

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.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization BOSTON RESCUE MISSION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 120069 City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02112 F Name and address of principal officer: JOHN SAMAAN SAME AS C ABOVE	D Employer identification number 04-2104726 E Telephone number 617-338-9000 G Gross receipts \$ 5,703,650. H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		
J Website: WWW.BRM.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1899 M State of legal domicile: MA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: BOSTON RESCUE MISSION, INC. CONTINUES TO AID THE HOMELESS AND POOR OF GREATER BOSTON TO		
	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	41
	6	Total number of volunteers (estimate if necessary)	6	1626
	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)	Prior Year
9		Program service revenue (Part VIII, line 2g)	3,951,223.	3,279,367.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	733,601.	731,011.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,263,961.	1,683,858.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,512.	9,414.
			6,950,297.	5,703,650.
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.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,643,097.	1,627,490.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 549,060.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,923,481.	1,413,293.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,566,578.	3,040,783.
	19 Revenue less expenses. Subtract line 18 from line 12	3,383,719.	2,662,867.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	60,854,626.	65,372,379.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,531,394.	332,254.
		59,323,232.	65,040,125.	

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 JOHN SAMAAN, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER NASH	Preparer's signature CHRISTOPHER NASH
	Firm's name NASH CPAS LLC	Date 03/12/24
	Firm's address 501 PROVIDENCE HWY NORWOOD, MA 02062	Check if self-employed <input type="checkbox"/> PTIN P01884824
		Firm's EIN 92-0473723 Phone no. 781-286-1320

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 [X]

1 Briefly describe the organization's mission: BOSTON RESCUE MISSION, INC. CONTINUES TO AID THE HOMELESS AND POOR OF GREATER BOSTON TO SELF-SUFFICIENCY BY ASSISTING WOMEN AND MEN IN CONFRONTING AND OVERCOMING THE ROOT CAUSES OF HOMELESSNESS. TO THIS END, THE MISSION PROVIDES BASIC LIFE NECESSITIES SUCH AS FOOD AND

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,383,507. including grants of \$) (Revenue \$ 1,198,183.) SAFE & HEALTHY PROGRAM: OUR YEAR-ROUD EMERGENCY SHELTER BEDS AND SERVICES PEOPLE WHO ARE EXPERIENCING HOMELESSNESS AND DON'T HAVE A SAFE PLACE TO SLEEP. BEGINNING IN LATE AFTERNOON, STAFF CONDUCT AND INTAKE WITH EACH PERSON TO ACCESS THEIR IMMEDIATE NEEDS AND DETERMINE WHETHER SOMEONE IS UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS FOR THEIR SAFETY AND WELLBEING AND FOR ALL OTHER GUESTS AND STAFF. WE PROVIDE TWO NOURISHING AND HEALTHY MEALS, ACCESS TO CLEAN BATHROOMS AND SHOWER FACILITIES, ACCESS TO A CASE MANAGER FOR HELP WITH IMMEDIATE NEEDS, SECURE A BED AT A DETOX OR RECOVERY PROGRAM, OR TO BEGIN THE PROCESS OF FINDING TRANSITIONAL OR PERMANENT HOUSING. OUR LONGTIME PARTNERSHIP WITH HEALTH CARE FOR THE HOMELESS PROVIDES MEDICAL SERVICES AT A NEARBY LOCATION.

4b (Code:) (Expenses \$ 133,885. including grants of \$) (Revenue \$ 17,524.) RAPID RE-HOUSING PROGRAM: CASE MANAGEMENT SERVICES PROVIDE A THOROUGH INTAKE AND COUNSELING TO HELP EACH PERSON ACHIEVE THEIR HOUSING GOALS. STAFF ASSIST GUESTS WITH HOUSING SEARCHES, REUNIFICATION WITH FAMILY AND FRIENDS, ONE ON ONE COUNSELING, EMPLOYMENT AND OTHER CHALLENGES TO SECURING TRANSITIONAL OR PERMANENT HOUSING.

4c (Code:) (Expenses \$ 140,398. including grants of \$) (Revenue \$ 121,171.) SAFE HAVEN VETERANS PROGRAM: FOR OVER TEN YEARS, WE HAVE SUCCESSFULLY OPERATED A 10-BED SHORT-TERM TRANSITIONAL HOUSING PROGRAM FOR CHRONICALLY HOMELESS VERTERANS STRUGGLING WITH SUBSTANCE USE DISORDERS, MENTAL ILLNESS AND OTHER HEALTH ISSUES IN RESTORED VICTORIAN IN DORCHESTER, MA. THE PROGRAM UTILIZES THREE EVIDENCE-BASED PRACTICES FOR CARE: MOTIVATIONAL ITNERVIEWING, CRITICAL TIME INTERVENTION, AND STAGES OF CHANGE. THE GOAL IS TO PREPARE EACH VETERAN TO EFFECTIVELY AND SAFELY TRANSITION TO PERMANENT HOUSING. WE PROVIDE THREE HEALTHY MEALS, SNACK, COUNSELING, AND REFERRALS TO SERVICES AT THEIR REQUEST. STAFF PROVIDES AN ENVIRONMENT THAT IS CONDUCIVE FOR EACH VETERAN TO FIND HOPE, OPPORTUNITY, AND THE DETERMINATION TO TRANSFORM THEIR LIFE. THE SAFE HAVEN PROGRAM CLOSED ON SEPTEMBER 30, 2022.

4d Other program services (Describe on Schedule O.) (Expenses \$ 557,169. including grants of \$) (Revenue \$ 936,059.)

4e Total program service expenses 2,214,959.