

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OUR RESCUE		D Employer identification number 46-3614979
	Doing business as		E Telephone number 818-850-6146
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	PO BOX 57338		G Gross receipts \$ 74,045,848.
	City or town, state or province, country, and ZIP or foreign postal code MURRAY, UT 84157		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: CARLOS BAUER SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.OURRESCUE.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2013	M State of legal domicile: UT

Part I Summary		Prior Year	Current Year
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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	160
	6 Total number of volunteers (estimate if necessary)	6	9631
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	272,722.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	27,637,158.	43,896,399.
	9 Program service revenue (Part VIII, line 2g)	1,340,239.	2,876,348.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	154,424.	3,222,429.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	230,903.	422,737.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,362,724.	50,417,913.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,533,809.	7,551,640.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,812,899.	16,084,965.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	5,227,351.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,134,511.	29,367,423.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	44,481,219.	53,004,028.	
19 Revenue less expenses. Subtract line 18 from line 12	-15,118,495.	-2,586,115.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 71,484,414.	End of Year 68,974,653.
	21 Total liabilities (Part X, line 26)	10,852,345.	12,596,543.
	22 Net assets or fund balances. Subtract line 21 from line 20	60,632,069.	56,378,110.

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		
	CARLOS BAUER, SENIOR VICE PRESIDENT OF FINANCE Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARC A. METCALF	MARC A. METCALF	06/07/24	<input checked="" type="checkbox"/>	P00170461
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	TANNER LLC	20-2253063		801-532-7444	
Firm's address					
36 S STATE STREET, SUITE 600 SALT LAKE CITY, UT 84111					

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 34,282,622. including grants of \$ 7,551,639.) (Revenue \$ 3,020,930.) 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 34,282,622.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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 122	
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 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, FL, ME, OH, OK, RI, SC, TN, UT, CO, HI, MS
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. [X] Own website [] Another's website [X] 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 - 818-850-6146
PO BOX 57338, MURRAY, UT 84157

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 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) TIM BALLARD FOUNDER AND CEO	40.00						X	566,993.	0.	34,386.
(2) SIMON BREWER CHIEF FINANCIAL OFFICER/CH	40.00			X				415,000.	0.	46,189.
(3) MATTHEW OSBORNE PRESIDENT/COO	40.00			X				352,997.	0.	53,429.
(4) BRAD DAMON PRESIDENT	40.00						X	305,667.	0.	22,725.
(5) JESSICA MASS VICE PRESIDENT, AFTERCARE/SURVIVOR C	40.00				X			233,680.	0.	25,487.
(6) DAVID W JACOBS INTERIM CEO	40.00						X	224,053.	0.	19,031.
(7) MARK BLAKE GENERAL COUNSEL/BOARD MEMBER	2.00	X						241,120.	0.	0.
(8) MARC REYNOLDS BOARD OF DIRECTORS	2.00	X						4,800.	0.	0.
(9) WES MORTENSON BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(10) STEPHEN FAIRBANKS BOARD OF DIRECTORS	3.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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	43,896,399.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 450,103.				
	h Total. Add lines 1a-1f		43,896,399.				
Program Service Revenue	2 a MERCHANDISE SALES	Business Code					
		458000	2,603,626.	2,603,626.			
	b GYM MEMBERSHIPS	713940	272,722.		272,722.		
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		2,876,348.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		925,994.			925,994.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	15,194.			
			(ii) Personal				
				15,194.			
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	15,194.				
	d Net rental income or (loss)		15,194.	15,194.			
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	25,924,370.			
			(ii) Other				
				25,924,370.			
	b Less: cost or other basis and sales expenses	7b	23,621,276.	6,659.			
	c Gain or (loss)	7c	2,303,094.	-6,659.			
	d Net gain or (loss)		2,296,435.			2296435.	
8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a 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	11 a OTHER REVENUE	Business Code					
		900001	407,543.	407,543.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d		407,543.					
12 Total revenue. See instructions		50,417,913.	3,026,363.	272,722.	3222429.		

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 X

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 ...	3,837,921.	3,837,921.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	922,402.	922,402.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,791,317.	2,791,317.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,012,555.	1,329,027.	347,070.	336,458.
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	11,398,136.	7,526,964.	1,965,637.	1,905,535.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,806,604.	1,205,930.	217,687.	382,987.
10 Payroll taxes	867,670.	572,981.	149,632.	145,057.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,276,891.	86,494.	7,187,160.	3,237.
c Accounting	80,722.	78,575.	1,198.	949.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	257,881.		257,881.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,260,671.	7,067,605.	107,724.	85,342.
12 Advertising and promotion	2,176,041.	1,899,994.	25,707.	250,340.
13 Office expenses	45,520.	28,663.	7,003.	9,854.
14 Information technology				
15 Royalties				
16 Occupancy	860,419.	396,711.	354,174.	109,534.
17 Travel	3,193,695.	2,899,268.	158,472.	135,955.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	757,714.	4.	757,710.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	951,403.	491,850.	356,719.	102,834.
23 Insurance	163,390.	6,172.	147,807.	9,411.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSE	1,688,603.	458,447.	997,578.	232,578.
b MERCHANT SERVICE FEES	1,484,643.	119,196.	0.	1,365,447.
c COST OF MERCHANDISE SOLD	1,097,835.	1,080,944.	2,032.	14,859.
d SUPPLIES AND EQUIPMENT	614,131.	487,980.	78,204.	47,947.
e All other expenses	1,457,864.	994,177.	374,660.	89,027.
25 Total functional expenses. Add lines 1 through 24e	53,004,028.	34,282,622.	13,494,055.	5,227,351.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,951,220.	1	5,746,139.
	2 Savings and temporary cash investments	867.	2	868.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,032,939.	4	1,083,799.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,089,821.	8	1,296,234.
	9 Prepaid expenses and deferred charges	1,175,956.	9	1,299,541.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,024,912.		
	b Less: accumulated depreciation	10b 1,942,535.	10c	17,082,377.
	11 Investments - publicly traded securities	14,772,896.	11	22,335,309.
	12 Investments - other securities. See Part IV, line 11	28,938,849.	12	18,263,566.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	3,964,966.	14	906,948.
	15 Other assets. See Part IV, line 11	1,419,075.	15	959,872.
16 Total assets. Add lines 1 through 15 (must equal line 33)	71,484,414.	16	68,974,653.	
Liabilities	17 Accounts payable and accrued expenses	1,702,898.	17	2,169,762.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,249,978.	23	9,300,000.
	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	1,899,469.	25	1,126,781.
	26 Total liabilities. Add lines 17 through 25	10,852,345.	26	12,596,543.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	60,022,537.	27	55,341,180.
	28 Net assets with donor restrictions	609,532.	28	1,036,930.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	60,632,069.	32	56,378,110.
	33 Total liabilities and net assets/fund balances	71,484,414.	33	68,974,653.

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	50,417,913.
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,004,028.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,586,115.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	60,632,069.
5	Net unrealized gains (losses) on investments	5	3,305,355.
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	-4,973,199.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	56,378,110.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?		X
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?		X
3b	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		

Form 990 (2023)

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21503403.	46233793.	40010350.	27637158.	43896400.	179281104
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	21503403.	46233793.	40010350.	27637158.	43896400.	179281104
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						179281104

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	21503403.	46233793.	40010350.	27637158.	43896400.	179281104
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	529,903.	528,763.	848,526.	877,600.	925,994.	3710786.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						182991890
12 Gross receipts from related activities, etc. (see instructions)					12	7,337,468.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	97.97 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.86 %
16a 33 1/3% support test - 2023. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2022. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2023. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2022. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

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

2023

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization OUR RESCUE	Employer identification number 46-3614979
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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	<hr/> <hr/> <hr/>	\$ <u>1,055,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OUR RESCUE	Employer identification number 46-3614979
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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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization OUR RESCUE	Employer identification number 46-3614979
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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 info. once.) \$ _____
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)

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

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and questions 3-9 regarding monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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		5,117,909.		5,117,909.
b Buildings		4,547,952.	460,155.	4,087,797.
c Leasehold improvements		5,339,131.	178,406.	5,160,725.
d Equipment		4,019,920.	1,303,974.	2,715,946.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				17,082,377.

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 -		
(B) OTHER SECURITIES	18,263,566.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	18,263,566.	

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. (Col. (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) EMPLOYEE REIMBURSEMENT PAYABLE	5,375.
(3) SALES TAX LIABILITY	23,458.
(4) PAYROLL LIABILITIES	110,960.
(5) CUSTOMER DEPOSITS	53,123.
(6) LEASE LIABILITY	933,865.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,126,781.

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	53,152,958.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,305,355.
b	Donated services and use of facilities	2b	114,968.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,420,323.
3	Subtract line 2e from line 1	3	49,732,635.
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	257,881.
b	Other (Describe in Part XIII.)	4b	427,397.
c	Add lines 4a and 4b	4c	685,278.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	50,417,913.

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	57,834,314.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	114,968.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	4,973,199.
e	Add lines 2a through 2d	2e	5,088,167.
3	Subtract line 2e from line 1	3	52,746,147.
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	257,881.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	257,881.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	53,004,028.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION EVALUATES TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN TO DETERMINE WHETHER THE TAX POSITIONS WILL BE SUSTAINED BY TAX AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN NET ASSET CONTRIBUTIONS WITH DONOR RESTRICTIONS 427,397.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON IMPAIRMENT OF INTANGIBLE ASSETS 4,973,199.

**SCHEDULE F
(Form 990)**

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

2023

Open to Public
Inspection

Name of the organization OUR RESCUE	Employer identification number 46-3614979
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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
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	3	43	PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN SIX COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN	4,531,098.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	1	1	PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN 11 COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN	5,649,355.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN 11 COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN	1,592,912.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	2	8	PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN FIVE COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN	3,355,553.
EUROPE - EXCLUDING RUSSIA AND NEIGHBORING COUNTRIES			PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN 10 COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN	2,050,380.
3 a Subtotal	6	52			17,179,298.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	6	52			17,179,298.

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

Schedule F (Form 990) 2023

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	LAW ENFORCEMENT EQUIPMENT SUPPORT. SURVIVOR HOLISTIC, MEDICAL, EDUCATION,	593,183.	WIRE/ACH	0.		CASH
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	K9 SUPPORT, LAW ENFORCEMENT EQUIPMENT SUPPORT. SURVIVOR HOLISTIC, SUPPLIES	1004736.	WIRE/ACH	0.		CASH
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	LAW ENFORCEMENT EQUIPMENT, SOFTWARE, FORENSIC, TRAINING, AND TRANSPORTATION	577,445.	WIRE/ACH	0.		CASH
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	EDUCATION SUPPORT, EDUCATIONAL EVENT SUPPORT, K9 SUPPORT. LAW ENFORCEMENT	431,888.	WIRE/ACH	0.		CASH
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EDUCATIONAL EVENT, LAW ENFORCEMENT EQUIPMENT, LAW ENFORCEMENT TRAINING,	139,863.	WIRE/ACH	0.		CASH
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EDUCATIONAL EVENT, K9, LAW ENFORCEMENT FORENSIC SOFTWARE, AND LAW ENFORCEMENT	44,202.	WIRE/ACH	0.		CASH

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

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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)
SURVIVOR LEGAL SERVICES SUPPORT	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	1	6,205.	WIRE/ACH	0.		CASH
AFTERCARE SUPPORT	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	1	5,349.	WIRE/ACH	0.		CASH
SURVIVOR VOCATION AND BUDGETING TRAINING SUPPORT	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	5	30,585.	WIRE/ACH	0.		CASH
SURVIVOR SUPPLIES AND EQUIPMENT SUPPORT	SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	1	6,016.	WIRE/ACH	0.		CASH
SURVIVOR EDUCATION SUPPORT	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	1	7,700.	WIRE/ACH	0.		CASH

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 the 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 the 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 the 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 the 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 the 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 the 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.

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.

PART I, LINE 3:

ALL EXPENDITURES GO THROUGH THE REGIONAL DIRECTORS WHEN THEY ARE OUTSIDE OF THE UNITED STATES.

PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, (E) SPECIFIC TYPES OF SERVICES IN REGION: SURVIVOR CARE OPERATIONS IN SIX COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN THREE COUNTRIES.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, (E) SPECIFIC TYPES OF SERVICES IN REGION: SURVIVOR CARE OPERATIONS IN 11 COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN 11 COUNTRIES.

(A) REGION:

CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, (E) SPECIFIC TYPES OF SERVICES IN REGION: SURVIVOR CARE OPERATIONS IN 11 COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN 11 COUNTRIES.

(A) REGION:

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.

MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,

(E) SPECIFIC TYPES OF SERVICES IN REGION: SURVIVOR CARE OPERATIONS IN FIVE COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN THREE COUNTRIES.

REGION: EUROPE - EXCLUDING RUSSIA AND NEIGHBORING COUNTRIES

(E) SPECIFIC TYPES OF SERVICES IN REGION: SURVIVOR CARE OPERATIONS IN 10 COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN TWO COUNTRIES.

PART II, COLUMN (D):

(A) REGION:

MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,

(D) PURPOSE OF GRANT: LAW ENFORCEMENT EQUIPMENT SUPPORT. SURVIVOR HOLISTIC, MEDICAL, EDUCATION, VOCATIONAL, TRAINING, LEGAL, SUPPLIES, EQUIPMENT AND TRANSPORTATION SUPPORT

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,

(D) PURPOSE OF GRANT: K9 SUPPORT, LAW ENFORCEMENT EQUIPMENT SUPPORT. SURVIVOR HOLISTIC, SUPPLIES AND EQUIPMENT SUPPORT

(A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

(D) PURPOSE OF GRANT: LAW ENFORCEMENT EQUIPMENT, SOFTWARE, FORENSIC, TRAINING, AND TRANSPORTATION SUPPORT. SURVIVOR HOLISTIC, REPATRIATION, SUPPLIES, EQUIPMENT, AND VOCATIONAL SUPPORT

(A) REGION:

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.

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: EDUCATION SUPPORT, EDUCATIONAL EVENT SUPPORT, K9 SUPPORT. LAW ENFORCEMENT EQUIPMENT, FORENSIC SOFTWARE, AND TRANSPORATION SUPPORT. SURVIVOR EDUCATIONAL, THERAPY, FOOD, LEGAL, AND REPATRIATION SUPPORT.

(A) REGION:

CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,

(D) PURPOSE OF GRANT: EDUCATIONAL EVENT, LAW ENFORCEMENT EQUIPMENT, LAW ENFORCEMENT TRAINING, AND SURVIVOR SUPPORT

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES

(D) PURPOSE OF GRANT: EDUCATIONAL EVENT, K9, LAW ENFORCEMENT FORENSIC SOFTWARE, AND LAW ENFORCEMENT TRAINING SUPPORT

**SCHEDULE I
(Form 990)**

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 the latest information.

OMB No. 1545-0047

2023

**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
ALASKA BUREAU OF INVESTIGATION 101 E 6TH AVE ANCHORAGE, AK 99501			15,000.	0.			K9 SUPPORT
ALASKA STATE TROOPERS 1979 PEGER RD FAIRBANKS, AK 99709			6,320.	0.			K9 SUPPORT
ALL GOD'S CHILDREN INTERNATIONAL INC. - 1400 NE 136TH AVE, SUITE 201 - VANCOUVER, WA 98664	96-1052909		30,000.	0.			ADOPTION SUPPORT
ANSONIA POLICE DEPARTMENT 2 ELM STREET ANSONIA, CT 06401			6,370.	0.			SOFTWARE FOR FORENSIC SUPPORT
APACHE COUNTY SHERIFF'S OFFICE 370 S WASHINGTON ST ST. JOHNS, AZ 85936			15,220.	0.			SOFTWARE FOR FORENSIC SUPPORT
ATHENS COUNTY SHERIFFS OFFICE 1 SOUTH COURT ST ATHENS, OH 45701			14,170.	0.			SOFTWARE FOR FORENSIC SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 19.

3 Enter total number of other organizations listed in the line 1 table 174.

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
BATESVILLE POLICE DEPARTMENT 51 INDUSTRIAL DRIVE BATESVILLE, AR 72501			11,735.	0.			SOFTWARE FOR FORENSIC SUPPORT
BEAVER COUNTY SHERIFF'S OFFICE PO BOX 391 BEAVER, UT 84713			15,921.	0.			SOFTWARE FOR FORENSIC SUPPORT
BEAVERTON POLICE DEPARTMENT 6125 SW HALL BLVD BEAVERTON, OR 97008			10,044.	0.			SOFTWARE FOR FORENSIC SUPPORT
BENTON COUNTY SHERIFF'S OFFICE 180 NW 5TH STREET CORVALLIS, OR 97330	93-6002285		30,615.	0.			K9 SUPPORT, SOFTWARE FOR FORENSIC SUPPORT
BOONE COUNTY SHERIFF'S OFFICE 3000 CONRAD LANE BURLINGTON, KY 41005			16,441.	0.			K9 SUPPORT
BOZEMAN POLICE DEPARTMENT PO BOX 1230 BOZEMAN, MT 59771-1230	81-6001238		10,900.	0.			SOFTWARE FOR FORENSIC SUPPORT
BRAZORIA COUNTY SHERIFF'S OFFICE 3602 COUNTY ROAD 45 ANGLETON, TX 77515			5,665.	0.			K9 SUPPORT
BROWN COUNTY - BROWN COUNTY SHERIFF'S OFFICE - 305 E. WALNUT ST - GREEN BAY, WI 54301	39-6005671		7,000.	0.			SOFTWARE FOR FORENSIC SUPPORT
BUILDING ARIZONA FAMILIES 18355 W IVY LN SURPRISE, AZ 85388	20-1387297	501(C)(3)	15,000.	0.			ADOPTION SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
BURLINGTON POLICE DEPARTMENT 29 CENTER STREET BURLINGTON, MA 01803	04-6001104		6,475.	0.			SOFTWARE FOR FORENSIC SUPPORT
CABOT POLICE DEPARTMENT 101 NORTH 2ND STREET CABOT, AR 72023	71-0334905		17,347.	0.			SOFTWARE FOR FORENSIC SUPPORT
CANTON POLICE DEPARTMENT 1492 WASHINGTON ST CANTON, MA 02021	38-6008155		5,260.	0.			SOFTWARE FOR FORENSIC SUPPORT
CAROLINA BEACH POLICE DEPARTMENT 1121 N LAKE PARK BLVD CAROLINA BEACH, NC 28428	56-6001193		20,716.	0.			SOFTWARE FOR FORENSIC SUPPORT
CHARLESTOWN POLICE DEPARTMENT 4901 OLD POST RD CHARLESTOWN, RI 02813	05-0315212		10,900.	0.			SOFTWARE FOR FORENSIC SUPPORT
CHESTER POLICE DEPARTMENT NJ 1 PARKER ROAD CHESTER, NJ 07930			11,990.	0.			SOFTWARE FOR FORENSIC SUPPORT
CHEYENNE POLICE DEPARTMENT 415 W. 18TH STREET CHEYENNE, WY 82001			6,495.	0.			SOFTWARE FOR FORENSIC SUPPORT
CHILDRENS HOME SOCIETY OF MINNESOTA - DBA - CHILDREN'S HOME LSS - 2485 COMO AVE - SAINT PAUL, MN 55108-1445	41-0693906	501(C)(3)	15,000.	0.			ADOPTION SUPPORT
CHOCTAW NATION POLICE DEPARTMENT 3653 BIG LOTS PKWY DURANT, OK 74701			15,925.	0.			SOFTWARE FOR FORENSIC SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
TOGETHER WITH LOVE 24 CARPENTER AVE BARRINGTON, RI 02806	86-3053767	501(C)(3)	6,200.	0.			AWARENESS SUPPORT
CITY OF AMES - CITY OF AMES POLICE DEPARTMENT - 515 CLARK AVENUE - AMES, IA 50010	42-6004218		11,735.	0.			SOFTWARE FOR FORENSIC SUPPORT
CITY OF CHESAPEAKE - CHESAPEAKE POLICE DEPARTMENT - 306 CEDAR ROAD - CHESAPEAKE, VA 23322	54-0721442		5,350.	0.			K9 SUPPORT
CITY OF DEXTER - DEXTER POLICE DEPARTMENT - 301 E STODDARD ST - DEXTER, MO 63841	43-6001012		5,473.	0.			SOFTWARE FOR FORENSIC SUPPORT
CITY OF ELKO - ELKO POLICE DEPARTMENT - 1751 COLLEGE AVENUE - ELKO, NV 89801	88-6000190		5,498.	0.			SOFTWARE FOR FORENSIC SUPPORT
CITY OF GOODYEAR - GOODYEAR POLICE DEPARTMENT - 1900 N CIVIC SQUARE - GOODYEAR, AZ 85395	86-6000249		14,822.	0.			SOFTWARE FOR FORENSIC SUPPORT
CITY OF JACKSON- JACKSON POLICE DEPARTMENT - 400 COMMERCE STREET - JACKSON, AL 36545	63-6001300		16,246.	0.			SOFTWARE FOR FORENSIC SUPPORT
CITY OF MOLINE - MOLINE POLICE DEPARTMENT - 1630 8TH AVE - MOLINE, IL 61265	36-6005999		30,830.	0.			K9 SUPPORT, SOFTWARE FOR FORENSIC SUPPORT
CITY OF OTTUMWA - OTTUMWA POLICE DEPARTMENT - 105 E. THIRD ST. - OTTUMWA, IA 52501	42-6005094		7,659.	0.			SOFTWARE FOR FORENSIC SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CITY OF POST FALLS - POST FALLS POLICE DEPARTMENT - 1717 E POLSTON AVE - POST FALLS, ID 83854	82-6000245		12,949.	0.			SOFTWARE FOR FORENSIC SUPPORT
CITY OF SEARCY - SEARCY POLICE DEPARTMENT - 401 WEST ARCH AVENUE - SEARCY, AR 72143	71-6012800		10,521.	0.			SOFTWARE FOR FORENSIC SUPPORT
CITY OF SOUTH BURLINGTON - SOUTH BURLINGTON POLICE DEPARTMENT - 19 GREGORY DR SUITE 1 - SOUTH BURLINGTON, VT 05403	03-6002712		7,950.	0.			SOFTWARE FOR FORENSIC SUPPORT
CITY OF SYCAMORE - SYCAMORE POLICE DEPARTMENT - 308 WEST STATE STREET - SYCAMORE, IL 60178	36-6006121		10,521.	0.			SOFTWARE FOR FORENSIC SUPPORT
CITY OF TUCSON - TUCSON POLICE DEPARTMENT - 255 W. ALAMEDA STREET - TUCSON, AZ 85701	86-6000266		22,645.	0.			K9 SUPPORT
CITY OF VANCOUVER - VANCOUVER POLICE DEPARTMENT - PO BOX 1995 - VANCOUVER, WA 98668	91-6001288		20,161.	0.			K9 SUPPORT
CITY OF VINELAND - VINELAND, NJ POLICE DEPARTMENT - 640 E. WOOD STREET, PO BOX 1508 - VINELAND, NJ 08362-1508	21-6001670		10,521.	0.			SOFTWARE FOR FORENSIC SUPPORT
CLAY COUNTY SHERIFF'S OFFICE 901 N ORANGE AVE GREEN COVE SPRINGS, FL 32043			10,521.	0.			SOFTWARE FOR FORENSIC SUPPORT
COLEBROOK POLICE DEPARTMENT 17 BRIDGE ST COLEBROOK, NH 03576			5,600.	0.			SOFTWARE FOR FORENSIC SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
COLLIN COUNTY SHERIFF'S OFFICE 4300 COMMUNITY AVE MCKINNEY, TX 75071			12,949.	0.			SOFTWARE FOR FORENSIC SUPPORT
COLORADO'S 17TH JUDICIAL DISTRICT ATTORNEY - 1000 JUDICIAL CENTER DRIVE - BRIGHTON, CO 80601			7,274.	0.			SOFTWARE FOR FORENSIC SUPPORT
COLUMBIA, COUNTY OF - COLUMBIA COUNTY SHERIFF'S OFFICE GA - 630 RONALD REAGAN DRIVE, PO BOX 498 - EVANS, GA 30809			10,878.	0.			SOFTWARE FOR FORENSIC SUPPORT
COUNCIL BLUFFS POLICE DEPARTMENT 1 EZRA JACKSON WAY COUNCIL BLUFFS, IA 51503	42-6004428		19,289.	0.			K9 SUPPORT
COUNTY OF CURRITUCK - CURRITUCK COUNTY SHERIFF'S OFFICE - 153 COURTHOUSE RD, STE 102 - CURRITUCK, NC 27929	56-6000292		7,636.	0.			SOFTWARE FOR FORENSIC SUPPORT
COUNTY OF PLUMAS 520 MAIN STREET, ROOM 205 QUINCY, CA 95971	94-6000528		10,513.	0.			SOFTWARE FOR FORENSIC SUPPORT
COUNTY OF POWHATAN - POWHATAN COUNTY SHERIFF'S OFFICE - 3834 OLD BUCKINGHAM RD - POWHATAN, VA 23139	54-6001520		8,768.	0.			SOFTWARE FOR FORENSIC SUPPORT
COUNTY OF ROWAN - ROWAN COUNTY SHERIFF'S OFFICE - 130 WEST INNES STREET - SALISBURY, NC 28144	56-6000336		9,054.	0.			SOFTWARE FOR FORENSIC SUPPORT
COUNTY OF SANGAMON - WILLIAMSVILLE POLICE DEPARTMENT - 141 WEST MAIN STREET - WILLIAMSVILLE, IL 62693	37-6017238		6,160.	0.			SOFTWARE FOR FORENSIC SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
COUNTY OF SULLIVAN - SULLIVAN COUNTY SHERIFF'S OFFICE - 100 NORTH STREET - MONTICELLO, NY 12701	14-6002812		10,521.	0.			SOFTWARE FOR FORENSIC SUPPORT
COUNTY OF SWAIN - SWAIN COUNTY SHERIFF'S OFFICE - PO BOX 2321 - BRYSON CITY, NC 28713	56-6000342		9,896.	0.			SOFTWARE FOR FORENSIC SUPPORT
CRETE POLICE DEPARTMENT 243 E 13TH ST. CRETE, NE 68333	47-6006154		10,521.	0.			SOFTWARE FOR FORENSIC SUPPORT
UTAH CRIME VICTIM LEGAL CLINIC, INC. - 404 E 4500 S SUITE B 24 - MURRAY, UT 84107	81-0676973		21,165.	0.			SURVIVOR SUPPORT
DICKENSON POLICE DEPARTMENT 2475 STATE AVE N DICKINSON, ND 58601			5,895.	0.			SOFTWARE FOR FORENSIC SUPPORT
DOORS TO FREEDOM 1317 M NORTH MAIN ST #263 SUMMERVILLE, SC 29483	90-0671470	501(C)(3)	21,877.	0.			SURVIVOR SUPPORT AND SUPPLIES
DORCHESTER COUNTY SHERIFF'S OFFICE 829 FIELDCREST RD CAMBRIDGE, MD 21613			21,013.	0.			K9 SUPPORT
DOUGLAS COUNTY SHERIFF'S OFFICE 8470 EARL D LEE BOULEVARD DOUGLASVILLE, GA 30134			14,483.	0.			SOFTWARE FOR FORENSIC SUPPORT
EAU CLAIRE COUNTY SHERIFF'S OFFICE 721 OXFORD AVE, SUITE 1400 EAU CLAIRE, WI 54703			13,000.	0.			SOFTWARE FOR FORENSIC SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
FLORIDA DEPARTMENT OF LAW ENFORCEMENT - 2331 PHILLIP ROAD - TALLAHASSEE, FL 32308	59-3459505		5,891.	0.			K9 SUPPORT
FORT BEND COUNTY - FORT BEND COUNTY DISTRICT ATTORNEY'S OFFICE - 301 JACKSON - RICHMOND, TX 77469	74-6001969		6,860.	0.			SOFTWARE FOR FORENSIC SUPPORT
GARDEN GATE RANCH, INC 11020 R57 HWY INDIANOLA, IA 50125	81-4408744	501(C)(3)	31,031.	0.			SURVIVOR SUPPORT
GLADNEY CENTER FOR ADOPTION 6300 JOHN RYAN DRIVE FORT WORTH, TX 76132	75-0917409	501(C)(3)	10,000.	0.			ADOPTION SUPPORT
GLASGOW POLICE DEPARTMENT 319 3RD STREET SOUTH GLASGOW, MT 59230	81-6001267		7,521.	0.			SOFTWARE FOR FORENSIC SUPPORT
GRAND COUNTY - GRAND COUNTY SHERIFF'S OFFICE - 125 E. CENTER ST - MOAB, UT 84532	87-6000304		9,313.	0.			SOFTWARE FOR FORENSIC SUPPORT
GRANTS PASS POLICE DEPARTMENT 726 NE 7TH ST GRANTS PASS, OR 97526			11,735.	0.			SOFTWARE FOR FORENSIC SUPPORT
GREELEY POLICE DEPARTMENT 1950 'O'STREET GREELEY, CO 80631	84-6000593		23,700.	0.			SOFTWARE FOR FORENSIC SUPPORT
HAND IN HAND INTERNATIONAL ADOPTIONS - 10602 RAINBOW BRIDGE DRIVE - PEYTON, CO 80831	74-1951461	501(C)(3)	52,000.	0.			ADOPTION SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HARFORD COUNTY SHERIFF'S OFFICE 45 S MAIN ST BEL AIR, MD 21014	52-6000959		8,412.	0.			TRAINING SUPPORT
HERCULES POLICE DEPARTMENT 111 CIVIC DRIVE HERCULES, CA 94547	94-6027345		11,235.	0.			SOFTWARE FOR FORENSIC SUPPORT
HERNANDO COUNTY SHERIFF'S OFFICE 18900 CORTEZ BOULEVARD BROOKSVILLE, FL 34601			10,900.	0.			SOFTWARE FOR FORENSIC SUPPORT
HOLT INTERNATIONAL CHILDREN'S SERVICES - PO BOX 2880 - EUGENE, OR 97402	23-7257390	501(C)(3)	8,000.	0.			ADOPTION SUPPORT
HOOKERS FOR JESUE - DBA DESTINY HOUSE - 10120 W FLAMINGO DR STE 4-506 - LAS VEGAS, NV 89147	61-1534947		8,174.	0.			SURVIVOR SUPPORT AND SUPPLIES
HOPE CENTER INDY 11850 BROOKVILLE RD INDIANAPOLIS, IN 46239	81-2027077	501(C)(3)	11,575.	0.			SURVIVOR SUPPORT AND SUPPLIES
HORRY COUNTY SHERIFF'S OFFICE 1301 2ND AVE CONWAY, SC 29526			20,000.	0.			SOFTWARE FOR FORENSIC SUPPORT
HORSHAM TOWNSHIP POLICE DEPARTMENT 1025 HORSHAM RD HORSHAM, PA 19044			9,794.	0.			K9 SUPPORT
HUMAN TRAFFICKING TRAINING CENTER PO BOX 244 CHADWICK, MO 65629	87-2154805		120,000.	0.			TRAINING SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ILLINOIS STATE POLICE 1600 N LAFAYETTE ST MACOMB, IL 61455			18,950.	0.			TRAINING SUPPORT, SUPPLIES AND EQUIPMENT SUPPORT
INDIANA STATE POLICE 1425 MIAMI TRL BREMEN, IN 46506			9,093.	0.			SUPPLIES AND EQUIPMENT SUPPORT
JACKSONVILLE POLICE DEPARTMENT 501 E BAY ST JACKSONVILLE, FL 32202			5,260.	0.			SOFTWARE FOR FORENSIC SUPPORT
JEFFERSON COUNTY SHERIFFS OFFICE 400 1ST ST HILLSBORO, MO 63050			5,297.	0.			SOFTWARE FOR FORENSIC SUPPORT
KENTUCKY STATE POLICE 919 VERSAILLES ROAD FRANKFORT, KY 40601			6,569.	0.			K9 SUPPORT
KOMITE INC. 9972 PUOPOO LN BONITA SPRINGS, FL 34135	87-4290346		80,000.	0.			SURVIVOR SUPPORT
LAKE COUNTY - LAKE COUNTY SHERIFF'S OFFICE - 18 N. COUNTY STREET - WAUKEGAN, IL 60085	36-6006600		7,176.	0.			K9 SUPPORT, SOFTWARE FOR FORENSIC SUPPORT
LAREDO POLICE DEPARTMENT 4712 MAHER DRIVE LAREDO, TX 78041			29,555.	0.			SOFTWARE FOR FORENSIC SUPPORT
LATAH COUNTY SHERIFF'S OFFICE 522 S. ADAMS STREET MOSCOW, ID 83843			11,735.	0.			TRAINING SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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LEE COUNTY SHERIFF'S OFFICE 1900 FREDERICK ROAD OPELIKA, AL 36801			10,900.	0.			SOFTWARE FOR FORENSIC SUPPORT
LIVONIA POLICE DEPARTMENT 120 PRISON FARM ROAD VALDOSTA, GA 31601			7,000.	0.			SOFTWARE FOR FORENSIC SUPPORT
LOWER MAKEFIELD POLICE DEPARTMENT 200 NORTH RIVER STREET WILKES BARRE, PA 18711			10,513.	0.			TRAINING SUPPORT
LOWNDES COUNTY SHERIFF'S OFFICE 120 PRISON FARM ROAD VALDOSTA, GA 31601			14,000.	0.			SOFTWARE FOR FORENSIC SUPPORT
LUZERNE COUNTY DISTRICT ATTORNEY'S OFFICE - 200 NORTH RIVER STREET - WILKES BARRE, PA 18711			16,235.	0.			K9 SUPPORT, SOFTWARE FOR FORENSIC SUPPORT
LYON COUNTY SHERIFF'S OFFICE 911 HARVEY WAY YERINGTON, NV 89447			8,735.	0.			SOFTWARE FOR FORENSIC SUPPORT
MADISON ADOPTION ASSOCIATES 1102 SOCIETY DRIVE CLAYMONT, DE 19703	51-0399000	501(C)(3)	44,000.	0.			ADOPTION SUPPORT
STREETLIGHTUSA 8380 W. EMILE ZOLA AVENUE #6178 PEORIA, AZ 85381	26-4359672	501(C)(3)	16,582.	0.			SURVIVOR SUPPLIES SUPPORT
MIDDLETOWN POLICE DEPARTMENT 123 VALLEY ROAD MIDDLETOWN, RI 02842			7,450.	0.			SOFTWARE FOR FORENSIC SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MOBILE COUNTY SHERIFF'S OFFICE 510 S. ROYAL STREET MOBILE, AL 36602			18,657.	0.			K9 SUPPORT
MONROE POLICE DEPARTMENT 100 E. 2ND ST. MONROE, MI 48161			10,521.	0.			SOFTWARE FOR FORENSIC SUPPORT
MUNICIPALITY OF PENN HILLS - PENN HILLS POLICE DEPARTMENT - 102 DUFF ROAD - PITTSBURGH, PA 15235	25-6002419		5,260.	0.			SOFTWARE FOR FORENSIC SUPPORT
MURRAY COUNTY SHERIFF'S OFFICE 810 1/2 GL MADDOX PARKWAY CHATSWORTH, GA 30705			19,967.	0.			K9 SUPPORT
NATIONAL CENTER ON SEXUAL EXPLOITATION - 1201 F ST NW SUITE 200 - WASHINGTON, DC 20004	13-2608326	501(C)(3)	6,000.	0.			AWARENESS AND EDUACTION EVENT SUPPORT
NORTH MIAMI BEACH POLICE DEPARTMENT - 16901 NE 19TH AVE - NORTH MIAMI BEACH, FL 33162			6,129.	0.			SOFTWARE FOR FORENSIC SUPPORT
NORWAY POLICE DEPARTMENT 19 DANFORTH ST NORWAY, ME 04268			10,433.	0.			SOFTWARE FOR FORENSIC SUPPORT
OCEAN SPRINGS POLICE DEPARTMENT 3810 BIENVILLE BLVD OCEAN SPRINGS, MS 39564	64-6000924		7,345.	0.			SOFTWARE FOR FORENSIC SUPPORT
OFFICE OF THE DISTRICT ATTORNEY - THIRD JUDICIAL DISTRICT OF KANSAS - 200 SE 7TH STREET, SUITE 214 - TOPEKA, KS 66603			17,045.	0.			K9 SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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OKLAHOMA ATTORNEY GENERAL'S OFFICE 313 NE 21ST ST OKLAHOMA CITY, OK 73105			11,029.	0.			SOFTWARE FOR FORENSIC SUPPORT
OVERTURE OUTREACH INTERNATIONAL PO BOX 16045 HIGH POINT, NC 27261-6045			27,780.	0.			ADOPTION SUPPORT
PARADISE VALLEY POLICE DEPARTMENT 6433 R. LINCOLN DR. PARADISE VALLEY, AZ 85253			17,300.	0.			SOFTWARE FOR FORENSIC SUPPORT
PARKERSBURG POLICE DEPARTMENT WV MUNICIPAL BUILDING, 1 GOVERNMENT SQ PARKERSBURG, WV 26101	55-6000227		7,287.	0.			TRAINING, K9 SUPPORT, EQUIPMENT SUPPORT
PAYNE COUNTY SHERIFF'S OFFICE 606 S HUSBAND, RM. 106 STILLWATER, OK 74074			17,437.	0.			K9 SUPPORT
PENDER COUNTY SHERIFF'S OFFICE PO BOX 1578 BURGAW, NC 28425	56-6000329		10,693.	0.			SOFTWARE FOR FORENSIC SUPPORT
PENN HILLS POLICE DEPARTMENT 102 DUFF ROAD PITTSBURGH, PA 15235			13,100.	0.			SOFTWARE FOR FORENSIC SUPPORT
PHOENIX DREAM CENTER 3210 N GRAND AVE PHOENIX, AZ 85017	86-1001113	501(C)(3)	32,000.	0.			SURVIVOR EQUIPMENT SUPPORT
PIKE COUNTY DISTRICT ATTORNEYS OFFICE - 506 BROAD STREET - MILFORD, PA 18337			8,589.	0.			SOFTWARE FOR FORENSIC SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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PRENTISS COUNTY SHERIFF'S OFFICE 1901 EAST CHAMBERS DRIVE BOONEVILLE, MS 38829			10,521.	0.			SOFTWARE FOR FORENSIC SUPPORT
PROSPER POLICE DEPARTMENT 250 W. FIRST STREET SUITE 307 PROSPER, TX 75078			6,035.	0.			SOFTWARE FOR FORENSIC SUPPORT
QUINCY POLICE DEPARTMENT 233 1ST AVE SW QUINCY, WA 98848			10,520.	0.			SOFTWARE FOR FORENSIC SUPPORT
REJUVENATING WOMEN 5150 NORTH 90TH STREET OMAHA, NE 68134	46-2322306		80,000.	0.			SURVIVOR SUPPLIES AND EQUIPMENT SUPPORT
RENSSELAER POLICE DEPARTMENT 201 BROADWAY RENSSELAER, NY 12144			11,735.	0.			SOFTWARE FOR FORENSIC SUPPORT
RHODE ISLAND ATTORNEY GENERALS OFFICE - 150 S MAIN ST - PROVIDENCE, RI 02903			7,345.	0.			SOFTWARE FOR FORENSIC SUPPORT
RICHMOND POLICE DEPARTMENT 207 SUMMIT ST RICHMOND, MO 64085			11,735.	0.			SOFTWARE FOR FORENSIC SUPPORT
ROGERS COUNTY SHERIFF'S OFFICE 114 S MISSOURI AVE. CLAREMORE, OK 74017			20,195.	0.			K9 SUPPORT
ROWLEY POLICE DEPARTMENT 477 HAVERHILL ST ROWLEY, MA 01969			11,735.	0.			SOFTWARE FOR FORENSIC SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
SAAG - DBA ANGELS LANDING FOUNDATION - 688 RIVER BIRCH CIR - AMERICAN FORK, UT 84003	82-1740914		6,000.	0.			SURVIVOR SUPPORT
SAN JUAN COUNTY - SAN JUAN COUNTY SHERIFF'S OFFICE - 117 S MAIN, PO BOX 338 - MONTICELLO, UT 84535	87-6000305		6,440.	0.			SOFTWARE FOR FORENSIC SUPPORT
SCOTT COUNTY SHERIFF'S OFFICE 111 SOUTH FIRST STREET SCOTTSBURG, IN 47170			14,170.	0.			SOFTWARE FOR FORENSIC SUPPORT
SHAWANO POLICE DEPARTMENT 405 N. MAIN STREET SHAWANO, WI 54166			7,450.	0.			SOFTWARE FOR FORENSIC SUPPORT
SIXTH JUDICIAL DISTRICT ATTORNEY'S OFFICE - PO BOX 1025 - SILVER CITY, NY 88062	85-6000656		5,735.	0.			SOFTWARE FOR FORENSIC SUPPORT
SMALL WORLD, INC PO BOX 1109 MOUNT JULIET, TN 37121	58-1661474		20,000.	0.			ADOPTION SUPPORT
SOMERSET POLICE DEPARTMENT 465 COUNTY STREET SOMERSET, MA 02726			7,345.	0.			SOFTWARE FOR FORENSIC SUPPORT
SPOTSYLVANIA SHERIFF'S OFFICE 9119 DEAN RIDINGS LN. SPOTSYLVANIA, VA 22553			15,904.	0.			K9 SUPPORT
ST CLAIR COUNTY SHERIFF'S OFFICE 165 5TH AVE SUITE 100 ASHVILLE, AL 35953	63-6001688		14,000.	0.			SOFTWARE FOR FORENSIC SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
STATE OF OKLAHOMA, OFFICE OF ATTORNEY GENERAL - OKLAHOMA ATTORNEY GENERAL - 313 N.E. 21ST STREET - OKLAHOMA CITY, OK 73105	73-6017987		10,025.	0.			SOFTWARE FOR FORENSIC SUPPORT
STRAFFORD COUNTY SHERIFF'S OFFICE 259 COUNTY FARM RD DOVER, NH 03820	02-6000860		10,513.	0.			SOFTWARE FOR FORENSIC SUPPORT
SWANSEA POLICE DEPARTMENT 1400 NORTH ILLINOIS STREET SWANSEA, IL 62226			5,260.	0.			SOFTWARE FOR FORENSIC SUPPORT
SWEETWATER COUNTY - SWEETWATER COUNTY SHERIFF'S OFFICE - 80 W FLAMING GORGE WAY - GREEN RIVER, WY 82935	83-6000126		16,366.	0.			TRAINING AND SOFTWARE FOR FORENSIC SUPPORT
TERREBONNE PARISH SHERIFFS OFFICE 7856 MAIN STREET PO BOX 1670 HOUMA, LA 70360	72-6001393		23,524.	0.			K9 SUPPORT, SOFTWARE FOR FORENSIC SUPPORT
TEXAS A&M UNIVERSITY - TEXAS A&M UNIVERSITY POLICE DEPARTMENT - TAMU 600 - COLLEGE STATION, TX 77843	74-6000531		10,521.	0.			SOFTWARE FOR FORENSIC SUPPORT
TEXAS CITY POLICE DEPARTMENT 1004 9TH AVENUE NORTH TEXAS CITY, TX 77590			20,649.	0.			K9 SUPPORT
THE DEKALB COUNTY COMMISSION - DEKALB COUNTY SHERIFF'S OFFICE - 111 GRAND AVE S W - SUITE 200 - FORT PAYNE, AL 35967	63-6001514		10,513.	0.			SOFTWARE FOR FORENSIC SUPPORT
THE OPEN DOOR ADOPTION AGENCY, INC 218 E. JACKSON STREET THOMASVILLE, GA 31792			51,000.	0.			ADOPTION SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
THE PLAYING FOR CHANGE FOUNDATION 171 PIER AVENUE NO 271 SANTA MONICA, CA 90405	20-8568061		25,000.	0.			AWARENESS EVENT SUPPORT
THE SAMARITAN WOMEN INSTITUTE FOR SHELTER CARE - 209 MAPLE COURT - LA GRANGE, KY 40031	74-3231089		50,000.	0.			TRAINING SUPPORT
THE STOP TRAFFICKING PROJECT INC. 7240 PARK STREET SHAWNEE, KS 66216	32-0013084	501(C)(3)	10,000.	0.			AWARENESS AND EDUCATION SUPPORT
TOLEDO POLICE DEPARTMENT 525 N ERIE ST TOLEDO, OH 43604			5,956.	0.			EQUIPMENT SUPPORT, SOFTWARE FOR FORENSIC SUPPORT
TOWN OF PRESCOTT VALLEY 7601 E SKOOG BLVD PRESCOTT VALLEY, AZ 86314	86-0356435		12,250.	0.			SOFTWARE FOR FORENSIC SUPPORT
TOWN OF WATERTOWN - WATERTOWN POLICE DEPARTMENT - 61 ECHO LAKE ROAD - WATERTOWN, CT 06795	06-6002122		9,747.	0.			TRAINING SUPPORT
UTAH TECH DIGITAL FORENSICS LAB 225 UNIVERSITY AVE ST GEORGE, UT 84770			19,015.	0.			TRAINING AND SOFTWARE FOR FORENSIC SUPPORT
VALENCIA COUNTY - VALENCIA COUNTY SHERIFF'S OFFICE - 444 LUNA STREET - LOS LUNAS, NM 87031	85-6000261		7,035.	0.			SOFTWARE FOR FORENSIC SUPPORT
VILLAGE OF LISLE POLICE DEPARTMENT 925 BURLINGTON AVENUE LISLE, IL 60532	36-6009075		11,264.	0.			EQUIPMENT SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
VILLAGE OF SWANSEA 1444 BOUL AVE BELLEVILLE IL, IL 62226	37-6007002		5,260.	0.			SOFTWARE FOR FORENSIC SUPPORT
WASATCH INTERNATIONAL ADOPTIONS 1140 36TH ST. STE. 204 OGDEN, UT 84403	84-1411933		10,000.	0.			ADOPTION SUPPORT
WASHINGTON COUNTY SHERIFF'S OFFICE 500 WESTERN MARYLAND PKWY HAGERSTOWN, MD 21740			10,000.	0.			SOFTWARE FOR FORENSIC SUPPORT
WASHINGTON COUNTY SHERIFF'S OFFICE UTAH - 750 SOUTH 5300 WEST - HURRICANE, UT 84737			13,762.	0.			EQUIPMENT SUPPORT, SOFTWARE FOR FORENSIC SUPPORT
WATERTOWN POLICE DEPARTMENT 195 FRENCH STREET WATERTOWN, CT 06795			10,521.	0.			SOFTWARE FOR FORENSIC SUPPORT
WAUKESHA POLICE DEPARTMENT 1901 DELAFIELD ST WAUKESHA, WI 53188			15,000.	0.			SOFTWARE FOR FORENSIC SUPPORT
WAYNE COUNTY SHERIFF'S OFFICE 7376 RT. 31, SUITE 1000 LYONS, NY 14489			10,513.	0.			SOFTWARE FOR FORENSIC SUPPORT
WIDE HORIZONS FOR CHILDREN, INC. 391 TOTTEN POND ROAD SUITE #303 WALTHAM, MA 02451	04-2564960	501(C)(3)	19,000.	0.			ADOPTION SUPPORT
WILLIAMSVILLE POLICE DEPARTMENT IL 141 W. MAIN STREET WILLIAMSVILLE, IL 62693			6,160.	0.			SOFTWARE FOR FORENSIC SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
WILMETTE POLICE DEPARTMENT 710 RIDGE ROAD WILMETTE, IL 60091			23,201.	0.			SOFTWARE FOR FORENSIC SUPPORT
WISCONSIN VEST-A-DOG, INC. 4459 ROCKINGHAM DRIVE JANESVILLE, WI 53546	26-1119979	501(C)(3)	18,242.	0.			K9 SUPPORT
WRIGHT COUNTY SHERIFF'S OFFICE 701 S. MIAMI STREET WEST MILTON, OH 45383			15,000.	0.			SOFTWARE FOR FORENSIC SUPPORT
VIGO COUNTY HIGH TECH CRIME UNIT 620 CHESTNUT STREET TERRE HAUTE, IN 47809			63,865.	0.			K9 SUPPORT, EQUIPMENT SUPPORT

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SURVIVOR SUPPLIES, EQUIPMENT, EDUCATION, TRANSPORTATION, AND THERAPY SUPPORT	13	115,204.	0.		

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

PART I, LINE 2:

OPERATIONS ASSISTANT CONTACTS RECIPIENTS WHO ARE REQUIRED TO SUBMIT REGULAR REPORTS ON THE USE OF GRANTED FUNDS.

**SCHEDULE J
(Form 990)**

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

2023

Open to Public
Inspection

Name of the organization

OUR RESCUE

Employer identification number

46-3614979

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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) TIM BALLARD FOUNDER AND CEO	(i)	429,250.	0.	137,743.	21,660.	12,726.	601,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SIMON BREWER CHIEF FINANCIAL OFFICER/CH	(i)	315,000.	0.	100,000.	22,500.	23,689.	461,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MATTHEW OSBORNE PRESIDENT/COO	(i)	294,167.	0.	58,830.	30,000.	23,429.	406,426.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRAD DAMON PRESIDENT	(i)	305,667.	0.	0.	3,500.	19,225.	328,392.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JESSICA MASS VICE PRESIDENT, AFTERCARE/SURVIVOR C	(i)	198,500.	0.	35,180.	14,021.	11,466.	259,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID W JACOBS INTERIM CEO	(i)	224,053.	0.	0.	0.	19,031.	243,084.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARK BLAKE GENERAL COUNSEL/BOARD MEMBER	(i)	241,120.	0.	0.	0.	0.	241,120.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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	X	1,649	312,666.	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 (<u>VARIOUS ITEMS</u>)	X	1	79,600.	RETAIL VALUE
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

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 the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

OUR RESCUE

Employer identification number

46-3614979

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CANADA, MALAYSIA, THAILAND, GREECE,
ITALY

FORM 990, PART VI, SECTION A, LINE 2:

MARK BLAKE (GENERAL COUNSEL/BOARD MEMBER) IS TIM BALLARD'S (DIRECTOR)
BROTHER-IN-LAW.

FORM 990, PART VI, SECTION B, LINE 11B:

RETURN IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

TIME IS GIVEN AT QUARTERLY MEETING TO DISCUSS AND MONITOR CONFLICT OF
INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS OR
KEY EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY USING COMPARABILITY 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.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, FL, ME, OH, OK, RI, SC, TN, UT, CO, HI, MS, NM, NC, NV, CT, AL, AK, AR, GA, IL, KS, KY, MD, MA
MI, MN, NH, NJ, NY, ND, OR, PA, VA, WA, WV, WI, MO, LA, DC

FORM 990, PART VI, SECTION C, LINE 19:

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, 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:

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	7,067,605.
--------------------------	------------

MANAGEMENT AND GENERAL EXPENSES	107,724.
---------------------------------	----------

FUNDRAISING EXPENSES	85,342.
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TOTAL EXPENSES	7,260,671.
----------------	------------

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,260,671.
--	------------

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON IMPAIRMENT OF INTANGIBLE ASSETS	-4,973,199.
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**SCHEDULE R
(Form 990)**

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

2023

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
THE UNDERGROUND XFIT, LLC 5121 MURRAY BLVD MURRAY, UT 84123	FITNESS CENTER	UTAH	503,422.	530,647.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. AFTERCARE GROUP, LLC 5121 MURRAY BLVD MURRAY, UT 84123	AFTERCARE	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. THERAPEUTIC SERVICES, LLC 5121 MURRAY BLVD MURRAY, UT 84123	AFTERCARE SUPPORT	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. STORE, LLC 5121 MURRAY BLVD MURRAY, UT 84123	MERCHANDISE	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.

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	No

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

Schedule R (Form 990) 2023

Part I Continuation of Identification of Disregarded Entities

(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
O.U.R. CALIFORNIA HOLDINGS, LLC 5121 MURRAY BLVD MURRAY, UT 84123	REAL ESTATE HOLDINGS IN CALIFORNIA	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. COSTA RICA, LLC 5121 MURRAY BLVD MURRAY, UT 84123	HOLDING OF COSTA RICA CORPORATION	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
ABUSE RELIEF CORPS (ARC) 5121 MURRAY BLVD MURRAY, UT 84123	GHANA OPERATIONS	UTAH	0.	81,855.	OPERATION UNDERGROUND RAILROAD, INC.
OLH, LLC 5121 MURRAY BLVD MURRAY, UT 84123	REAL ESTATE HOLDINGS IN COSTA RICA	UTAH	0.	0.	O.U.R. COSTA RICA, LLC
O.U.R. BELIZE, LLC 5121 MURRAY BLVD MURRAY, UT 84123	BELIZE HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
OPERATION UNDERGROUND RAILROAD BELIZE LIMITED, 5121 MURRAY BLVD, MURRAY, UT 84123	BELIZE OPERATING COMPANY	UTAH	0.	0.	O.U.R. BELIZE, LLC
O.U.R. BULGARIA, LLC 5121 MURRAY BLVD MURRAY, UT 84123	BULGARIA HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. BULGARIA LLC 5121 MURRAY BLVD MURRAY, UT 84123	BULGARIA OPERATING COMPANY	UTAH	0.	0.	O.U.R. BULGARIA, LLC
O.U.R. CAMBODIA, LLC 5121 MURRAY BLVD MURRAY, UT 84123	CAMBODIA HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. (CAMBODIA) CONSULTING CO., LTD 5121 MURRAY BLVD MURRAY, UT 84123	CAMBODIA OPERATING COMPANY	UTAH	0.	0.	O.U.R. CAMBODIA, LLC

Part I Continuation of Identification of Disregarded Entities

(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
O.U.R. CANADA, LLC 5121 MURRAY BLVD MURRAY, UT 84123	CANADIAN HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
OPERATION UNDERGROUND RAILROAD, INC. (CANADIAN COMPANY), 5121 MURRAY BLVD, MURRAY, UT 84123	CANADIAN NONPROFIT	UTAH	0.	0.	O.U.R. CANADA, LLC
O.U.R. COLOMBIA, LLC 5121 MURRAY BLVD MURRAY, UT 84123	COLOMBIA HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
OPERATION UNDERGROUNG RAILROAD COLOMBIA SAS 5121 MURRAY BLVD MURRAY, UT 84123	COLOMBIA HOLDING COMPANY	UTAH	0.	0.	O.U.R. COLOMBIA, LLC
O.U.R. DOMINICAN REPUBLIC, LLC 5121 MURRAY BLVD MURRAY, UT 84123	DOMINICAN REPUBLIC HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. ECUADOR, LLC 5121 MURRAY BLVD MURRAY, UT 84123	ECUADOR HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. FLORIDA, LLC 5121 MURRAY BLVD MURRAY, UT 84123	FLORIDA HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. GREECE, LLC 5121 MURRAY BLVD MURRAY, UT 84123	GREECE HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. GREECE MAKE 5121 MURRAY BLVD MURRAY, UT 84123	GREECE OPERATING COMPANY	UTAH	0.	0.	O.U.R. GREECE, LLC
O.U.R. HONDURAS, LLC 5121 MURRAY BLVD MURRAY, UT 84123	HONDURAS HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.

Part I Continuation of Identification of Disregarded Entities

(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
OPERATION UNDERGROUND RAILROAD HONDURAS S. DE RL FOURTH, 5121 MURRAY BLVD, MURRAY, UT 84123	HONDURAS OPERATING COMPANY	UTAH	0.	0.	O.U.R. HONDURAS, LLC
O.U.R. INDONESIA, LLC 5121 MURRAY BLVD MURRAY, UT 84123	INDONESIA HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. INTERNATIONAL, LLC 5121 MURRAY BLVD MURRAY, UT 84123	HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. ITALY, LLC 5121 MURRAY BLVD MURRAY, UT 84123	ITALY HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
FONDAZIONE OUR ITALY ETS 5121 MURRAY BLVD MURRAY, UT 84123	ITALY OPERATING COMPANY	UTAH	0.	0.	O.U.R. ITALY, LLC
O.U.R. JORDAN, LLC 5121 MURRAY BLVD MURRAY, UT 84123	JORDANIAN HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. MALAYSIA, LLC 5121 MURRAY BLVD MURRAY, UT 84123	MALAYSIA HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
OPERATION UNDERGROUND RAILROAD MALAYSIA SDN. BHD., 5121 MURRAY BLVD, MURRAY, UT 84123	MALAYSIAN OPERATING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. MEXICO, LLC 5121 MURRAY BLVD MURRAY, UT 84123	MEXICO OPERATIONS	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. MURRAY, LLC 5121 MURRAY BLVD MURRAY, UT 84123	UTAH HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.

Part I Continuation of Identification of Disregarded Entities

(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
O.U.R. PERU, LLC 5121 MURRAY BLVD MURRAY, UT 84123	PERUVIAN HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
OPERACIN FERROCARRIL SUBTERRANEO PER SOCIEDAD ANONIMA CERRADA, 5121 MURRAY BLVD, MURRAY, UT 84123	PERUVIAN OPERATING COMPANY	UTAH	0.	0.	O.U.R. PERU, LLC
O.U.R. ROMANIA, LLC 5121 MURRAY BLVD MURRAY, UT 84123	ROMANIAN HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. THAILAND CHARITABLE CORPORATION 5121 MURRAY BLVD MURRAY, UT 84123	THAILAND NONPROFIT	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. THAILAND, LLC 5121 MURRAY BLVD MURRAY, UT 84123	THAILAND HOLDING COMPANY	UTAH	0.	817,885.	OPERATION UNDERGROUND RAILROAD, INC.
O.U.R. UGANDA, LLC 5121 MURRAY BLVD MURRAY, UT 84123	UGANDA HOLDING COMPANY	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.
OPERATION UNDERGROUND RAILROAD UK 5121 MURRAY BLVD MURRAY, UT 84123	UK NONPROFIT	UTAH	0.	0.	OPERATION UNDERGROUND RAILROAD, INC.

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?		(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	

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	No

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

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
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)				

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. OUR RESCUE	Taxpayer identification number (TIN) 46-3614979
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 57338	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MURRAY, UT 84157	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **CARLOS BAUER**
PO BOX 57338 - MURRAY, UT 84157

Telephone No. **818-850-6146** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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

2023

For calendar year 2023 or other tax year beginning _____, and ending _____

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).

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

Department of the Treasury Internal Revenue Service

Form 990-T header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 530,647, D Employer identification number 46-3614979, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 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 (checked)

L The books are in care of CARLOS BAUER Telephone number 818-850-6146

Part I Total Unrelated Business Taxable Income

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from 0 to 0.

Part II Tax Computation

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts from 0 to 0.

Part III Tax and Payments

Table for Part III: Tax and Payments. Rows 1a-5 showing foreign tax credit, other credits, and total tax liability from 0 to 0.

Part III Tax and Payments <i>(continued)</i>			
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2023 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 SEE STATEMENT 1	Yes	No
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.		X
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	\$ 266,193.	
		\$	
		\$	
		\$	
6 a	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 FINANC	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARC A. METCALF	MARC A. METCALF	06/07/24		P00170461
	Firm's name	Firm's EIN		Firm's address	
	TANNER LLC	20-2253063		36 S STATE STREET, SUITE 600 SALT LAKE CITY, UT 84111	
			Phone no.	801-532-7444	

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	--	------------------------------------

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 1

NAME OF COUNTRY

CANADA
MALAYSIA
THAILAND
GREECE
ITALY

**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).

1
OMB No. 1545-0047

2023

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
1 a Gross receipts or sales 341,488.				
b Less returns and allowances c Balance	1c	341,488.		
2 Cost of goods sold (Part III, line 8)	2	11,071.		
3 Gross profit. Subtract line 2 from line 1c	3	330,417.		330,417.
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement) STMT 2	12	161,934.		161,934.
13 Total. Combine lines 3 through 12	13	492,351.		492,351.

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			
2 Salaries and wages		2		269,174.	
3 Repairs and maintenance		3		38,722.	
4 Bad debts		4			
5 Interest (attach statement). See instructions		5			
6 Taxes and licenses		6		64,838.	
7 Depreciation (attach Form 4562). See instructions	7		22,113.		
8 Less depreciation claimed in Part III and elsewhere on return	8a			22,113.	
9 Depletion		9			
10 Contributions to deferred compensation plans		10			
11 Employee benefit programs		11			
12 Excess exempt expenses (Part VIII)		12			
13 Excess readership costs (Part IX)		13			
14 Other deductions (attach statement) SEE STATEMENT 3		14		151,997.	
15 Total deductions. Add lines 1 through 14		15		546,844.	
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16		-54,493.	
17 Deduction for net operating loss. See instructions		17		0.	
18 Unrelated business taxable income. Subtract line 17 from line 16		18		-54,493.	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold		Enter method of inventory valuation	COST
1	Inventory at beginning of year		1,202.
2	Purchases		11,071.
3	Cost of labor		0.
4	Additional section 263A costs (attach statement)		0.
5	Other costs (attach statement)		0.
6	Total. Add lines 1 through 5		12,273.
7	Inventory at end of year		1,202.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2		11,071.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		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.
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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		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.
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			6. Deductions directly connected with income in column 5
			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	
(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 cols 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	

FORM 990-T (A)

OTHER INCOME

STATEMENT 2

DESCRIPTION

AMOUNT

OTHER INCOME

161,934.

TOTAL TO SCHEDULE A, PART I, LINE 12

161,934.

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION

AMOUNT

GENERAL & ADMINISTRATIVE

43,339.

RENT EXPENSE

81,275.

UTILITIES

10,921.

LEGAL & PROFESSIONAL

3,237.

INSURANCE

4,334.

TRAVEL

8,891.

TOTAL TO SCHEDULE A, PART II, LINE 14

151,997.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	53,930.	0.	53,930.	53,930.
12/31/21	16,179.	0.	16,179.	16,179.
12/31/22	196,084.	0.	196,084.	196,084.
NOL CARRYOVER AVAILABLE THIS YEAR			266,193.	266,193.

Department of the Treasury
Internal Revenue Service

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

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

OUR RESCUE

FITNESS CENTER

46-3614979

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,890,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	22,113.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for percentage and cost.

27 Property used 50% or less in a qualified business use: Table with 9 columns for percentage and S/L status.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

Table for Section B with 6 columns (a-f) for Vehicle 1-6 and rows 30-36 for miles driven and availability questions.

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

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

Table for Section C with 2 columns (Yes/No) and rows 37-41 for policy and use questions.

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

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2023 tax year: Table with 6 columns for cost description and amortization.

43 Amortization of costs that began before your 2023 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. OUR RESCUE	Taxpayer identification number (TIN) 46-3614979
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 57338	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MURRAY, UT 84157	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **CARLOS BAUER**
PO BOX 57338 - MURRAY, UT 84157

Telephone No. **818-850-6146** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.