0

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Future Depreciation Report **FYE: 12/31/25****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
534	Deck Roof - HS	6/09/22	6,549	655	0
535	Renovations - Kit/Laund	6/21/22	3,293	329	0
536	Kawasaki Mower	8/11/22	7,275	1,039	0
537	6x12 Trailer w/ gate	8/11/22	1,707	244	0
538	15 Dell 5090 PC w monitor	1/11/22	19,518	0	0
539	5200 Lum Laser Projector	3/22/22	7,896	658	0
540	Desk - C Harold	1/22/22	1,444	289	0
541	Inspiron Computer	2/11/22	1,070	30	0
542	Optiplex 7000 Workstation	11/29/22	1,464	447	0
543	Electrical work - Mission Renovation	7/14/22	27,732	711	0
544	23700 BTU AC Unit	7/22/22	864	124	0
545	Painting - Shelter	6/22/22	9,234	923	0
546	Painting - Mission	6/22/22	10,800	1,080	0
547	Painting - Warehouse	6/22/22	1,026	102	0
548	23700 BTU AC Unit	7/22/22	864	124	0
549	Roll up Door - Gallatin St	1/23/23	4,963	497	0
550	AQ2 Software	2/01/23	17,313	1,154	0
551	Virtuous Software	2/01/23	53,953	3,597	0
552	Flooring - Mission	4/05/23	3,470	347	0
553	Podcast Workstation	4/11/23	1,181	237	0
554	MacBook Pro	4/11/23	3,315	663	0
555	Monitor	4/11/23	2,298	460	0
556	MacMini	4/11/23	1,496	299	0
557	MacMini	4/11/23	1,496	299	0
558	Washer/Dryer stack	5/26/23	15,744	1,574	0
559	Lighting - Admin & Dorms	6/14/23	10,889	1,089	0
560	Water Heater - Kitchen	6/14/23	4,517	452	0
562	Dell Inspiron 16 Laptop	10/02/03	1,477	295	0
563	Lighting - Hallway & Office	5/11/23	8,727	873	0
564	Lighting - Pearl	7/14/23	3,816	382	0
565	Renovations - Admin offices	11/13/23	32,574	836	0
567	Fence - Pearl Store	3/13/24	15,514	1,551	0
568	AC Unit - Admin building	3/14/24	647	92	0
569	AC Unit - Admin building	3/14/24	852	122	0
570	Central Exhaust Fan Motor	1/16/24	2,258	226	0
571	LED Lighting	5/20/24	3,502	351	0
572	Metal Roofing	6/04/24	6,755	676	0
573	Dell Inspiron 16+	11/08/24	1,364	273	0
575	Dell Inspiron 16+	7/30/24	1,321	264	0
576	Walk-in Freezer	6/18/24	73,851	4,923	0
577	Freezer Buildout	6/18/24	21,984	1,465	0
	Total Other Depreciation		<u>3,349,986</u>	<u>143,234</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u><u>3,349,986</u></u>	<u><u>143,234</u></u>	<u><u>0</u></u>

Listed Property:

406	2005 E350	11/01/05	29,342	0	0
422	2008 Ford Van E350	6/01/16	8,500	0	0
467	2015 Isu Truck	8/20/18	31,000	0	0
484	2018 CHEVY EXPRESS 3500	3/02/20	25,824	861	0
486	2002 Yukon XL	1/01/19	2,500	0	0
519	2008 TOYOTA TUNDRA	12/07/21	10,591	2,118	0
566	2007 Chevy Express Van	11/06/23	12,000	2,400	0
574	Ford Box Truck	12/04/24	23,000	4,600	0
			<u>142,757</u>	<u>9,979</u>	<u>0</u>

Amortization:

561	AQ2 Software	3/31/23	7,116	2,371	0
			<u>7,116</u>	<u>2,371</u>	<u>0</u>

Future Depreciation Report **FYE: 12/31/25**

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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Grand Totals		<u>3,529,829</u>	<u>157,171</u>	<u>0</u>

Form 990	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning _____, ending _____		

Name **GATEWAY RESCUE MISSION, INC.** Taxpayer Identification Number **64-0369382**

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	2,623,431	2,780,902	157,471
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	991,994	945,851	-46,143
	5. Investment income	79,204	103,246	24,042
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	7,880	14,297	6,417
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	462	448	-14
	12. Total revenue. Add lines 1 through 11	3,702,971	3,844,744	141,773
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	249,202	252,551	3,349
	16. Salaries, other compensation, and employee benefits	1,237,127	1,357,508	120,381
	17. Professional fundraising fees	19,800	12,000	-7,800
	18. Other professional fees	55,552	49,526	-6,026
	19. Occupancy, rent, utilities, and maintenance	7,388	7,200	-188
	20. Depreciation and Depletion	178,261	176,759	-1,502
	21. Other expenses	1,709,257	1,777,941	68,684
	22. Total expenses. Add lines 13 through 21	3,456,587	3,633,485	176,898
	23. Excess or (Deficit). Subtract line 22 from line 12	246,384	211,259	-35,125
Other Information	24. Total exempt revenue	3,702,971	3,844,744	141,773
	25. Total unrelated revenue			
	26. Total excludable revenue	1,079,540	1,063,842	-15,698
	27. Total assets	5,455,852	5,726,064	270,212
	28. Total liabilities	144,660	203,613	58,953
	29. Retained earnings	5,311,192	5,522,451	211,259
	30. Number of voting members of governing body	10	12	
	31. Number of independent voting members of governing body	10	12	
	32. Number of employees	30	31	
33. Number of volunteers	2950	2950		

Form 990	Tax Return History	2024
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Name GATEWAY RESCUE MISSION, INC.	Employer Identification Number 64-0369382
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	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	2,546,550	2,997,825	2,730,866	2,623,431	2,780,902	
Membership dues						
Program service revenue	904,574	804,929	969,808	991,994	945,851	
Capital gain or loss	11,670	299,697	7,340	7,880	14,297	
Investment income	505	378	5,369	79,204	103,246	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	3,693	262,840	722	462	448	
Total revenue	3,466,992	4,365,669	3,714,105	3,702,971	3,844,744	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	188,924	194,775	226,412	249,202	252,551	
Other compensation	952,678	991,275	1,126,799	1,237,127	1,357,508	
Professional fees	63,681	95,691	71,519	75,352	61,526	
Occupancy costs	3,746	4,938	4,286	7,388	7,200	
Depreciation and depletion	100,763	99,806	151,142	178,261	176,759	
Other expenses	1,484,464	1,545,294	1,692,819	1,709,257	1,777,941	
Total expenses	2,794,256	2,931,779	3,272,977	3,456,587	3,633,485	
Excess or (Deficit)	672,736	1,433,890	441,128	246,384	211,259	
Total exempt revenue	3,466,992	4,365,669	3,714,105	3,702,971	3,844,744	
Total unrelated revenue						
Total excludable revenue	920,442	1,367,844	983,239	1,079,540	1,063,842	
Total Assets	3,497,693	4,764,797	5,215,201	5,455,852	5,726,064	
Total Liabilities	311,658	144,872	150,331	144,660	203,613	
Net Fund Balances	3,186,035	4,619,925	5,064,870	5,311,192	5,522,451	

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST ON DIVIDENDS	\$ 103,246		14			
TOTAL	<u>\$ 103,246</u>					

64-0369382

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 4,091	\$ 4,091	\$	\$
TOTAL	<u>\$ 4,091</u>	<u>\$ 4,091</u>	<u>\$ 0</u>	<u>\$ 0</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
UTILITIES	\$ 81,638	\$ 56,069	\$ 25,569	\$
SECURITY	61,910	61,910		
WASTE MANAGEMENT	60,562	57,656	2,906	
SUPPLIES	56,304	38,090	18,214	
TELEPHONE	21,655	12,541	9,114	
CONTRACT LABOR	20,509	11,800	8,709	
CREDIT CARD FEES	19,073	14,083	4,990	
FUEL	18,192	12,344	5,848	
MISSION EXPENSES	12,315	12,315		
BANK CHARGES	12,303		12,303	
GENERAL & ADMINISTRATIVE	12,048	569	10,983	496
DUES	8,183	724	7,459	
TAXES	7,629	7,409	220	
SUBSISTENCE	6,285	6,285		
EQUIPMENT RENT	4,341	2,600	1,741	
TRAINING	4,011	4,011		
OTHER	1,690	304	1,386	
BARGAIN CENTER EXPENSE	135	135		
TOTAL	<u>\$ 408,783</u>	<u>\$ 298,845</u>	<u>\$ 109,442</u>	<u>\$ 496</u>

Schedule A, Part III, Line 7b - Excess Gross Receipts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
FIRST PRESBYTERIAN CHURCH	\$	\$
2024	45,398	7,094
2023	45,804	8,853
2022	38,920	1,779
ERGON		
2024	175,000	136,696
2023	75,000	38,049
2022	75,000	37,859
2021	75,000	37,821
2020	75,000	40,447
MR NOLAN DALE BLALOCK		
2024	45,000	6,696
2023	56,500	19,549
TOTAL	\$ <u>706,622</u>	\$ <u>334,843</u>