PUBLIC DISCLOSURE COPY

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

2025

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: OUR RESCUE

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): PO BOX 57338

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: SALT LAKE CITY, UT 84157

D Employer identification number: 46-3614979

E Telephone number: (818) 850-6146

G Gross receipts $: 73,522,178

F Name and address of principal officer: CARLOS BAUER
SAME AS C ABOVE

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.

H(c) Group exemption number

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

J Website: WWW.OURRESCUE.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2013

M State of legal domicile: UT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
WE ARE LEADERS IN THE FIGHT AGAINST HUMAN TRAFFICKING AND CHILD SEXUAL EXPLOITATION WORLDWIDE.

2 Check this box ☐ 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	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	110
6	Total number of volunteers (estimate if necessary)	6	45,800
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	30,498,823	24,672,052
9	Program service revenue (Part VIII, line 2g)	1,036,003	458,114
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	472,918	10,188,221
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	356,390	102,833
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,364,134	35,421,220

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,400,287	6,150,016
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,284,923	16,222,180
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 5,622,736		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	21,289,540	14,949,696
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	38,974,750	37,321,892
19	Revenue less expenses. Subtract line 18 from line 12	(6,610,616)	(1,900,672)

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	59,012,856	36,921,783
21	Total liabilities (Part X, line 26)	9,521,903	2,116,722
22	Net assets or fund balances. Subtract line 21 from line 20	49,490,953	34,805,061

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 — Date: 05/15/2026

CARLOS BAUER, SENIOR VICE PRESIDENT OF FINANCE
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARC METCALF	MARC METCALF	05/15/2026		P00170461

Firm's name: TANNER LLP — Firm's EIN: 20-2253063

Firm's address: 36 S STATE STREET SUITE 600, SALT LAKE CITY, UT 84111-1400 — Phone no.: (801) 532-7444

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:

(SEE ON SCHEDULE O)

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 $ 26,979,579 including grants of $ 6,150,016) (Revenue $ 560,947)

RESCUING CHILDREN FROM SEX TRAFFICKING AND SEXUAL EXPLOITATION.

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

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

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 26,979,579

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*	1	✔	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	✔	
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		✔
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		✔
5	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		✔
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*	6		✔
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*	7		✔
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✔
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		✔
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		✔
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*	11a	✔	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	✔	
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*	11c		✔
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		✔
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✔	
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	✔	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✔
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	✔	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✔
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✔	
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	✔	
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	✔	
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	✔	
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		✔
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*	18		✔
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*	19		✔
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✔
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	✔	

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? *If "Yes," complete Schedule I, Parts I and III*	22	✔	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	✔	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		✔
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✔
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		✔
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? *If "Yes," complete Schedule L, Part II*	26		✔
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? *If "Yes," complete Schedule L, Part III*	27		✔
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		✔
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
c	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		✔
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	✔	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✔
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	✔	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		✔
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✔	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		✔
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✔
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✔
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	38	✔	

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	1a	75		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✔	

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	110		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	✔	
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	✔	
b	If "Yes," enter the name of the foreign country CA, GR, IT, MY, TH 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		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✔
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		✔
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	✔	
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		✔
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		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
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		✔
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? If "Yes," see the instructions and file Form 4720, Schedule N.		15		✔
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		✔
17	**Section 501(c)(21) organizations.** Did the trust, or 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 VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	7		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			✔
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6			✔
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			✔
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b			✔
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			✔

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✔
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✔	
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	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		✔
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	✔	
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 arrangement with a taxable entity during the year?	16a	✔	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	✔	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AR, AZ, CA, (CONTINUED ON SCHEDULE O)

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

CARLOS BAUER, 589 W 9400 S, SANDY, UT 84070, (818) 850-6146

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) 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) DEREK BENNER	40.0									
CEO				✔				413,387	0	43,656
(2) TAMMY LEE	40.0									
FORMER CEO							✔	416,377	0	15,561
(3) TERESA HARLAND	40.0									
SENIOR VICE PRESIDENT, ADVANCEMENT					✔			417,882	0	59,510
(4) KRISTI BRANGLE	40.0									
SENIOR VICE PRESIDENT, PEOPLE/HQ CHIEF OF STAFF					✔			339,136	0	50,789
(5) RENATA PARRAS	40.0									
GENERAL COUNSEL AND SVP STRATEGIC PARTNERSHIPS					✔			355,450	0	14,394
(6) JANEEN VOGELAAR	40.0									
SVP MARKETING AND COMMUNICATIONS					✔			265,174	0	54,204
(7) CARLOS BAUER	40.0									
SENIOR VICE PRESIDENT, FINANCE				✔				285,840	0	27,167
(8) DODD DUPREE	40.0									
VP OF INTERNATIONAL OPERATIONS					✔			226,274	0	30,855
(9) NATHAN DAVIS	40.0									
REGIONAL VP OF NORTH AMERICAN OPERATIONS					✔			221,720	0	22,412
(10) MITCHELL ABRAHAMSEN	40.0									
FORMER CHIEF MISSION SUPPORT OFFICER							✔	164,909	0	22,041
(11) ABIGAIL CASAS MUNOZ	2.0									
BOARD OF DIRECTORS		✔						0	0	0
(12) JAMES SWEENEY	2.0									
BOARD OF DIRECTORS		✔						0	0	0
(13) JEFF FRAZIER	2.0									
BOARD OF DIRECTORS		✔						0	0	0
(14) JEFF MENNE	2.0									
BOARD OF DIRECTORS		✔						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			
(15) JIM DINKINS	2.0									
BOARD OF DIRECTORS		✔						0	0	0
(16) KELLY CROUCH	2.0									
BOARD OF DIRECTORS		✔						0	0	0
(17) MATTHEW MILLHOLLIN	2.0									
BOARD OF DIRECTORS		✔						0	0	0
(18) MICHELLE LIVINGSTONE	2.0									
BOARD OF DIRECTORS		✔						0	0	0
(19) SEAN VASSILAROS	2.0									
CHAIRMAN OF THE BOARD OF DIRECTORS		✔						0	0	0
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								3,106,149	0	340,589
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								3,106,149	0	340,589

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 40

			Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	✔	
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? *If "Yes," complete Schedule J for such individual*	**4**	✔	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		✔

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
LAW FIRM, AVAILABLE UPON REQUEST, DENVER, CO 80217	LAW FIRM	2,525,476
LAW FIRM, AVAILABLE UPON REQUEST, LOS ANGELES, CA 90088	LAW FIRM	861,532
TODD JORDAN CONSULTING LLC, AVAILABLE UPON REQUEST, GREENFIELD, IN 46140	CONSULTING SERVICES	506,600
LAW FIRM, AVAILABLE UPON REQUEST, SALT LAKE CITY, UT 84145	LAW FIRM	369,289
TRUE MEDIA LLC, AVAILABLE UPON REQUEST, COLUMBIA, MO 65203	MARKETING / MEDIA SERVICES	355,903

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 18

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	24,672,052				
	g	Noncash contributions included in lines 1a–1f	1g	$ 265,362				
	h	**Total.** Add lines 1a–1f			24,672,052			
Program Service Revenue				Business Code				
	2a	MERCHANDISE SALES		458000	458,114	458,114		
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			458,114			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			955,397			955,397
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real	(ii) Personal			
	6a	Gross rents	6a	6,429				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	6,429	0			
	d	Net rental income or (loss)			6,429	6,429		
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a	46,536,285	797,497			
	b	Less: cost or other basis and sales expenses	7b	37,026,263	1,074,695			
	c	Gain or (loss)	7c	9,510,022	(277,198)			
	d	Net gain or (loss)			9,232,824			9,232,824
	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				Business Code				
	11a	OTHER REVENUE		900001	96,404	96,404		
	b							
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			96,404			
	12	**Total revenue.** See instructions			35,421,220	560,947	0	10,188,221

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	4,494,321	4,494,321		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,390	5,390		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,650,305	1,650,305		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,445,148	1,828,082	211,088	405,978
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	10,162,210	7,597,636	877,299	1,687,275
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,877,812	2,151,458	194,075	532,279
10 Payroll taxes	737,010	551,015	63,626	122,369
11 Fees for services (nonemployees):				
a Management				
b Legal	1,489,278	545,737	943,541	
c Accounting	127,260	102,727	15,263	9,270
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	188,148		188,148	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	3,950,417	3,188,865	473,793	287,759
12 Advertising and promotion	1,548,025	852,059	15,020	680,946
13 Office expenses	19,532	14,906	4,577	49
14 Information technology				
15 Royalties				
16 Occupancy	651,035	440,182	145,153	65,700
17 Travel	1,334,176	995,742	123,302	215,132
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	547,165	384,872	79,457	82,836
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,029,850	480,679	492,742	56,429
23 Insurance	242,823	120,127	80,246	42,450
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 11g expenses on Schedule O.)				
a OTHER EXPENSE	1,229,875	563,171	404,901	261,803
b MERCHANT SERVICE FEES	984,506	11,205		973,301
c COST OF MERCHANDISE SOLD	434,526	432,213	1,900	413
d MEALS AND ENTERTAINMENT	297,459	196,776	29,284	71,399
e All other expenses	875,621	372,110	376,163	127,348
25 **Total functional expenses.** Add lines 1 through 24e	37,321,892	26,979,578	4,719,578	5,622,736
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 ☐ 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		3,261,224	1	4,302,243
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		924,365	4	1,915,617
	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		0	5	0
	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)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		398,641	8	95,132
	9	Prepaid expenses and deferred charges		832,683	9	556,299
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,450,798			
	b	Less: accumulated depreciation	10b 3,380,943	13,101,448	10c	11,069,855
	11	Investments—publicly traded securities		20,867,214	11	5,242
	12	Investments—other securities. See Part IV, line 11		18,651,825	12	18,168,804
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		249,456	14	136,759
	15	Other assets. See Part IV, line 11		726,000	15	671,832
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		59,012,856	16	36,921,783
Liabilities	17	Accounts payable and accrued expenses		2,082,383	17	722,714
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		6,637,696	23	0
	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		801,824	25	1,394,008
	26	**Total liabilities.** Add lines 17 through 25		9,521,903	26	2,116,722
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		48,658,256	27	33,226,234
	28	Net assets with donor restrictions		832,697	28	1,578,827
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	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		49,490,953	32	34,805,061
	33	Total liabilities and net assets/fund balances		59,012,856	33	36,921,783

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	35,421,220
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,321,892
3	Revenue less expenses. Subtract line 2 from line 1	3	(1,900,672)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,490,953
5	Net unrealized gains (losses) on investments	5	(6,727,622)
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	(6,057,598)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	34,805,061

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: ☐ Cash ☑ Accrual ☐ 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?	2a		✔
	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.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	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.			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c		✔
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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		✔
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	3b		

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

2025

Open to Public Inspection

Name of the organization	Employer identification number
OUR RESCUE	46-3614979

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 must generally 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,010,350	27,637,158	43,896,400	29,625,530	24,672,052	165,841,490
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge					0	0
4 **Total.** Add lines 1 through 3	40,010,350	27,637,158	43,896,400	29,625,530	24,672,052	165,841,490
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)						0
6 **Public support.** Subtract line 5 from line 4						165,841,490

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	40,010,350	27,637,158	43,896,400	29,625,530	24,672,052	165,841,490
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	848,526	877,600	925,994	913,247	961,826	4,527,193
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						170,368,683

12 Gross receipts from related activities, etc. (see instructions) **12** 8,089,175

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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** 97.34 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** 97.86 %

16a **33 1/3% support test—2025.** 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—2024.** 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—2025.** 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—2024.** 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2025.** 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—2024.** 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 of 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI****.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI****.*	9a		
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? *If "Yes," provide detail in* ***Part VI****.*	9b		
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? *If "Yes," provide detail in* ***Part VI****.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *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.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a, 3b, and 3c below.***			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI****.*	3a		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3c		

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 *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3	Subtract line 2 from line 1d.	**3**		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6	Multiply line 5 by 0.035.	**6**		
7	Recoveries of prior-year distributions	**7**		
8	**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 ☐ 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	**Total annual distributions.** Add lines 1 through 5.	**6**	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**7**	
8	Distributable amount for 2025 from Section C, line 6	**8**	
9	Line 7 amount divided by line 8 amount	**9**	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021 . . .			
b	Excess from 2022 . . .			
c	Excess from 2023 . . .			
d	Excess from 2024 . . .			
e	Excess from 2025 . . .			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. January 2025)
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
OUR RESCUE

Employer identification number
46-3614979

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 33 1/3% 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: OUR RESCUE

Employer identification number: 46-3614979

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		$ 1,000,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
2		$ 545,930	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization: OUR RESCUE

Employer identification number: 46-3614979

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: OUR RESCUE

Employer identification number: 46-3614979

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)
(Rev. January 2025)

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
OUR RESCUE

Employer identification number
46-3614979

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ 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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		3,852,909		3,852,909
b Buildings		2,752,952	894,107	1,858,845
c Leasehold improvements		4,310,512	529,186	3,781,326
d Equipment		3,534,425	1,957,650	1,576,775
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				11,069,855

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) FIDELITY INVESTMENTS - OTHER SECURITIES	18,168,804	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*	18,168,804	

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) PAYROLL LIABILITIES	821,520
(3) LEASE LIABILITY	572,488
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,394,008

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	27,759,319
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	(6,727,622)		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	(746,131)		
e	Add lines **2a** through **2d**			2e	(7,473,753)
3	Subtract line **2e** from line **1**			3	35,233,072
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	188,148		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	188,148
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	35,421,220

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	43,191,297
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	6,057,553		
e	Add lines **2a** through **2d**			2e	6,057,553
3	Subtract line **2e** from line **1**			3	37,133,744
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	188,148		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	188,148
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	37,321,892

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.

SEE STATEMENT

Part XIII

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description: CHANGE IN NET ASSET CONTRIBUTIONS WITH DONOR RESTRICTIONS — **(b)** Amount: - 746,131
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description: NON-FUNCTIONAL EXPENSE LEGAL FEES — **(b)** Amount: 6,052,182 **(a)** Description: LOSS ON IMPAIRMENT OF INTANGIBLE ASSETS — **(b)** Amount: 5,371

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE ORGANIZATION EVALUATES TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN TO DETERMINE WHETHER THE TAX POSITIONS WILL BE SUSTAINED BY TAX AUTHORITIES.

SCHEDULE F (Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
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
OUR RESCUE

Employer identification number
46-3614979

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☑ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	EAST ASIA AND THE PACIFIC	4	51	PROGRAM SERVICES	(SEE STATEMENT)	1,391,406
(2)	SOUTH AMERICA		18	PROGRAM SERVICES	(SEE STATEMENT)	1,334,585
(3)	CENTRAL AMERICA AND THE CARIBBEAN	1	9	PROGRAM SERVICES	(SEE STATEMENT)	674,823
(4)	MIDDLE EAST AND NORTH AFRICA	1	3	PROGRAM SERVICES	(SEE STATEMENT)	129,742
(5)	NORTH AMERICA (CANADA & MEXICO ONLY)			PROGRAM SERVICES	(SEE STATEMENT)	234,226
(6)	SUB-SAHARAN AFRICA	2	14	PROGRAM SERVICES	(SEE STATEMENT)	797,428
(7)	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	6	PROGRAM SERVICES	(SEE STATEMENT)	582,219
(8)	SOUTH ASIA			PROGRAM SERVICES	(SEE STATEMENT)	408,234
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	9	101			5,552,663
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	9	101			5,552,663

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			(SEE STATEMENT)						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

3 Enter total number of other organizations or entities . . . . . .

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)	SURVIVOR CARE MEDICAL AND TRANSPORT SUPPORT	SUB-SAHARAN AFRICA	2	45,425	WIRE/ACH	0		
(2)	SURVIVOR CARE PERSONAL SUPPLIES & EQUIPMENT, THERAPY, AND EDUCATION SUPPORT	SOUTH AMERICA	1	5,807	WIRE/ACH	0		
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ **Yes**	☑ **No**
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ **Yes**	☑ **No**
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ **Yes**	☑ **No**
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ **Yes**	☑ **No**
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ **Yes**	☑ **No**
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*	☐ **Yes**	☑ **No**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL - THESE FUNDS ARE DIRECTED TOWARDS PROGRAMS THAT PROVIDE RESCUE, REHABILITATION, LEGAL AID, AND LAW ENFORCEMENT COLLABORATION TO COMBAT HUMAN TRAFFICKING AND EXPLOITATION EFFECTIVELY. EAST ASIA AND THE PACIFIC - ACCRUAL - THESE FUNDS ARE DIRECTED TOWARDS PROGRAMS THAT PROVIDE RESCUE, REHABILITATION, LEGAL AID, AND LAW ENFORCEMENT COLLABORATION TO COMBAT HUMAN TRAFFICKING AND EXPLOITATION EFFECTIVELY. EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL - THESE FUNDS ARE DIRECTED TOWARDS PROGRAMS THAT PROVIDE RESCUE, REHABILITATION, LEGAL AID, AND LAW ENFORCEMENT COLLABORATION TO COMBAT HUMAN TRAFFICKING AND EXPLOITATION EFFECTIVELY. MIDDLE EAST AND NORTH AFRICA - ACCRUAL - THESE FUNDS ARE DIRECTED TOWARDS PROGRAMS THAT PROVIDE RESCUE, REHABILITATION, LEGAL AID, AND LAW ENFORCEMENT COLLABORATION TO COMBAT HUMAN TRAFFICKING AND EXPLOITATION EFFECTIVELY. NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL - THESE FUNDS ARE DIRECTED TOWARDS PROGRAMS THAT PROVIDE RESCUE, REHABILITATION, LEGAL AID, AND LAW ENFORCEMENT COLLABORATION TO COMBAT HUMAN TRAFFICKING AND EXPLOITATION EFFECTIVELY. SOUTH AMERICA - ACCRUAL - THESE FUNDS ARE DIRECTED TOWARDS PROGRAMS THAT PROVIDE RESCUE, REHABILITATION, LEGAL AID, AND LAW ENFORCEMENT COLLABORATION TO COMBAT HUMAN TRAFFICKING AND EXPLOITATION EFFECTIVELY. SOUTH ASIA - ACCRUAL - THESE FUNDS ARE DIRECTED TOWARDS PROGRAMS THAT PROVIDE RESCUE, REHABILITATION, LEGAL AID, AND LAW ENFORCEMENT COLLABORATION TO COMBAT HUMAN TRAFFICKING AND EXPLOITATION EFFECTIVELY. SUB-SAHARAN AFRICA - ACCRUAL - THESE FUNDS ARE DIRECTED TOWARDS PROGRAMS THAT PROVIDE RESCUE, REHABILITATION, LEGAL AID, AND LAW ENFORCEMENT COLLABORATION TO COMBAT HUMAN TRAFFICKING AND EXPLOITATION EFFECTIVELY.
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN - CASH EAST ASIA AND THE PACIFIC - CASH EUROPE (INCLUDING ICELAND AND GREENLAND) - CASH NORTH AMERICA (CANADA & MEXICO ONLY) - CASH SOUTH AMERICA - CASH SUB-SAHARAN AFRICA - CASH
SCHEDULE F, PART III - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	SOUTH AMERICA - CASH SUB-SAHARAN AFRICA - CASH
SCHEDULE F, PART V - PART I, LINE 2	A MEMORANDUM OF UNDERSTANDING IS SIGNED FOR ALL ASSISTANCE OPERATION UNDERGROUND RAILROAD PROVIDES. OPERATIONAL REPORTS ARE REQUIRED QUARTERLY WHICH ARE USED TO VERIFY THAT FUNDS ARE PROPERLY BEING USED. REGIONAL DIRECTORS APPROVE INTERNATIONAL EXPENDITURES.
SCHEDULE F, PART V - PART I, LINE 3	ALL EXPENDITURES GO THROUGH THE REGIONAL DIRECTORS WHEN THEY ARE OUTSIDE OF THE UNITED STATES.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, apraisal, other)
(1)		SUB-SAHARAN AFRICA	LAW ENFORCEMENT SUPPLIES & EQUIPMENT, LOGISTIC, TRAINING AND CAPACITY BUILDING SUPPORT SUPPORT, SURVIVOR CARE FACILITY REPAIRS & MAINTENANCE AND SUPPLIES & EQUIPMENT SUPPORT	276,949	WIRE/ACH	0		
(2)		EAST ASIA AND THE PACIFIC	LAW ENFORCEMENT SUPPLIES & EQUIPMENT, SURVIVOR CARE FACILITY REPAIRS & MAINTENANCE, SUPPLIES & EQUIPMENT, EDUCATION SUPPORT	497,973	WIRE/ACH	0		
(3)		EUROPE (INCLUDING ICELAND AND GREENLAND)	LAW ENFORCEMENT SUPPLIES & EQUIPMENT, LOGISTIC, INVESTIGATIVE SOFTWARE, TRAINING AND CAPACITY BUILDING SUPPORT, SURVIVOR CARE FACITLITY REPAIRS & MAINTENANCE AND THERAPY SUPPORT	271,335	WIRE/ACH	0		
(4)		SOUTH AMERICA	LAW ENFORCEMENT SUPPLIES & EQUIPMENT, LOGISTIC, INVESTIGATIVE SOFTWARE, TRAINING AND CAPACITY BUILDING SUPPORT, SURVIVOR CARE SUPPLIES & EQUIPMENT SUPPORT	413,671	WIRE/ACH	0		
(5)		NORTH AMERICA (CANADA & MEXICO ONLY)	LAW ENFORCEMENT INVESTIGATIVE SOFTWARE, K9 SUPPORT	112,122	WIRE/ACH	0		
(6)		CENTRAL AMERICA AND THE CARIBBEAN	LAW ENFORCEMENT SUPPLIES & EQUIPMENT, LOGISTIC, INVESTIGATIVE SOFTWARE, TRAINING AND CAPACITY BUILDING SUPPORT	27,024	WIRE/ACH	0		

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

OUR RESCUE

Employer identification number

46-3614979

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) (SEE STATEMENT)			11,000	0			(SEE STATEMENT)
(2) (SEE STATEMENT)	59-1882941		7,270	0			(SEE STATEMENT)
(3) CITY OF ALCOA - ALCOA POLICE DEPARTMENT 223 ASSOCIATES BLVD, ALCOA, TN 37701	62-6000238		6,995	0			(SEE STATEMENT)
(4) (SEE STATEMENT)	84-6000740		12,296	0			(SEE STATEMENT)
(5) CITY OF ARGO - ARGO POLICE DEPARTMENT 100 BLACKJACK RD., TRUSSVILLE, AL 35173	63-0955663		10,518	0			(SEE STATEMENT)
(6) CITY OF ASPEN - ASPEN POLICE DEPARTMENT 427 RIO GRANDE PL, ASPEN, CO 81611	84-6000563		12,101	0			(SEE STATEMENT)
(7) (SEE STATEMENT)			10,000	0			(SEE STATEMENT)
(8) (SEE STATEMENT)	03-6000393		6,048	0			(SEE STATEMENT)
(9) (SEE STATEMENT)	87-6000292		5,670	0			(SEE STATEMENT)
(10) CITY OF BOISE - BOISE POLICE DEPARTMENT 333 N MARK STALL PL, BOISE, ID 83704			16,494	0			(SEE STATEMENT)
(11) (SEE STATEMENT)	34-6400148		5,576	0			(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . _____

3 Enter total number of other organizations listed in the line 1 table . . . . . .

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	(SEE STATEMENT)	1	5,390			
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) BRAZORIA COUNTY - BRAZORIA COUNTY SHERIFF'S OFFICE 111 EAST LOCUST, ANGLETON, TX 77515	74-6000044		10,668	0			K9 SUPPORT
(13) BRIDGING FREEDOM, INC P O BOX 18984, TAMPA, FL 33679	27-5467980	501(C)(3)	5,000	0			SUPPLIES & EQUIPMENT SUPPORT
(14) CITY OF BRISTOW - BRISTOW POLICE DEPARTMENT 110 W 7TH AVENUE, BRISTOW, OK 74010	73-6005106		6,296	0			TRAINING AND CAPACITY BUILDING SUPPORT
(15) CITY OF BROOKLYN PARK - BROOKLYN PARK POLICE DEPARTMENT 5200 85TH AVENUE, NORTH BROOKLYN PARK, MN 55443	41-6008804		7,420	0			SUPPLIES & EQUIPMENT SUPPORT
(16) CALDWELL COUNTY - CALDWELL COUNTY SHERIFF'S OFFICE PO BOX 2200, LENOIR, NC 28645	56-6001967		21,587	0			K9 SUPPORT
(17) CALL TO FREEDOM INC 1915 E 8TH ST, SUITE 100, SIOUX FALLS, SD 57103	47-5469817	501(C)3	17,500	0			SUPPLIES & EQUIPMENT SUPPORT
(18) TOWN OF CAMDEN - CAMDEN POLICE DEPARTMENT 1783 FRIENDS WAY, CAMDEN, DE 19934	51-0263301		7,730	0			INVESTIGATIVE SOFTWARE SUPPORT
(19) CAMPBELL COUNTY GOVERNMENT - CAMPBELL COUNTY SHERIFF'S OFFICE 600 WEST BOXELDER ROAD, GILLETTE, WY 82718	83-6000103		7,750	0			SUPPLIES & EQUIPMENT SUPPORT
(20) COUNTY OF CARLTON - CARLTON COUNTY SHERIFF'S OFFICE PO BOX 130, CARLTON, MN 55718	41-6005767		12,509	0			INVESTIGATIVE SOFTWARE SUPPORT
(21) COUNTY OF CALAVERAS - CALAVERAS COUNTY SHERIFF'S OFFICE 891 MOUNTAIN RANCH RD, SAN ANDREAS, CA 95249	94-6000507		11,000	0			INVESTIGATIVE SOFTWARE SUPPORT
(22) CITY OF CHARLES TOWN'S - CHARLES TOWN POLICE DEPARTMENT 661 S GEORGE ST., CHARLES TOWN, WV 25414			9,197	0			INVESTIGATIVE SOFTWARE SUPPORT
(23) CHAUTAUQUA COUNTY DISTRICT ATTORNEY'S OFFICE 1 N ERIE ST, MAYVILLE, NY 14757			8,196	0			TRAINING AND CAPACITY BUILDING SUPPORT
(24) CITY OF ANDERSON - ANDERSON POLICE DEPARTMENT, IN 120 E 8TH STREET, ANDERSON, IN 46016	35-6000939		15,700	0			K9 SUPPORT
(25) CITY OF ARLINGTON - ARLINGTON POLICE DEPARTMENT 620 W DIVISION ST, ARLINGTON, TX 76011			140,000	0			TRAINING AND CAPACITY BUILDING SUPPORT
(26) CITY OF CHEYENNE - CHEYANNE POLICE DEPARTMENT 2101 O'NEIL AVE, ROOM 309 , CHEYENNE, WY 82991	83-6000050		6,296	0			TRAINING AND CAPACITY BUILDING SUPPORT

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(27) CITY OF CORPUS CHRISTI - CORPUS CHRISTI POLICE DEPARTMENT 1201 LEOPARD STREET, CORPUS CHRISTI, TX 78401	74-6000574		11,759	0			INVESTIGATIVE SOFTWARE SUPPORT
(28) CITY OF CRETE - CRETE POLICE DEPARTMENT 243 E 13TH ST., CRETE, NE 68333	47-6006154		5,585	0			SUPPLIES & EQUIPMENT SUPPORT
(29) CITY OF DALLAS - DALLAS POLICE DEPARTMENT 1500 MARILLA STREET, DALLAS, TX 75201	75-6000508		22,240	0			K9 SUPPORT
(30) CITY OF FISHERS - FISHERS POLICE DEPARTMENT 1 MUNICIPAL DR, FISHERS, IN 46038	35-1361390		9,864	0			TRAINING AND CAPACITY BUILDING SUPPORT
(31) CITY OF FORT WORTH - FORT WORTH POLICE DEPARTMENT 100 FORT WORTH TRAIL, FORT WORTH, TX 76102	75-6000528		19,982	0			K9 SUPPORT
(32) CITY OF FRANKLIN - FRANKLIN POLICE DEPARTMENT 316 CENTRAL ST, FRANKLIN, NH 03235	02-6000292		8,980	0			SUPPLIES & EQUIPMENT SUPPORT
(33) CITY OF FRISCO, TEXAS - FRISCO POLICE DEPARTMENT 6101 FRISCO SQUARE BLVD, FRISCO, TX 75034	75-6000531		19,533	0			K9 SUPPORT
(34) CITY OF IDAHO FALLS - IDAHO FALLS POLICE DEPARTMENT 308 CONSTITUTION WAY, IDAHO FALLS, ID 83402	82-6000208		13,668	0			TRAINING AND CAPACITY BUILDING AND K9 SUPPORT
(35) CITY OF JAMESTOWN - JAMESTOWN POLICE DEPARTMENT 102 3RD AVE SE, JAMESTOWN, ND 58401	45-6002099		7,450	0			TRAINING AND CAPACITY BUILDING SUPPORT
(36) CITY OF JEFFERSONVILLE - JEFFERSONVILLE POLICE DEPARTMENT 500 QUARTERMASTER CT, JEFFERSONVILLE, IN 47130	35-6001067		10,464	0			INVESTIGATIVE SOFTWARE SUPPORT
(37) CITY OF MARYVILLE - MARYVILLE POLICE DEPARTMENT 406 W. BROADWAY AVENUE, MARYVILLE, TN 37801	62-6000353		15,000	0			K9 SUPPORT
(38) CITY OF MOLINE - MOLINE POLICE DEPARTMENT 1630 8TH AVE, MOLINE, IL 61265	36-6005999		5,037	0			K9 SUPPORT
(39) CITY OF PARMA - PARMA POLICE DEPARTMENT 6611 RIDGE ROAD, PARMA, OH 44129	34-6002162		15,000	0			SUPPLIES & EQUIPMENT SUPPORT
(40) CITY OF PLATTSMOUTH - PLATTSMOUTH POLICE DEPARTMENT 336 MAIN STREET, PLATTSMOUTH, NE 68048	47-6006328		9,335	0			INVESTIGATIVE SOFTWARE SUPPORT
(41) CITY OF PORT ST. LUCIE - PORT ST. LUCIE POLICE DEPARTMENT 121 SW PORT ST. LUCIE BLVD PORT ST., LUCIE, FL 34984	59-6141662		5,648	0			K9 SUPPORT

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(42) CITY OF RAINBOW CITY - RAINBOW CITY POLICE DEPARTMENT 3700 RAINBOW DRIVE, RAINBOW CITY, AL 35906	63-0479145		6,000	0			SUPPLIES & EQUIPMENT SUPPORT
(43) CITY OF ROCK SPRINGS, WYOMING - ROCK SPRINGS POLICE DEPARTMENT 212 D. STREET, ROCK SPRINGS, WY 82901	83-6000088		5,585	0			INVESTIGATIVE SOFTWARE SUPPORT
(44) CITY OF ROCKWALL - ROCKWALL POLICE DEPARTMENT 385 S. GOLIAD ST., ROCKWALL, TX 75087	75-6000652		19,391	0			K9 SUPPORT
(45) CITY OF SANTA ROSA - SANTA ROSA POLICE DEPARTMENT 90 SANTA ROSA AVENUE, SANTA ROSA, CA 95404	94-6000428		11,000	0			SUPPLIES & EQUIPMENT SUPPORT
(46) CITY OF STERLING - STERLING POLICE DEPARTMENT PO BOX 4000, 421 N 4TH STREET, STERLING, CO 80751	84-6000622		15,413	0			INVESTIGATIVE SOFTWARE SUPPORT
(47) CITY OF TOLEDO - TOLEDO POLICE DEPARTMENT 1 GOVERNMENT CENTER, SUITE 2020 , TOLEDO, OH 43604	34-6401447		11,834	0			INVESTIGATIVE SOFTWARE SUPPORT
(48) CITY OF VINELAND - VINELAND POLICE DEPARTMENT 640 E. WOOD STREET, P.O. BOX 1508, VINELAND, NJ 08362	21-6001670		9,000	0			INVESTIGATIVE SOFTWARE SUPPORT
(49) CITY OF VIRGINIA BEACH - VIRGINIA BEACH POLICE DEPARTMENT 2401 COURTHOUSE DR BLDG 1, ROOM 3097 , VIRGINIA BEACH, VA 23464	54-0722061		15,992	0			K9 SUPPORT
(50) CITY OF WATERTOWN - WATERTOWN POLICE DEPARTMENT 23 2ND ST NE, WATERTOWN, SD 57201	46-6000515		5,585	0			SUPPLIES & EQUIPMENT SUPPORT
(51) CLEBURNE COUNTY - CLEBURNE COUNTY SHERIFF'S OFFICE 300 WEST MAIN STREET, HEBER SPRINGS, AR 72543	71-6029346		12,500	0			SUPPLIES & EQUIPMENT SUPPORT
(52) COMMONWEALTH OF MASSACHUSETTS – MASSACHUSETTS STATE POLICE 470 WORCESTER RD, FRAMINGHAM, MA 01702	04-6002284		20,181	0			K9 SUPPORT
(53) MISSION CLINICAL SERVICES - DBA COOPER ANTHONY MERCY CHILD ADVOCACY CENTER 216 MCAULEY COURT, HOT SPRING, AR 71913	13-4239691		5,000	0			SUPPLIES & EQUIPMENT SUPPORT
(54) COUNTY OF COLLIN - COLLIN COUNTY SHERIFF'S OFFICE 2300 BLOOMDALE ROAD #3100, MCKINNEY, TX 75071	75-6000873		4,734	0			TRAINING AND CAPACITY BUILDING AND K9 SUPPORT

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(55) COUNTY OF DUTCHESS - DUTCHESS COUNTY SHERIFF'S OFFICE 22 MARKET STREET, POUGHKEEPSIE, NY 12601	14-6002566		15,104	0			K9 SUPPORT
(56) COUNTY OF EDGEFIELD OFFICE OF COUNTY COUNCIL - EDGEFIELD COUNTY SHERIFF'S OFFICE 124 COURTHOUSE SQUARE, EDGEFIELD, SC 29824	57-0515034		12,000	0			INVESTIGATIVE SOFTWARE SUPPORT
(57) COUNTY OF HAWAII - HAWAII POLICE DEPARTMENT 25 AUPUNI ST., HILO, HI 96720	99-6000567		24,103	0			SUPPLIES & EQUIPMENT SUPPORT
(58) COUNTY OF HENRY, VIRGINIA - HENRY COUNTY SHERIFF'S OFFICE 3300 KINGS MOUNTAIN ROAD, MARTINSVILLE, VA 24112	54-6001346		5,917	0			INVESTIGATIVE SOFTWARE SUPPORT
(59) COUNTY OF LYCOMING - LYCOMING COUNTY DISTRICT ATTORNEY'S OFFICE 48 WEST THIRD STREET, WILLIAMSPORT, PA 17701	24-6000733		23,209	0			K9 SUPPORT
(60) COUNTY OF POWHATAN - POWHATAN COUNTY SHERIFF'S OFFICE 3880 OLD BUCKINGHAM RD, POWHATAN, VA 23139	54-6001520		6,000	0			SUPPLIES & EQUIPMENT SUPPORT
(61) COUNTY OF RIVERSIDE, CALIFORNIA - RIVERSIDE COUNTY DISTRICT ATTORNEY 3960 ORANGE ST, RIVERSIDE, CA 92501	95-6000930		104,165	0			LOGISTICS SUPPORT
(62) COUNTY OF SWAIN - SWAIN COUNTY SHERIFF'S OFFICE P.O. BOX 2321, BRYSON CITY, NC 28713	56-6000342		6,548	0			TRAINING AND CAPACITY BUILDING AND SUPPLIES & EQUIPMENT SUPPORT
(63) COUNTY OF CUMBERLAND - CUMBERLAND COUNTY PROSECUTOR'S OFFICE 115 VINE STREET, BRIDGETON, NJ 08302	21-6000508		15,970	0			SUPPLIES & EQUIPMENT SUPPORT
(64) COUNTY OF DELAWARE - DELAWARE COUNTY SHERIFF'S OFFICE, PA 201 W FRONT ST, MEDIA, PA 19063	23-6003046		15,213	0			K9 SUPPORT
(65) DENTON COUNTY SHERIFF'S OFFICE 127 NORTH WOODROW LANE, DENTON, TX 76205			5,701	0			TRAINING AND CAPACITY BUILDING AND INVESTIGATIVE SOFTWARE SUPPORT
(66) DOUGLAS COUNTY BOARD OF COMMISSIONERS - DOUGLAS COUNTY SHERIFF'S OFFICE - GA 8470 EARL D. LEE BLVD, DOUGLASVILLE, GA 30134	58-6000818		10,000	0			SUPPLIES & EQUIPMENT SUPPORT
(67) EAST BATON ROUGE SHERIFF'S OFFICE PO BOX 3277, BATON ROUGE, LA 70821	72-6000356		7,406	0			SUPPLIES & EQUIPMENT SUPPORT
(68) EASTERN SHAWNEE TRIBE OF OKLAHOMA - EASTERN SHAWNEE TRIBAL POLICE PO BOX 350, SENECA, MO 64865	73-1024490		17,849	0			K9 SUPPORT

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(69) COUNTY OF EFFINGHAM - EFFINGHAM COUNTY SHERIFF'S OFFICE 101 N FOURTH STREET 201 PO BOX 628, EFFINGHAM, IL 62401	37-6000771		8,005	0			SUPPLIES & EQUIPMENT SUPPORT
(70) EL PASO COUNTY SHERIFF'S OFFICE 3850 JUSTICE ST, EL PASO, TX 79938			16,473	0			INVESTIGATIVE SOFTWARE SUPPORT
(71) ELBERT COUNTY GOVERNMENT - ELBERT COUNTY SHERIFF'S OFFICE PO BOX 7, KIOWA, CO 80117	84-6000763		9,992	0			SUPPLIES & EQUIPMENT SUPPORT
(72) ELKO COUNTY SHERIFF'S OFFICE, NV 775 W SILVER ST, ELKO, NV 89801			15,000	0			K9 SUPPORT
(73) CITY OF FORT STOCKTON - FORT STOCKTON POLICE DEPARTMENT PO BOX 1000, FORT STOCKTON, TX 79735	74-6000861		9,160	0			SUPPLIES & EQUIPMENT SUPPORT
(74) CITY OF FRANKFORT - FRANKFORT POLICE DEPARTMENT 315 WEST SECOND STREET, FRANKFORT, KY 40601	61-6001826		8,005	0			INVESTIGATIVE SOFTWARE SUPPORT
(75) GARVIN COUNTY - GARVIN COUNTY SHERIFF'S OFFICE P.O. BOX 926, PAULS VALLEY, OK 73075	73-6006368		32,902	0			INVESTIGATIVE SOFTWARE AND SUPPLIES & EQUIPMENT SUPPORT
(76) GLENPOOL POLICE DEPARTMENT 14536 SOUTH ELWOOD AVENUE, GLENPOOL, OK 74033			9,000	0			INVESTIGATIVE SOFTWARE SUPPORT
(77) CITY OF GRANTS PASS - GRANTS PASS POLICE DEPARTMENT 101 NW A STREET, GRANTS PASS, OR 97526	93-6002174		13,419	0			TRAINING AND CAPACITY BUILDING SUPPORT
(78) GRANTSVILLE CITY CORPORATION - GRANTSVILLE CITY POLICE DEPARTMENT 429 EAST MAIN STREET, GRANTSVILLE, UT 84029	87-6000229		18,103	0			K9 SUPPORT
(79) CITY OF GRASS VALLEY - GRASS VALLEY POLICE DEPARTMENT 125 E. MAIN STREET, GRASS VALLEY, CA 95945	94-6000342		11,834	0			SUPPLIES & EQUIPMENT SUPPORT
(80) GRAYSON COUNTY SHERIFF'S OFFICE 200 SOUTH CROCKETT STREET, SHERMAN, TX 75090			7,289	0			INVESTIGATIVE SOFTWARE SUPPORT
(81) CITY OF HAMMOND - HAMMOND POLICE DEPARTMENT 312 EAST CHARLES STREET, HAMMOND, LA 70401	72-0573539		7,694	0			SUPPLIES & EQUIPMENT SUPPORT
(82) HARDING UNIVERSITY, INC. - HARDING UNIVERSITY DIGITAL FORENSIC LAB 915 EAST MARKET, BOX 10772, SEARCY, AR 72149	71-0236896		15,789	0			SUPPLIES & EQUIPMENT SUPPORT
(83) HARRISON COUNTY - HARRISON COUNTY SHERIFF'S OFFICE 200 W HOUSTON ST, RM 107 , MARSHALL, TX 75670	75-6000988		5,000	0			INVESTIGATIVE SOFTWARE SUPPORT

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(84) VILLAGE OF HOLMEN - HOLMEN POLICE DEPARTMENT 421 SOUTH MAIN STREET, HOLMEN, WI 54636	39-6007818		14,499	0			SUPPLIES & EQUIPMENT SUPPORT
(85) HOPE CENTER INDY, INC 11850 BROOKVILLE RD, INDIANAPOLIS, IN 46239	81-2027077	501(C)3	25,000	0			SUPPLIES & EQUIPMENT SUPPORT
(86) HUMAN TRAFFICKING TRAINING CENTER P.O. BOX 244, CHADWICK, MO 65629	87-2154805		245,000	0			TRAINING AND CAPACITY BUILDING SUPPORT
(87) ILLINOIS ATTORNEY GENERALS OFFICE 500 S 2ND ST, SPRINGFIELD, IL 62704			10,155	0			INVESTIGATIVE SOFTWARE SUPPORT
(88) CITY OF JASPER - JASPER POLICE DEPARTMENT P.O.BOX 29 610 MAIN ST, JASPER, IN 47547	35-6001066		6,995	0			SUPPLIES & EQUIPMENT SUPPORT
(89) JOURNEY OF HOPE, INC 898 S. STATE STREET, STE 310 #694, OREM, UT 84097	46-4867702	501(C)3	20,000	0			SUPPLIES & EQUIPMENT SUPPORT
(90) COUNTY OF KENDALL - KENDALL COUNTY SHERIFF'S OFFICE 111 W FOX ST, YORKVILLE, IL 60560	36-6006598		18,339	0			TRAINING AND CAPACITY BUILDING AND SUPPLIES & EQUIPMENT SUPPORT
(91) KERN COUNTY SHERIFF'S OFFICE 1350 NORRIS ROAD, BAKERSFIELD, CA 93308	95-6000925		5,711	0			SUPPLIES & EQUIPMENT SUPPORT
(92) TOWN OF KILL DEVIL HILLS - KILL DEVIL HILLS POLICE DEPARTMENT PO BOX 1719, KILL DEVIL HILLS, NC 27948	56-6010722		19,136	0			TRAINING AND CAPACITY BUILDING AND K9 SUPPORT
(93) KING COUNTY - KING COUNTY SHERIFF'S OFFICE 516 3RD AVE., RM W150 , SEATTLE, WA 98104	91-6001327		19,268	0			K9 SUPPORT
(94) LAKE COUNTY SHERIFF'S OFFICE - FLORIDA 360 WEST RUBY ST., TAVARES, FL 32778	59-6000698		20,049	0			SUPPLIES & EQUIPMENT AND K9 SUPPORT
(95) LAKE COUNTY - LAKE COUNTY SHERIFF'S OFFICE - ILLINIOS 18 N. COUNTY STREET, WAUKEGAN, IL 60085	36-6006600		17,837	0			K9 SUPPORT
(96) VILLAGE OF LAKE DELTON - LAKE DELTON POLICE DEPARTMENT 35 MILLER DRIVE PO BOX 510, LAKE DELTON, WI 53965	39-6020817		9,000	0			SUPPLIES & EQUIPMENT SUPPORT
(97) CITY OF LE MARS POLICE DEPARTMENT 205 5TH AVE NW, LE MARS, IA 51031	42-6004872		7,611	0			INVESTIGATIVE SOFTWARE SUPPORT
(98) LEHI CITY CORPORATION - LEHI CITY POLICE DEPARTMENT 153 N 100 E, LEHI, UT 84043	87-6000240		15,551	0			K9 SUPPORT
(99) LORAIN COUNTY SHERIFF'S OFFICE 9896 MURRAY RIDGE RD, ELYRIA, OH 44035			9,399	0			INVESTIGATIVE SOFTWARE SUPPORT

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(100) LOS ANGELES COUNTY SHERIFF'S OFFICE 500 W. TEMPLE STREET, LOS ANGELES, CA 90012	95-6000927		18,908	0			K9 SUPPORT
(101) LOWER MAKEFIELD TOWNSHIP - LOWER MAKEFIELD POLICE DEPARTMENT 1100 EDGEWOOD ROAD, YARDLEY, PA 19067	23-6000398		8,945	0			INVESTIGATIVE SOFTWARE SUPPORT
(102) MADISON COUNTY - MADISON COUNTY HIGH TECH CRIME UNIT 16 EAST 9TH STREET, ANDERSON, IN 46016	35-6000171		12,645	0			SUPPLIES & EQUIPMENT SUPPORT
(103) OFFICE OF THE TREASURER - MAINE STATE POLICE PO BOX 1062, AUGUSTA, ME 04332	01-6000001		16,492	0			K9 SUPPORT
(104) MARANA POLICE DEPARTMENT 11555 W CIVIC CENTER DR, MARANA, AZ 85653			11,834	0			SUPPLIES & EQUIPMENT SUPPORT
(105) MARYLAND STATE ATTORNEY OFFICE - FREDERICK COUNTY 100 W PATRICK ST, FREDERICK, MD 21701			8,877	0			TRAINING AND CAPACITY BUILDING AND K9 SUPPORT
(106) CITY OF MARYVILLE - MARYVILLE POLICE DEPARTMENT 406 W. BROADWAY AVENUE, MARYVILLE, TN 37801	62-6000353		12,608	0			K9 SUPPORT
(107) MCKENZIE COUNTY - MCKENZIE COUNTY SHERIFF'S OFFICE 201 5TH ST NW, SUITE 543 , WATFORD CITY, ND 58854	45-6002224		11,000	0			INVESTIGATIVE SOFTWARE SUPPORT
(108) COUNTY OF MEDINA - MEDINA COUNTY SHERIFF'S OFFICE 555 INDEPENDENCE DRIVE, MEDINA, OH 44256	64-6001851		11,417	0			SUPPLIES & EQUIPMENT SUPPORT
(109) MISSISSIPPI STATE UNIVERSITY PO BOX 5307, MISSISSIPPI STATE, ME 39762	64-6000819		50,486	0			TRAINING AND CAPACITY BUILDING AND INVESTIGATIVE SOFTWARE SUPPORT
(110) MONTGOMERY COUNTY, TEXAS - MONTGOMERY COUNTY PRECINCT 3 CONSTABLE'S OFFICE 501 N THOMPSON ST, STE 205 , CONROE, TX 77301	74-6000558		33,961	0			SUPPLIES & EQUIPMENT SUPPORT
(111) TOWN OF MOORESVILLE - MOORESVILLE POLICE DEPARTMENT 413 N MAIN ST, MOORESVILLE, NC 28115	56-6001290		15,095	0			K9 SUPPORT
(112) MS ATTORNEY GENERAL'S OFFICE - MISSISSIPPI OFFICE OF ATTORNEY GENERAL 550 HIGH STREET, SUITE 1400 , JACKSON, MS 39201	64-6000740		18,351	0			K9 SUPPORT
(113) NATIONAL INDIAN WOMEN'S HEALTH RESOURCE CENTER 1536 ECHOTA AVE, TAHLEQUAH, OK 74464	85-0454693		7,500	0			TRAINING AND CAPACITY BUILDING SUPPORT

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(114) CITY OF NAVASOTA - NAVASOTA POLICE DEPARTMENT PO BOX 910, NAVASOTA, TX 77868	74-6001763		6,995	0			SUPPLIES & EQUIPMENT SUPPORT
(115) STATE OF NEBRASKA - NEBRASKA STATE PATROL 1526 K ST., SUITE 190 , LINCOLN, NE 68508	47-0491233		15,504	0			K9 SUPPORT
(116) NORTHERN MICHIGAN MOBILE CHILD ADVOCACY CENTER 12 N 2ND ST PO BOX 225, HARRISON, MI 48625	46-2508124		5,000	0			SUPPLIES & EQUIPMENT SUPPORT
(117) NYE COUNTY - NYE COUNTY SHERIFF'S OFFICE 101 RADAR ROAD, TONOPAH, NV 89049	88-6000111		7,250	0			SUPPLIES & EQUIPMENT SUPPORT
(118) CITY OF OELWEIN - OELWEIN POLICE DEPARTMENT 20 2ND AVE SW, OELWEIN, IA 50662	42-6005058		9,558	0			INVESTIGATIVE SOFTWARE SUPPORT
(119) ONONDAGA COUNTY - ONONDAGA COUNTY SHERIFF'S OFFICE 421 MONTGOMERY STREET, SYRACUSE, NY 13202	15-6000461		10,641	0			INVESTIGATIVE SOFTWARE SUPPORT
(120) OTTAWA COUNTY - OTTAWA COUNTY MAJOR CRIMES UNIT, OHIO 315 MADISON ST, SUITE 205 , PORT CLINTON, OH 43452	34-6401025		15,674	0			INVESTIGATIVE SOFTWARE AND K9 SUPPORT
(121) OTTER TAIL COUNTY SHERIFF'S OFFICE 417 S COURT ST, FERGUS FALLS, MN 56537	41-6005861		11,600	0			SUPPLIES & EQUIPMENT SUPPORT
(122) CITY OF PARAGOULD - PARAGOULD POLICE DEPARTMENT 301 WEST COURT STREET, PARAGOULD, AR 72450	71-6009633		6,995	0			SUPPLIES & EQUIPMENT SUPPORT
(123) PHELPS COUNTY - PHELPS COUNTY SHERIFF'S OFFICE 200 N. MAIN ST, ROLLA, MO 65401	43-6002750		11,169	0			INVESTIGATIVE SOFTWARE SUPPORT
(124) CITY OF POCATELLO - POCATELLO POLICE DEPARTMENT PO BOX 4169 911 N 7TH AVE, POCATELLO, ID 83205	82-6000244		11,796	0			SUPPLIES & EQUIPMENT SUPPORT
(125) POLK COUNTY - POLK COUNTY SHERIFF'S OFFICE 111 COURT AVE, DES MOINES, IA 50309	42-6004519		10,090	0			K9 SUPPORT
(126) CITY OF PORT ST. LUCIE - PORT ST. LUCIE POLICE DEPARTMENT 121 SW PORT ST. LUCIE BLVD PORT ST., LUCIE, FL 34984	59-6141662		18,011	0			K9 SUPPORT
(127) PRINCE GEORGES COUNTY POLICE DEPARTMENT 8801 POLICE PLAZA 5TH FLOOR, SUITE 531B , UPPER MARLBORO, MD 20772	05-0558295		15,020	0			TRAINING AND CAPACITY BUILDING AND SUPPLIES & EQUIPMENT SUPPORT
(128) QUEENS OF DIGITAL MARKETING 41390 COZY WAY, GONZALES, LA 70737	93-1822178		6,600	0			SUPPLIES & EQUIPMENT SUPPORT

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(129) RANCH HANDS RESCUE PO BOX 1047, ARGYLE, TX 76226	26-4610450	501(C)3	20,000	0			SUPPLIES & EQUIPMENT SUPPORT
(130) RESCUE HILL NAZARENE COMPASSIONATE MINISTRY CENTER 2222 E PARK ROW, ARLINGTON, TX 76010	85-1676422	501(C)3	100,000	0			SUPPLIES & EQUIPMENT SUPPORT
(131) STATE OF RHODE ISLAND - RHODE ISLAND DEPARTMENT OF CORRECTIONS ONE CAPITAL HILL, PROVIDENCE, RI 02908	05-6000522		9,728	0			INVESTIGATIVE SOFTWARE SUPPORT
(132) COUNTY OF ROANOKE - ROANOKE COUNTY POLICE DEPARTMENT 5204 BERNARD DRIVE, ROANOKE, VA 24018	54-6001572		12,000	0			INVESTIGATIVE SOFTWARE SUPPORT
(133) COUNTY OF ROBESON - ROBESON COUNTY SHERIFF'S OFFICE 550 NORTH CHESTNUT STREET, LUMBERTON, NC 28358	56-6000335		9,000	0			SUPPLIES & EQUIPMENT SUPPORT
(134) CITY OF ROYSE CITY - ROYSE CITY POLICE DEPARTMENT PO BOX 638, ROYSE CITY, TX 75189	75-6000655		6,849	0			INVESTIGATIVE SOFTWARE SUPPORT
(135) SAFE HOUSE PROJECT 1340N GREAT NECK RD, VIRGINIA BEACH, VA 23454	82-3487081	501(C)3	10,762	0			FACILITY REPAIRS & MAINTENANCE SUPPORT
(136) SALINA CITY - SALINA POLICE DEPARTMENT 90 WEST MAIN PO BOX 69, SALINA, UT 84654	87-6000278		6,000	0			SUPPLIES & EQUIPMENT SUPPORT
(137) SAN BERNARDINO COUNTY - SAN BERNARDINO COUNTY SHERIFF'S OFFICE 665 E. THIRD STREET, SAN BERNARDINO, CA 92415	95-6002748		10,507	0			K9 SUPPORT
(138) SAN BERNARDINO POLICE DEPARTMENT 710 N D ST, SAN BERNARDINO, CA 92401			15,125	0			K9 SUPPORT
(139) SAN JUAN COUNTY - SAN JUAN COUNTY SHERIFF'S OFFICE 100 SOUTH OLIVER DRIVE, AZTEC, NM 87410	85-6000246		8,565	0			INVESTIGATIVE SOFTWARE SUPPORT
(140) CITY OF SEGUIN - SEGUIN POLICE DEPARTMENT 205 N. RIVER, SEGUIN, TX 78155	74-6002279		15,000	0			INVESTIGATIVE SOFTWARE SUPPORT
(141) SET FREE MONTEREY BAY 2511 GARDEN ROAD, SUITE B260 , MONTEREY, CA 93940	84-3346028	501(C)3	10,000	0			FACILITY REPAIRS & MAINTENANCE SUPPORT
(142) TWIGS RESTORATION MINISTRY PO BOX 173, SUNBURY, PA 17801	84-4354501	501(C)3	10,000	0			FACILITY REPAIRS & MAINTENANCE SUPPORT
(143) SHAWNEE POLICE DEPARTMENT 16 W 9TH ST, SHAWNEE, OK 74801			6,995	0			SUPPLIES & EQUIPMENT SUPPORT
(144) TOWN OF SILVER CITY - SILVER CITY POLICE DEPARTMENT 1011 N HUDSON ST, SILVER CITY, NM 88061	68-0621487		10,973	0			INVESTIGATIVE SOFTWARE SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(145) SKULL GAMES - DBA SKULL GAMES SOLUTIONS 454 3RD STREET, UNIT 94 , MONUMENT, CO 80132	92-3817043	501(C)3	15,000	0			TRAINING AND CAPACITY BUILDING SUPPORT
(146) COUNTY OF SOLANO - SOLANO COUNTY SHERIFF'S OFFICE 675 TEXAS STREET, SUITE 2800 , FAIRFIELD, CA 94533	94-6000538		40,291	0			SUPPLIES & EQUIPMENT SUPPORT
(147) SPOKANE COUNTY - SPOKANE COUNTY SHERIFF'S OFFICE 1100 W MALLOW AVE, SPOKANE, WA 99260	91-6001370		15,620	0			K9 SUPPORT
(148) STARKVILLE POLICE DEPARTMENT, MS 101 EAST LAMPKIN STREET, STARKVILLE, MS 39759			13,744	0			TRAINING AND CAPACITY BUILDING AND SUPPLIES & EQUIPMENT SUPPORT
(149) STATE OF IOWA - IOWA DEPARTMENT OF PUBLIC SAFETY 215 E 7TH ST, DES MOINES, IA 50319	42-6004563		20,078	0			K9 SUPPORT
(150) STILLWATER COUNTY - STILLWATER COUNTY SHERIFF'S OFFICE 400 EAST 3RD AVENUE, NORTH COLUMBUS, MT 59019	81-6001432		9,885	0			SUPPLIES & EQUIPMENT SUPPORT
(151) COUNTY OF STONE - STONE COUNTY SHERIFF'S OFFICE PO BOX 45, GALENA, MO 65656	44-6000604		12,721	0			INVESTIGATIVE SOFTWARE AND SUPPLIES & EQUIPMENT SUPPORT
(152) CITY OF SUPERIOR - SUPERIOR POLICE DEPARTMENT 1316 N 14TH ST, SUITE 2000 , SUPERIOR, WI 54880	39-6005631		10,852	0			SUPPLIES & EQUIPMENT SUPPORT
(153) SWEETWATER COUNTY - SWEETWATER COUNTY SHERIFF'S OFFICE 80 W FLAMING GORGE WAY, GREEN RIVER, WY 82935	83-6000126		5,585	0			INVESTIGATIVE SOFTWARE SUPPORT
(154) TANGIPAHOA PARISH SHERIFF'S OFFICE 15475 CLUB DELUXE ROAD, HAMMOND, LA 70403	72-6001375		6,205	0			SUPPLIES & EQUIPMENT SUPPORT
(155) TEXAS A&M UNIVERSITY - TEXAS A&M UNIVERSITY POLICE DEPARTMENT 750 AGRONOMY ROAD, SUITE 3101 , COLLEGE STATION, TX 77843	74-6000531		5,855	0			SUPPLIES & EQUIPMENT SUPPORT
(156) THE CENTER FOR VIOLENCE PREVENTION PO BOX 6279, PEARL, MS 39288	58-1959108	501(C)3	10,000	0			FACILITY REPAIRS & MAINTENANCE SUPPORT
(157) THE WELLHOUSE PO BOX 868, ODENVILLE, AL 35120	27-2973046	501(C)3	10,000	0			SUPPLIES & EQUIPMENT SUPPORT
(158) THURSTON COUNTY SHERIFF'S OFFICE 2000 LAKERIDGE DR SW, BUILDING 3 , OLYMPIA, WA 98502			9,971	0			SUPPLIES & EQUIPMENT SUPPORT
(159) TOWN OF CAROLINA BEACH - CAROLINA BEACH POLICE DEPARTMENT 1121 N LAKE PARK BLVD, CAROLINA BEACH, NC 28428	56-6001193		11,000	0			INVESTIGATIVE SOFTWARE SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(160) TOWN OF HARTFORD - HARTFORD POLICE DEPARTMENT 171 BRIDGE STREET, WHITE RIVER JUNCTION, VT 05001	03-6000505		5,917	0			INVESTIGATIVE SOFTWARE SUPPORT
(161) TOWN OF KILL DEVIL HILLS - KILL DEVIL HILLS POLICE DEPARTMENT PO BOX 1719, KILL DEVIL HILLS, NC 27948	56-6010722		6,650	0			K9 SUPPORT
(162) TOWN OF NORWAY - NORWAY POLICE DEPARTMENT 19 DANFORTH ST., NORWAY, ME 04268	01-6000304		9,325	0			INVESTIGATIVE SOFTWARE SUPPORT
(163) TOWNSHIP OF EVESHAM - EVESHAM TOWNSHIP POLICE DEPARTMENT 984 TUCKERTON ROAD, MARLTON, NJ 08053	21-6000556		10,789	0			INVESTIGATIVE SOFTWARE SUPPORT
(164) UNBOUND NOW 4300 W. WACO DR, SUITE 2 BLDG B-244 , WACO, TX 76710	84-4960264	501(C)3	150,000	0			SUPPLIES & EQUIPMENT SUPPORT
(165) VALLEY COUNTY IDAHO - VALLEY COUNTY SHERIFF'S OFFICE 219 N. MAIN ST, CASCADE, ID 83611	82-6000319		9,000	0			INVESTIGATIVE SOFTWARE SUPPORT
(166) CITY OF VIDOR - VIDOR POLICE DEPARTMENT 1395 N MAIN ST, VIDOR, TX 77662	74-1464206		9,903	0			SUPPLIES & EQUIPMENT SUPPORT
(167) VILLAGE OF DEFOREST - DEFOREST POLICE DEPARTMENT 306 DEFOREST STREET, DEFOREST, WI 53532	39-6006248		15,400	0			INVESTIGATIVE SOFTWARE SUPPORT
(168) VILLAGE OF LISLE - VILLAGE OF LISLE POLICE DEPARTMENT 925 BURLINGTON AVENUE, LISLE, IL 60532	36-6009075		6,296	0			TRAINING AND CAPACITY BUILDING SUPPORT
(169) VILLAGE OF SWANSEA - SWANSEA POLICE DEPARTMENT 1444 BOUL AVE, SWANSEA, IL 62226	37-6007002		8,067	0			INVESTIGATIVE SOFTWARE SUPPORT
(170) WAGONER COUNTY - WAGONER POLICE DEPARTMENT 307 E CHEROKEE ST, WAGONER, OK 74467	73-6006421		9,000	0			SUPPLIES & EQUIPMENT SUPPORT
(171) WARREN COUNTY - WARREN COUNTY SHERIFF'S OFFICE 1340 STATE ROUTE 9, LAKE GEORGE, NY 12845	14-6002576		5,383	0			INVESTIGATIVE SOFTWARE SUPPORT
(172) WASHINGTON COUNTY - WASHINGTON COUNTY SHERIFF'S OFFICE 14949 62ND ST N, STILLWATER, MN 55082	41-6005919		25,855	0			INVESTIGATIVE SOFTWARE SUPPORT
(173) WAUKESHA COUNTY - WAUKESHA COUNTY SHERIFF'S OFFICE 515 W MORELAND BLVD, WAUKESHA, WI 53188	39-6005756		10,350	0			SUPPLIES & EQUIPMENT SUPPORT
(174) WE FIGHT MONSTERS LTD 1455 TUTWILER AVE, MEMPHIS, GA 38107	88-7333457	501(C)3	65,000	0			FACILITY REPAIRS & MAINTENANCE SUPPORT
(175) WESTERN LEBANON COUNTY REGIONAL POLICE DEPARTMENT 325 S RAILROAD ST, PALMYRA, PA 17078			8,400	0			INVESTIGATIVE SOFTWARE SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(176) COUNTY OF WHITE - WHITE COUNTY SHERIFF'S OFFICE 315 N SPRUCE ST, SEARCY, AR 72143	71-6012741		9,747	0			INVESTIGATIVE SOFTWARE SUPPORT
(177) WILMETTE POLICE DEPARTMENT 710 RIDGE RD, WILMETTE, IL 60091			25,000	0			INVESTIGATIVE SOFTWARE SUPPORT
(178) YORK COUNTY REGIONAL POLICE 33 OAK STREET, YORK, PA 17402			5,354	0			TRAINING AND CAPACITY BUILDING & K9 SUPPORT

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	OPERATIONS ASSISTANT CONTACTS RECIPIENTS WHO ARE REQUIRED TO SUBMIT REGULAR REPORTS ON THE USE OF GRANTED FUNDS.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CITY OF ABILENE - ABILENE POLICE DEPARTMENT 419 N BROADWAY ST, ABILENE, KS 67410
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALACHUA COUNTY - ALACHUA COUNTY SHERIFF'S OFFICE 2621 SE HAWTHORNE ROAD, GAINSVILLE, FL 32641
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ARAPAHOE COUNTY GOVERNMENT - ARAPAHOE COUNTY SHERIFFS OFFICE 5334 S PRINCE ST, LITTLETON, CO 80120
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CITY OF ATWATER - ATWATER POLICE DEPARTMENT 1350 BROADWAY AVE, ATWATER, CA 95301
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	TOWN OF BRATTLEBORO - BRATTLEBORO POLICE DEPARTMENT 230 MAIN ST., SUITE 111 , BRATTLEBORO, VT 05301
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BEAVER COUNTY - BEAVER COUNTY SHERIFF'S OFFICE PO BOX 392, BEAVER, UT 84713
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CITY OF BOWLING GREEN - BOWLING GREEN POLICE DEPARTMENT 305 N. MAIN STREET, BOWLING GREEN, OH 43402
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CITY OF ABILENE - ABILENE POLICE DEPARTMENT: INVESTIGATIVE SOFTWARE, SUPPLIES & EQUIPMENT SUPPORT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ALACHUA COUNTY - ALACHUA COUNTY SHERIFF'S OFFICE: INVESTIGATIVE SOFTWARE SUPPORT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CITY OF ALCOA - ALCOA POLICE DEPARTMENT: SUPPLIES & EQUIPMENT SUPPORT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ARAPAHOE COUNTY GOVERNMENT - ARAPAHOE COUNTY SHERIFFS OFFICE: TRAINING AND CAPACITY BUILDING SUPPORT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CITY OF ARGO - ARGO POLICE DEPARTMENT: SUPPLIES & EQUIPMENT SUPPORT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CITY OF ASPEN - ASPEN POLICE DEPARTMENT: SUPPLIES & EQUIPMENT SUPPORT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CITY OF ATWATER - ATWATER POLICE DEPARTMENT: INVESTIGATIVE SOFTWARE SUPPORT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	TOWN OF BRATTLEBORO - BRATTLEBORO POLICE DEPARTMENT: SUPPLIES & EQUIPMENT SUPPORT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BEAVER COUNTY - BEAVER COUNTY SHERIFF'S OFFICE: SUPPLIES & EQUIPMENT SUPPORT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CITY OF BOISE - BOISE POLICE DEPARTMENT: TRAINING AND CAPACITY BUILDING SUPPORT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CITY OF BOWLING GREEN - BOWLING GREEN POLICE DEPARTMENT: INVESTIGATIVE SOFTWARE SUPPORT

Return Reference - Identifier	Explanation
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	SURVIVOR CARE THERAPY AND PERSONAL SUPPLIES & EQUIPMENT SUPPORT

SCHEDULE J (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
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
OUR RESCUE

Employer identification number
46-3614979

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☑ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		✔
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		✔
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		✔
b	Any related organization?	5b		✔
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✔
b	Any related organization?	6b		✔
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✔
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	TERESA HARLAND SENIOR VICE PRESIDENT, ADVANCEMENT	(i)	327,882	0	90,000	21,000	38,510	477,392	0
		(ii)	0	0	0	0	0	0	0
2	KRISTI BRANGLE SENIOR VICE PRESIDENT, PEOPLE/HQ CHIEF OF STAFF	(i)	249,136	0	90,000	20,400	30,389	389,925	0
		(ii)	0	0	0	0	0	0	0
3	RENATA PARRAS GENERAL COUNSEL AND SVP STRATEGIC PARTNERSHIPS	(i)	330,450	0	25,000	0	14,394	369,844	0
		(ii)	0	0	0	0	0	0	0
4	JANEEN VOGELAAR SVP MARKETING AND COMMUNICATIONS	(i)	225,174	0	40,000	15,900	38,304	319,378	0
		(ii)	0	0	0	0	0	0	0
5	CARLOS BAUER SENIOR VICE PRESIDENT, FINANCE	(i)	225,840	0	60,000	0	27,167	313,007	0
		(ii)	0	0	0	0	0	0	0
6	DODD DUPREE VP OF INTERNATIONAL OPERATIONS	(i)	205,774	0	20,500	13,530	17,325	257,129	0
		(ii)	0	0	0	0	0	0	0
7	NATHAN DAVIS REGIONAL VP OF NORTH AMERICAN OPERATIONS	(i)	201,220	0	20,500	0	22,412	244,132	0
		(ii)	0	0	0	0	0	0	0
8	MITCHELL ABRAHAMSEN FORMER CHIEF MISSION SUPPORT OFFICER	(i)	99,909	0	65,000	9,811	12,230	186,950	0
		(ii)	0	0	0	0	0	0	0
9	DEREK BENNER CEO	(i)	413,387	0	0	21,000	22,656	457,043	0
		(ii)	0	0	0	0	0	0	0
10	TAMMY LEE FORMER CEO	(i)	166,377	0	250,000	6,083	9,478	431,938	0
		(ii)	0	0	0	0	0	0	0
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

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

2025

Open to Public Inspection

Name of the organization: OUR RESCUE

Employer identification number: 46-3614979

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	✔	880	224,489	FAIR MARKET VALUE
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 (VARIOUS ITEMS)	✔	1	40,873	RETAIL VALUE
26	Other ( )				
27	Other ( )				
28	Other ( )				

			Yes	No
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		
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?	30a		✔
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?	31	✔	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✔
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

SCHEDULE O (Form 990)

(Rev. January 2025)

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
OUR RESCUE

Employer identification number
46-3614979

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	OUR RESCUE WORKS COLLABORATIVELY WITH LAW ENFORCEMENT AGENCIES WORLDWIDE TO IDENTIFY, ARREST, AND PROSECUTE TRAFFICKERS. WE PROVIDE COMPASSIONATE CARE FOR OUR SURVIVORS, BEGINNING WITH CRISIS RELIEF AND ENDING MONTHS OR YEARS LATER WITH CASE CLOSURE AND EMPOWERMENT AS SURVIVORS TAKE STEPS INTO THEIR NEW LIVES. FINALLY, OUR SEEKS TO EDUCATE AND ADVOCATE FOR THE PUBLIC TO JOIN US IN THE FIGHT AGAINST HUMAN TRAFFICKING AND CHILD SEXUAL EXPLOITATION WORLDWIDE.
FORM 990, PART VI, LINE 8B - DOCUMENTATION OF MEETINGS HELD BY COMMITTEES OF GOVERNING BODY	NOT ALL COMMITTEE MEETINGS WERE CONTEMPORANEOUSLY DOCUMENTED.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	RETURN IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILIING.
FORM 990, PART VI, LINE 12A -	TIME IS GIVEN AT QUARTERLY MEETING TO DISCUSS AND MONITOR CONFLICT OF INTEREST.
FORM 990, PART VI, LINE 15 -	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS OR KEY EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY USING COMPARABLILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION, AND INTERESTED PERSONS, IF ANY, RECUSE THEMSELVES FROM THE DECISION, ALL CONSISTENT WITH TREAS. REG. SECTION 53.4968-6.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE BOARD DETERMINED AND APPROVED THE CEO SALARY BASED ON OUR ORGANIZATION'S DOCUMENTS CONCERNING TOTAL COMPENSATION PHILOSOPHY AND POSITION LEVELS AND COMPENSATION RANGES, AND BY LOOKING AT SPECIFIC SALARY DATA FOR A CEO WITHIN OUR REVENUE/BUDGET RANGE. THIS PROCESS WAS LAST UNDERTAKEN 2025
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE CEO APPROVES OTHER EXECUTIVE POSITION SALARIES WITHIN THE ABOVE MENTIONED RANGES AND IN ALIGNMENT WITH THE ORGANIZATION'S COMPENSATION PHILOSOPHY. THOSE SALARY DECISIONS ARE DISCUSSED WITH OTHER EXECUTIVES AND HIRING AUTHORITIES TO ENSURE INDUSTRY AND ORGANIZATIONAL ALIGNMENT. THIS PROCESS WAS LAST UNDERTAKEN IN 2025
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, MI, MN, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, WV, WY
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.
FORM 990, PART VII, SECTION A - PART VII, SECTION A, LINE 1A:	ANY COMPENSATION PAID TO A DIRECTOR IS FOR SERVICES RENDERED AS A CONTRACTOR OR OTHERWISE AND NOT IN HIS OR HER CAPACITY AS A DIRECTOR.
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	

(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
CONTRACT LABOR	3,950,417	3,188,865	473,793	287,759
Total	**3,950,417**	**3,188,865**	**473,793**	**287,759**

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

(a) Description	(b) Amount
LOSS ON IMPAIRMENT OF INTANGIBLE ASSETS	- 5,370
NON-FUNCTIONAL EXPENSE LEGAL FEES	- 6,052,228
TOTAL	**- 6,057,598**

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
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
OUR RESCUE

Employer identification number
46-3614979

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) THE UNDERGROUND XFIT, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	FITNESS CENTER	UT	6,429	0	OUR RESCUE
(2) O.U.R. THERAPEUTIC SERVICES, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	AFTERCARE SUPPORT	UT	0	0	OUR RESCUE
(3) O.U.R. STORE, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	MERCHANDISE	UT	0	0	OUR RESCUE
(4) O.U.R. CALIFORNIA HOLDINGS, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	REAL ESTATE HOLDINGS IN CALIFORNIA	UT	0	0	OUR RESCUE
(5) O.U.R. COSTA RICA, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	HOLDING OF COSTA RICA CORPORATION	UT	0	0	OUR RESCUE
(6) (SEE STATEMENT)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

			Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a—s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part I **Identification of Disregarded Entities** (continued)

(a) Name, address and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total Income	(e) End-of-year assets	(f) Direct controlling entity
(6) OLH, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	REAL ESTATE HOLDINGS IN COSTA RICA	COSTA RICA	0	0	O.U.R. COSTA RICA, LLC
(7) O.U.R. CAMBODIA, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	CAMBODIA HOLDING COMPANY	UT	0	0	OUR RESCUE
(8) O.U.R. CANADA, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	CANADIAN HOLDING COMPANY	UT	0	0	OUR RESCUE
(9) OPERATION UNDERGROUND RAILROAD, INC. (CANDADIAN COMPANY) 5121 MURRAY BLVD, MURRAY, UT 84123	CANADIAN NONPROFIT	CANADA	0	0	O.U.R. CANADA, LLC
(10) OPERATION UNDERGROUNG RAILROAD COLOMBIA SAS 5121 MURRAY BLVD, MURRAY, UT 84123	COLOMBIA HOLDING COMPANY	UT	0	0	O.U.R. COLOMBIA, LLC
(11) O.U.R. FLORIDA, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	FLORIDA HOLDING COMPANY	UT	0	0	OUR RESCUE
(12) O.U.R. GREECE, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	GREECE HOLDING COMPANY	UT	0	0	OUR RESCUE
(13) O.U.R. HONDURAS, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	HONDURAS HOLDING COMPANY	UT	0	0	OUR RESCUE
(14) O.U.R. INTERNATIONAL, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	HOLDING COMPANY	UT	0	0	OUR RESCUE
(15) O.U.R. ITALY, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	ITALY HOLDING COMPANY	UT	0	0	OUR RESCUE
(16) FONDAZIONE OUR ITALY ETS 5121 MURRAY BLVD, MURRAY, UT 84123	ITALY OPERATING COMPANY	ITALY	0	0	O.U.R. ITALY, LLC
(17) OPERATION UNDERGROUND RAILROAD MALAYSIA SDN. BHD. 5121 MURRAY BLVD, MURRAY, UT 84123	MALAYSIAN OPERATING COMPANY	UT	0	0	OUR RESCUE
(18) O.U.R. MEXICO, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	MEXICO OPERATIONS	UT	0	0	OUR RESCUE
(19) O.U.R. MURRAY, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	UTAH HOLDING COMPANY	UT	0	0	OUR RESCUE
(20) O.U.R. ROMANIA, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	ROMANIAN HOLDING COMPANY	UT	0	0	OUR RESCUE
(21) O.U.R. THAILAND CHARITABLE CORPORATION 5121 MURRAY BLVD, MURRAY, UT 84123	THAILAND NONPROFIT	UT	0	0	OUR RESCUE
(22) O.U.R. THAILAND, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	THAILAND HOLDING COMPANY	UT	0	455,843	OUR RESCUE
(23) O.U.R. UGANDA, LLC 5121 MURRAY BLVD, MURRAY, UT 84123	UGANDA HOLDING COMPANY	UT	0	0	OUR RESCUE

PUBLIC DISCLOSURE COPY

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2025 or other tax year beginning _____, 2025 and ending _____, 20 _____

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

OMB No. 1545-0047

2025

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed.

Name of organization (☐ Check box if name changed and see instructions.)
OUR RESCUE

D Employer identification number
46-3614979

B Exempt under section
☑ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Number and street. If a P.O. box, see instructions.
PO BOX 57338

Room or suite no.

E Group exemption number (see instructions)

City or town	State or province	Country	ZIP or foreign postal code
SALT LAKE CITY	UT		84157

C Book value of all assets at end of year 36,921,783

F ☐ Check box if an amended return.

G Check organization type ☑ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ☐

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ **Yes** ☑ **No**
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of (SEE STATEMENT) Telephone number (818) 850-6146

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0
2	Reserved	2	
3	Add lines 1 and 2	3	0
4	Charitable contributions (see instructions for limitation rules)	4	0
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	0
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	0
9	**Trusts.** Section 199A deduction. See instructions	9	0
10	**Total deductions.** Add lines 8 and 9	10	0
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11, by 21% (0.21)	1	0
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	0
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	0
b	Other tax amounts. See instructions	4b	0
5	Alternative minimum tax	5	0
6	**Tax on noncompliant facility income.** See instructions	6	0
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	0		
b	Other credits (see instructions)	1b	0		
c	General business credit. Attach Form 3800 (see instructions)	1c	0		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	0
2	Subtract line 1e from Part II, line 7			2	0
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e	0		
f	Total amounts due. Add lines 3a through 3e			3f	0
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here 0			4	0

Part III Tax and Payments *(continued)*

5a	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5a	0
b	Net section 1062 tax liability due this year from Form 1062			5b	0
6a	Payments: Preceding year's overpayment credited to the current year	6a	0		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b	0		
c	Tax deposited with Form 8868	6c	0		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	0		
e	Backup withholding (see instructions)	6e	0		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	0		
g	Elective payment election amount from Form 3800	6g	0		
h	Payment from Form 2439	6h	0		
i	Credit from Form 4136	6i	0		
j	Other (see instructions)	6j	0		
k	Net tax liability deferred on sale of farmland. Enter amount from Form 1062	6k	0		
7	**Total payments and section 1062 net tax liability deferred.** Add lines 6a through 6k			7	0
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	0
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed			9	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid			10	0
11	Enter the amount of line 10 you want: **Credited to 2026 estimated tax** 0 **Refunded**			11	0
	For Refunded amount, also complete and attach Form 8050. See instructions.				

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2025 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here CA, GR, IT, MY, TH	✔	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✔
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
713940	$ 644,179
	$
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | SENIOR VICE PRESIDENT OF FINANCE (Title)

May the IRS discuss this return with the preparer shown below (see instructions)? ☑ Yes ☐ No

Paid Preparer Use Only

Enter preparer's name: MARC METCALF	Preparer's signature: MARC METCALF	Date: 05/15/2026	Check ☐ if self-employed	PTIN: P00170461
Firm's name: TANNER LLP			Firm's EIN: 20-2253063	
Firm's address: 36 S STATE STREET SUITE 600, SALT LAKE CITY, UT 84111-1400			Phone no.: (801) 532-7444	

Form **990-T** (2025)

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization
OUR RESCUE

B Employer identification number
46-3614979

C Unrelated business activity code (see instructions) 713940

D Sequence: 1 of 1

E Describe the unrelated trade or business FITNESS CENTER

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 6,265				
b Less returns and allowances 0 **c** Balance	**1c**	6,265		
2 Cost of goods sold (Part III, line 8)	**2**	1,202		
3 Gross profit. Subtract line 2 from line 1c	**3**	5,063		5,063
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	**4a**	0		0
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	**4b**	0		0
c Capital loss deduction for trusts	**4c**			
5 Income (loss) from a partnership or an S corporation (attach statement)	**5**	0		0
6 Rent income (Part IV)	**6**	0	0	0
7 Unrelated debt-financed income (Part V)	**7**	0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	**8**	0	0	0
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	**9**	0	0	0
10 Exploited exempt activity income (Part VIII)	**10**	0	0	0
11 Advertising income (Part IX)	**11**	0	0	0
12 Other income (see instructions; attach statement)	**12**	0		0
13 **Total.** Combine lines 3 through 12	**13**	5,063	0	5,063

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.				
1 Compensation of officers, directors, and trustees (Part X)			**1**	0
2 Salaries and wages			**2**	0
3 Repairs and maintenance			**3**	21,503
4 Bad debts			**4**	0
5 Interest (attach statement). See instructions			**5**	0
6 Taxes and licenses			**6**	242
7 Depreciation (attach Form 4562). See instructions	**7**	0		
8 Less depreciation claimed in Part III and elsewhere on return	**8a**	0	**8b**	0
9 Depletion			**9**	0
10 Contributions to deferred compensation plans			**10**	0
11 Employee benefit programs			**11**	0
12 Excess exempt expenses (Part VIII)			**12**	0
13 Excess readership costs (Part IX)			**13**	0
14 Other deductions (attach statement)			**14**	13,461
15 **Total deductions.** Add lines 1 through 14			**15**	35,206
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			**16**	(30,143)
17 Deduction for net operating loss. See instructions			**17**	0
18 **Unrelated business taxable income.** Subtract line 17 from line 16			**18**	(30,143)

Part III Cost of Goods Sold

Enter method of inventory valuation: INVENTORIES AT COST

1	Inventory at beginning of year	1	1,202
2	Purchases	2	0
3	Cost of labor	3	0
4	Additional section 263A costs (attach statement)	4	0
5	Other costs (attach statement)	5	0
6	**Total.** Add lines 1 through 5	6	1,202
7	Inventory at end of year	7	0
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	1,202

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☑ No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0

		A	B	C	D
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0

		A	B	C	D
9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0

11 **Total dividends — received deductions** included in line 10 0

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0	0

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0			0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0

Part XI Supplemental Information (see instructions)

Form 990T **Additional Information**

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	CARLOS BAUER, 589 W 9400 S, SANDY, UT 84070

Schedule A - Part II, Line 6 — Taxes and Licenses

Description	Amount
FITNESS CENTER	
(1) TAXES & LICENSES	242

Schedule A - Part II, Line 14 — Other Deductions

Description	Amount
FITNESS CENTER	
(1) GENERAL & ADMINISTRATIVE	333
(2) RENT EXPENSE	11,244
(3) UTILITIES	1,086
(4) INSURANCE	798
Total	**13,461**

Form 990-T | Supplemental Information

Return Reference	Amount	Explanation
990-T CORE FORM		
FORM 990-T, SCHEDULE A, PART II, LINE 17		POST 2017 NET OPERATING LOSS DEDUCTIONS 2020 - $53,930 2021 - $16,179 2022 - $196,084 2023 - $54,493 2024 - 323,493
		DETAIL CARRYOVER SCHEDULE FOR SECTION 1231 LOSS $144,164
		DETAIL CARRYOVER SCHEDULE FOR NET POSITIVE ACE ADJUSTMENT FED 2020 - $18,118 2021 - $14,220