Form 990

Department of the Treasury

Т

Internal Revenue Service

Extension Granted Until 11/15/2023 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.



Α	For th	e 2022 calendar year, or tax year beginning and	ending	_	
В	Check if applicab	le: C Name of organization		D Employer identific	cation number
	Addre				
	Name chang		82-18407	37	
	Initial returr		Room/suite	E Telephone number	
	Final returr termii	441 Parsells Avenue		585-340-	
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	592,252.
	Amer returr Appli	Rochescer, NI 14009		H(a) Is this a group re	
	tion pendi	F Name and address of principal officer: 0051104 110111		for subordinates	
		same as C above		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) te: www.441ministries.org	or 527	1	list. See instructions
-	Websi	forganization: X Corporation Trust Association Other	L Veer	H(c) Group exemption	
	art I	Summary	L Year		State of legal domicile: NY
		Briefly describe the organization's mission or most significant activities: To b	e a ne	rmanent pres	sence that
Activities & Governance	1'	addresses the practical and spiritual ne			
nar	2	Check this box if the organization discontinued its operations or dispo			sets
ver	3			3	7
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			б
ss 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			17
viti	6	Total number of volunteers (estimate if necessary)		67	
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		384,456.	320,931.
Revenue	9	Program service revenue (Part VIII, line 2g)		49,284.	54,459.
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,646.	220.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		66,372.	94,363.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		501,758. 0.	469,973. 0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		217,167.	216,355.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben	h	Total fundraising expenses (Part IX, column (D), line 25) 19,7	88.		
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		132,972.	160,052.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		350,139.	376,407.
	19	Revenue less expenses. Subtract line 18 from line 12		151,619.	93,566.
or				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		534,899.	853,777.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		178,585.	403,897.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		356,314.	449,880.
	art II				

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.

	Cignoture of offi	ioar	Data					
Sign	Signature of offi		Date					
Here	Joshua H							
	Type or print na	me and title	_					
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN		
Paid	John F.	Heveron, Jr.	John F. Heveron,	Jr.10/04		P00023043		
Preparer						1895149		
Use Only								
		Phone no. 585 -	232-2956					
May the II	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

	990 (2022) 441 Ministries Beechwood, Inc.	82-1840737	Page 2
Pa	rt 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:		
	To be a permanent presence in the Beechwood neighborhood		
	New York, that addresses the practical and spiritual new	eds of peopl	.e
	from the inside out.		
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	XNo
	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	XNo
•	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	s measured by expense	e
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.		
42	(Code:) (Expenses \$ 154,447. including grants of \$) (Reven	<u>91.</u>	055.)
ти	New City Cafe is a coffee shop with a mission to provide		, ,
	mentoring to at-risk teenagers and young adults in the		
	neighborhood, and to provide a safe community gathering		
	neighborhood, and to provide a bare commanity gathering	bpace.	
	110,100		450
4b	(Code:) (Expenses \$ 112,460. including grants of \$) (Reven		459.)
	441 Properties is comprised of our four buildings that	include thir	teen
	'affordable housing' apartments, New City Cafe, a vacan		
	that we plan to renovate in the near future, a space the		
	being renovated to offer general use/office space, and	a warehouse	has
	been renovated into a coffee roastery.		
4c)
	441 Kids Ministry includes our Saturday Kids Club, Summ	er Meals	
	Program, and opportunities for neighborhood youth to at	tend summer	
	camp.		
	This is supported by contributions.		
	Other area were considered (Decenities on Calcottele C.)		
40	Other program services (Describe on Schedule O.) (Expenses \$ 32,214 • including grants of \$) (Revenue \$	3,308.)	
		5,500•)	
<u>4e</u>	Total program service expenses 300, 595.		00 /
		Form S	990 (2022)
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40 L	004 790933 1844 2022.04030 441 Ministries Beech	1WOOQ, I 1844	¥⊥

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Part IV Checklist of Required Schedules

441 Ministries Beechwood, Inc.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	ets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			х
с	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			х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
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	21		X
232003	3 12-13-22	Form	990	(2022)

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Form **990** (2022)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
2	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
_	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
8	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II.	32		x
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
87	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
8	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t 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 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		4.		1
с 	(gambling) winnings to prize winners?	1c	990	

Form	990	(2022)
	330	(2022)

Form 990 (2022)441 Ministries Beechwood, Inc.Part VStatements 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 17				
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		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	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		Х	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
	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).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L	
С	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				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>	
8					
•	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.	0-			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
	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			
	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand 13c				
	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? If "No," provide an explanation on Schedule O	14b		 	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.			37	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
.—	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
00000	If "Yes," complete Form 6069.	Form	000	(2022)	
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Form 990 (2	2022)
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441 Ministries Beechwood, Inc. 82-1840737

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

X

Part VI	Go	overnance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" re	sponse
	to lii	ine 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	

Sec	tion A. Governing Body and Management					
				7	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		<u>′</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
_	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			-		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	(2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	-	-			v
-	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					x
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			6		X
6 70	Did the organization have members or stockholders?			0		
7a	-			7a		x
h	more members of the governing body?			10		
5	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			10		
a	The governing body?			8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F					
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	nflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	on Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approv		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?			v	
	The organization's CEO, Executive Director, or top management official			15a	Х	X
b	Other officers or key employees of the organization			15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			40-		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			16a		Λ
D						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga exempt status with respect to such arrangements?			16b		
Sec	exempt status with respect to such arrangements?					
17	List the states with which a copy of this Form 990 is required to be filed NY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	0-T (section 501(c)(s only) avail:	able
10	for public inspection. Indicate how you made these available. Check all that apply.			,,o oniy) avaii	
	Own website IX Another's website IX Upon request Other (explain	n on Se	chedule (O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			nd fina	ncial	
	statements available to the public during the tax year.				_ /	
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks a	nd records			
	The Organization - 585-340-7133					
	441 Parsells Avenue, Rochester, NY 14609					
232006	12-13-22			Form	990	(2022)
	6					. /

05481004 790933 1844

2022.04030 441 Ministries Beechwood, I 1844___1

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar	nd a d I	recto	or/trus	itee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	stee	ruste		a	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ial tru	onal t		oloye	co m		1099-NEC)		and related
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Nicolas Trombley	40.00	-			×	Ξē	Œ			
Executive Director				x				45,324.	Ο.	Ο.
(2) Jen Adams	3.00									
Secretary		Х		Х				0.	0.	0.
(3) Carl Schauffele	1.00									
Member		Х						0.	0.	0.
(4) Drew McLean	2.00									
Treasurer		Х		Х				0.	0.	0.
(5) Jim Maryniak	2.00									
Chair		Х		Х				0.	0.	0.
(6) Chris Holdridge	2.00									
Member		Х						0.	0.	0.
(7) Mike Keys	1.00									
Member		Х						0.	0.	0.
(8) Curt Lindahl	1.00								_	
Member		Х						0.	0.	0.
						-				
						-				
						-				
			-	-	-	\vdash	-			
						1				
										- 000
232007 12-13-22						_				Form 990 (2022)

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2022.04030 441 Ministries Beechwood, I 1844___1

	Form 990 (2022) 441 Ministries Beechwood, Inc. 82-1840737 Page 8													
Par	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	box, offic	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o s both r/trus	n an	(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensation from related organizations (W-2/1099-MIS(1099-NEC)		an com fr	(F) atimate nount other pensa om the anizat	of Ition e
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)			and	d relat anizati	ed
c d	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A				· · · · · · ·			45,324. 0. 45,324.		0. 0. 0.	. 0		0. 0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at		e) wr		eceived more than \$100	J,000 of reportable	•		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>	-		-	•	-		Ŭ	phest compensated emp			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	e J f	for such individual	-		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>comp</i> tion B. Independent Contractors					-			-			5		Х
1	Complete this table for your five highest con	•	•							•	pensa	ation f	rom	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE Description of services (C)								C	(C) Compensation				
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lir	nite	d to	thos (stec	I above) who received n	nore than		Form	990 /	2022)

232008 12-13-22

					(A)	(B)	(C)	(D) Revenue exclude
					Total revenue	Related or exempt function revenue	Unrelated business revenue	
nts	1 a	Federated campaigns						
and Other Similar Amounts		Membership dues						
Ā		Fundraising events						
liar		Related organizations						
Sin		Government grants (contrib						
Jer	Ť	All other contributions, gifts, gr		320,931.				
đ	~	similar amounts not included al Noncash contributions included in lir		520,551.				
and	-	Total. Add lines 1a-1f			320,931.			
				Business Code				
,	2 a	Rental Income		531110	54,459.	54,459.		
Řevenue	b			-	,	,		
nu	c			-				
eve	d							
ĥ	е			_				
	f	All other program service re	evenue					
	g	Total. Add lines 2a-2f			54,459.			
	3	Investment income (includin	ng dividends, int	erest, and				
		other similar amounts)			220.			22
	4	Income from investment of	tax-exempt bon	d proceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
		······	6a					
		· ···	6b					
		······	6c					
		Net rental income or (loss) Gross amount from sales of	(i) Securitie	s (ii) Other				
	<i>i</i> a		7a					
	h	Less: cost or other basis						
a			7b					
нечепие	с		7c					
не		Net gain or (loss)		•••••••••••••••••••••••••••••••••••••••				
Other		Gross income from fundraising						
		contributions reported on lin Part IV, line 18	ne 1c). See	Ba				
	h	Less: direct expenses		8h				
		Net income or (loss) from fu		I S				
		Gross income from gaming						
		Part IV, line 19		9a				
	b	Less: direct expenses		9b				
		Net income or (loss) from ga		-				
		Gross sales of inventory, les	ss returns					
		and allowances	1	10a213,334.				
	b	Less: cost of goods sold	1	оы122,279.				
	с	Net income or (loss) from sa	ales of inventory		91,055.	91,055.		
		11	D	Business Code	2 2 2 2 2	2 2 2 2 2		
e		Miscellaneous	Kevenue	900099	3,308.	3,308.		
(en	b			-				
Revenue	c	<u> </u>		-				
		All other revenue			2 200			
		Total. Add lines 11a-11d			3,308. 469,973.	1/0 000	0.	22
	12	Total revenue. See instructions	S		407,7/3.	148,822.	ι υ.	44

441 Ministries Beechwood, Inc.

82-1840737 Page 9

Form 990 (2022)

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	t IX Statement of Functional Expense				
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons	se or note to any line in t (A)	his Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	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,	45 224	15 062	20 461	
-	trustees, and key employees	45,324.	15,863.	29,461.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	152 176	138,737.	1,939.	10 500
7	Other salaries and wages	153,176.	130,737.	1,939.	12,500.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17,855.	13,907.	2,824.	1,124.
10	Payroll taxes	I7,055.	13,907.	2,024.	1,124.
11	Fees for services (nonemployees):				
a L	Management	4,905.	4,115.	790.	
D		4,900.	4,113.	4,900.	
-	Accounting	±,500•		4,500.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	376.		376.	
10	Advertising and promotion	5701		570.	
12 13		11,126.	8,371.	2,755.	
	Office expenses	±±,±20•	0,0,1	2,,55.	
14 15	Royalties				
15 16	Occupancy	51,525.	51,525.		
10	Travel				
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	33,638.	30,647.	2,991.	
23	Insurance	13,291.	13,291.		
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 0.)				
а	Camp and Club Supplies	8,348.	8,348.		
b	Meals	6,750.	586.		6,164.
- C	Employee Development	6,017.	6,017.		
č		,,	- , - =		

232010 12-13-22

Check here

С d

25 26

05481004 790933 1844

e All other expenses

Total functional expenses. Add lines 1 through 24e

 $\ensuremath{\textit{Joint costs}}$. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

10

9,188. 300,595.

19,176.

376,407.

Form **990** (2022)

19,788.

9,988.

56,024.

2022.04030 441 Ministries Beechwood, I 1844___1

05481004 790933 1844

Form 990 (2022)

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2

3

14,234. 18,365. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Assets Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 858,371. basis. Complete Part VI of Schedule D _____ 10a 94,892. 431,391. 763,479. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 534,899. 853,777. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 19,140. 27,492. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 2,675. 4,425. 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 111,333. 22 331,217. controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 45,437. 40,763. 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 25 of Schedule D 178,585. 403,897. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 449,880. 334,314. Net assets without donor restrictions 27 27 22,000. Net assets with donor restrictions 0. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 356,314. 449,880. 32 Total net assets or fund balances 32 534,899. 853,777. 33 33 Total liabilities and net assets/fund balances ... Form **990** (2022)

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

(B)

End of year

56,012.

15,921.

(A)

Beginning of year

51,651.

37,623.

1

2

	1 990 (2022) 441 Ministries Beechwood, Inc.	82-184	0737	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
			160	<u> </u>	72
1	Total revenue (must equal Part VIII, column (A), line 12)	1			73. 07.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>66</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3			$\frac{00.}{14.}$
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	350	5,5	14.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				~ ~
	column (B))	10	449	9,8	80.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
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?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)
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