

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

Open to Public  
Inspection

<b>A</b> For the <b>2024</b> calendar year, or tax year beginning and ending																							
<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>OUR RESCUE</b></td> <td><b>D</b> Employer identification number <b>46-3614979</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3"><b>E</b> Telephone number <b>818-850-6146</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2"><b>PO BOX 57338</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>SALT LAKE CITY, UT 84157</b></td> <td><b>G</b> Gross receipts \$ <b>39,156,644.</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>CARLOS BAUER</b> <b>SAME AS C ABOVE</b></td> <td> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No            If "No," attach a list. See instructions  <b>H(c)</b> Group exemption number         </td> </tr> <tr> <td colspan="3"> <b>I</b> 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  <b>J</b> Website: <b>WWW.OURRESCUE.ORG</b> </td> </tr> <tr> <td colspan="2"> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other         </td> <td> <b>L</b> Year of formation: <b>2013</b> <b>M</b> State of legal domicile: <b>UT</b> </td> </tr> </table>	<b>C</b> Name of organization <b>OUR RESCUE</b>		<b>D</b> Employer identification number <b>46-3614979</b>	Doing business as		<b>E</b> Telephone number <b>818-850-6146</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>PO BOX 57338</b>		City or town, state or province, country, and ZIP or foreign postal code <b>SALT LAKE CITY, UT 84157</b>		<b>G</b> Gross receipts \$ <b>39,156,644.</b>	<b>F</b> Name and address of principal officer: <b>CARLOS BAUER</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	<b>I</b> 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 <b>J</b> Website: <b>WWW.OURRESCUE.ORG</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>2013</b> <b>M</b> State of legal domicile: <b>UT</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE ARE LEADERS IN THE FIGHT AGAINST HUMAN TRAFFICKING AND CHILD SEXUAL EXPLOITATION WORLDWIDE.</b>																								
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																								
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>10</b>																								
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>7</b>																								
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a) ..... <b>127</b>																								
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>50500</b>																								
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>89,238.</b>																								
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>0.</b>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td align="right">43,896,399.</td> <td align="right">30,498,823.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td align="right">2,876,348.</td> <td align="right">1,036,003.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td align="right">3,222,429.</td> <td align="right">472,918.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td align="right">422,737.</td> <td align="right">356,390.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td align="right">50,417,913.</td> <td align="right">32,364,134.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	43,896,399.	30,498,823.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	2,876,348.	1,036,003.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	3,222,429.	472,918.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	422,737.	356,390.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	50,417,913.	32,364,134.						
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**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>CARLOS BAUER, SENIOR VICE PRESIDENT OF FINANCE</b>				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>MARC A. METCALF</b>	<b>MARC A. METCALF</b>	<b>05/15/25</b>		<b>P00170461</b>
	Firm's name	Firm's EIN			
	<b>TANNER LLC</b>	<b>20-2253063</b>			
	Firm's address	Phone no.			
	<b>36 S STATE STREET, SUITE 600</b>	<b>801-532-7444</b>			
	<b>SALT LAKE CITY, UT 84111</b>				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck 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 ☒ No  
If "Yes," describe these new services on Schedule O.

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

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

**4a** (Code: ) (Expenses \$ 27,179,021. including grants of \$ 5,400,287. ) (Revenue \$ 1,303,155. )  
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 27,179,021.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b> X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b> X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b> X	
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b> X	
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> 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

X

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 123	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 127		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X	
<b>b</b> If "Yes," enter the name of the foreign country <b>SEE SCHEDULE O</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	1a	10	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	1b	7	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
<b>6</b> Did the organization have members or stockholders?	6		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b		X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
<b>13</b> Did the organization have a written whistleblower policy?	13	X
<b>14</b> Did the organization have a written document retention and destruction policy?	14	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
CARLOS BAUER - 818-850-6146  
81 S 9TH ST, SUITE 420, MINNEAPOLIS, MN 55402

**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) TAMMY LEE CEO	40.00			X				402,103.	0.	88,743.
(2) SIMON BREWER FORMER CHIEF FINANCIAL OFFICER	40.00						X	366,991.	0.	31,016.
(3) MATTHEW OSBORNE VICE PRESIDENT, ADVANCEMENT & EDUCAT	40.00				X			199,500.	0.	55,329.
(4) CARLOS BAUER SENIOR VICE PRESIDENT, FINANCE	40.00				X			214,444.	0.	25,299.
(5) KRISTI BRANGLE SENIOR VICE PRESIDENT, PEOPLE/HQ CHI	40.00				X			197,265.	0.	31,539.
(6) TERESA HARLAND SENIOR VICE PRESIDENT, ADVANCEMENT	40.00				X			200,530.	0.	27,549.
(7) JEFF CARTER VICE PRESIDENT, CUSTOMER RELATIONSHI	40.00				X			210,661.	0.	14,416.
(8) MITCH ABRAHAMSEN CHIEF MISSION SUPPORT OFFICER	40.00			X				197,935.	0.	10,787.
(9) MARK BLAKE FORMER GENERAL COUNSEL/BOARD MEMBER	20.00						X	192,600.	0.	0.
(10) KELLY CROUCH BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(11) JEFF FRAZIER BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(12) MATTHEW MILLHOLIN BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(13) SEAN VASSILAROS CHAIRMAN OF THE BOARD	2.00	X						0.	0.	0.
(14) DEREK BENNER BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(15) JAMES SWEENEY BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(16) LINDY BORCHARDT BOARD OF DIRECTORS	2.00	X						0.	0.	0.
(17) ABIGAIL CASAS MUNOZ BOARD OF DIRECTORS	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
<b>1b Subtotal</b> .....								2,182,029.	0.	284,678.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								2,182,029.	0.	284,678.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

43

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MX4 LLC - DEAN MORGAN, BUSINESS CENTRE 1, M FLOOR, NAD AL SHEBA, UNITED ARAB EMIRAT	RD FOR AFRICA-ME	557,658.
CGI SERVICIOS ESTRATEGICOS S.A., PLAZA OBELISCO, MDULO NO. 16, RIO ORO DE SANTA	PAYING FOR SERVICES IN COSTA RICA FOR MO	267,476.
SNEHA SHAH - DBA CATALYTE TALENT LLC DBA MA 2028 E BEN WHITE BLVD, UNIT#240-1522, AUSTI	HIRING SERVICES	264,247.
ANONYMOUS INDIVIDUAL, AVAILABLE UPON REQUEST, HEBER SPRINGS, AR 72543	CONTRACT SERVICES	185,564.
ANONYMOUS INDIVIDUAL, AVAILABLE UPON REQUEST, DYNMYRNE, TASMANIA, AUSTRALIA	CONTRACT SERVICES	180,625.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		20

Form 990 (2024)



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	30,498,823.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 873,293.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		30,498,823.			
<b>Program Service Revenue</b>	<b>2 a</b>	<b>MERCHANDISE SALES</b>	<b>Business Code</b>	458000	946,765.	946,765.	
	<b>b</b>	<b>GYM MEMBERSHIPS</b>		713940	89,238.	89,238.	
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		1,036,003.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		913,247.		
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real	25,000.			
<b>b</b>		Less: rental expenses ...	(ii) Personal	0.			
<b>c</b>		Rental income or (loss) .....		25,000.			
<b>d</b>		Net rental income or (loss) .....		25,000.	25,000.		
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities	3,613,181.	2739000.		
<b>b</b>		Less: cost or other basis and sales expenses .....	(ii) Other	3,518,220.	3274290.		
<b>c</b>		Gain or (loss) .....		94,961.	-535,290.		
<b>d</b>		Net gain or (loss) .....		-440,329.			-440,329.
<b>8 a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....					
<b>b</b>		Less: direct expenses .....					
<b>c</b>		Net income or (loss) from fundraising events .....					
<b>9 a</b>		Gross income from gaming activities. See Part IV, line 19 .....					
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>	<b>OTHER REVENUE</b>	<b>Business Code</b>	900001	331,390.	331,390.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		331,390.			
	<b>12</b>	<b>Total revenue.</b> See instructions .....		32,364,134.	1,303,155.	89,238.	472,918.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,331,282.	3,331,282.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	171,644.	171,644.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,897,361.	1,897,361.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,814,968.	1,181,563.	225,801.	407,604.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	8,110,705.	5,280,151.	1,009,059.	1,821,495.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	1,641,592.	1,080,435.	199,540.	361,617.
<b>10</b> Payroll taxes	717,658.	467,203.	89,284.	161,171.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	1,753,233.	801,125.	949,946.	2,162.
<b>c</b> Accounting	101,487.	84,872.	10,119.	6,496.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	218,354.		218,354.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,036,321.	5,884,359.	701,592.	450,370.
<b>12</b> Advertising and promotion	1,148,227.	419,340.	1,710.	727,177.
<b>13</b> Office expenses	155,539.	97,699.	38,580.	19,260.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	868,279.	489,819.	260,693.	117,767.
<b>17</b> Travel	2,193,714.	1,873,805.	228,380.	91,529.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	359,115.	119,705.	119,705.	119,705.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,110,244.	492,366.	525,382.	92,496.
<b>23</b> Insurance	438,113.	213,209.	154,849.	70,055.
<b>24</b> 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.)				
<b>a OTHER EXPENSE</b>	2,106,518.	1,198,423.	542,135.	365,960.
<b>b MERCHANT SERVICE FEES</b>	1,258,393.	76,717.		1,181,676.
<b>c COST OF MERCHANDISE SOLD</b>	948,877.	933,877.		15,000.
<b>d MEALS AND ENTERTAINMENT</b>	485,027.	387,879.	79,316.	17,832.
<b>e</b> All other expenses	1,108,099.	696,187.	264,005.	147,907.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	38,974,750.	27,179,021.	5,618,450.	6,177,279.
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,746,139.	<b>1</b>	3,261,224.
	<b>2</b> Savings and temporary cash investments .....	868.	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	1,083,799.	<b>4</b>	924,365.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,296,234.	<b>8</b>	398,641.
	<b>9</b> Prepaid expenses and deferred charges .....	1,299,541.	<b>9</b>	832,683.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 15,591,788.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,490,340.		
	<b>11</b> Investments - publicly traded securities .....	17,082,377.	<b>10c</b>	13,101,448.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	22,335,309.	<b>11</b>	20,867,214.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	18,263,566.	<b>12</b>	18,651,825.
	<b>14</b> Intangible assets .....	906,948.	<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	959,872.	<b>14</b>	249,456.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	68,974,653.	<b>15</b>	726,000.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	68,974,653.	<b>16</b>	59,012,856.
	<b>18</b> Grants payable .....	2,169,762.	<b>17</b>	2,082,383.
	<b>19</b> Deferred revenue .....		<b>18</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	
	<b>22</b> 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 .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	9,300,000.	<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	6,637,696.
	<b>25</b> 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 .....	1,126,781.	<b>24</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	12,596,543.	<b>25</b>	801,824.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>	9,521,903.
	<b>27</b> Net assets without donor restrictions .....	55,341,180.	<b>27</b>	48,658,256.
	<b>28</b> Net assets with donor restrictions .....	1,036,930.	<b>28</b>	832,697.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	56,378,110.	<b>32</b>	49,490,953.
	<b>33</b> Total liabilities and net assets/fund balances .....	68,974,653.	<b>33</b>	59,012,856.

Form 990 (2024)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	32,364,134.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	38,974,750.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-6,610,616.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	56,378,110.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,691,683.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-4,968,224.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	49,490,953.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		<input checked="" type="checkbox"/>
<b>3a</b> 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? _____		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

**Open to Public Inspection**

Name of the organization

## OUR RESCUE

Employer identification number

46-3614979

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s). \_\_\_\_\_

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	46233793.	40010350.	27637158.	43896400.	29625530.	187403231
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	46233793.	40010350.	27637158.	43896400.	29625530.	187403231
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						187403231

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	46233793.	40010350.	27637158.	43896400.	29625530.	187403231
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	528,763.	848,526.	877,600.	925,994.	913,247.	4094130.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						191497361
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	8,503,304.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	97.86	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	97.97	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>

Schedule A (Form 990) 2024

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990) 2024

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

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

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

Schedule A (Form 990) 2024

## Part VI

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

**Schedule B  
(Form 990)**(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

OUR RESCUE

Employer identification number

46-3614979

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

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

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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) (Rev. 12-2024)



Employer identification number

46-3614979

## Part II

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

Name of organization	Employer identification number
OUR RESCUE	46-3614979

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this 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 C  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

OUR RESCUE

Employer identification number (EIN)

46-3614979

**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... \$

3 Volunteer hours for political campaign activities .....

**Part I-B** Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Part I-C** Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2024

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN the lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>over \$17,000,000</td><td>\$1,000,000.</td></tr></tbody></table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.			
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		30,000.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			30,000.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments, and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	5	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

OUR RESCUE ENGAGED PINNACLE CONSULTING, A LOBBYING ORGANIZATION, TO LOBBY THE UTAH STATE LEGISLATURE TO LEVERAGE THE EXISTING LEGISLATIVE FRAMEWORK FOR DOMESTIC VIOLENCE LAWS TO IMPROVE UTAH'S RESPONSE TO HUMAN TRAFFICKING. A KEY COMPONENT IS ADVOCATING FOR THE STATE TO RECOGNIZE THOSE INDIVIDUALS BEING TRAFFICKED AS VICTIMS, WHICH WOULD EXPAND THE VICTIM'S LEGAL TOOLS AND IMPROVE COMMUNITY ENGAGEMENT IN COMBATING THIS CRIME. IF HUMAN TRAFFICKING LAWS MIMICKED DOMESTIC VIOLENCE LAWS, THEN THE STATE CAN STEP IN AS A PROXY FOR THE VICTIM AND MOVE FORWARD WITH ARREST AND PROSECUTION BASED ON THE EVIDENCE. DURING THE 2025 LEGISLATIVE SESSION, A UTAH SENATOR INTRODUCED A HUMAN TRAFFICKING BILL TO ACCOMPLISH OUR RESCUE'S OBJECTIVE.

SCHEDULE D  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

OUR RESCUE

Employer identification number

46-3614979

Part I

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) (Rev. 12-2024)

**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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? \_\_\_\_\_

(ii) Related organizations? \_\_\_\_\_

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? \_\_\_\_\_

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,852,909.		3,852,909.
b Buildings		3,532,952.	621,605.	2,911,347.
c Leasehold improvements		4,446,737.	129,802.	4,316,935.
d Equipment		3,759,190.	1,738,933.	2,020,257.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				13,101,448.

Schedule D (Form 990) (Rev. 12-2024)

**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	18,651,825.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	18,651,825.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	6,042.
(3) SALES TAX LIABILITY	11,731.
(4) PAYROLL LIABILITIES	220,429.
(5) CUSTOMER DEPOSITS	1,560.
(6) LEASE LIABILITY	562,062.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	801,824.

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 ... ☒

Schedule D (Form 990) (Rev. 12-2024)

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	37,041,695.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	4,691,683.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	204,232.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	4,895,915.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	32,145,780.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	218,354.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	218,354.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	32,364,134.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	43,724,609.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	4,968,224.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	4,968,224.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	38,756,385.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	218,354.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	11.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	218,365.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	38,974,750.

**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 2D - OTHER ADJUSTMENTS:**

CHANGE IN NET ASSET CONTRIBUTIONS WITH DONOR RESTRICTIONS 204,232.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

LOSS ON IMPAIRMENT OF INTANGIBLE ASSETS 112,705.

NON-FUNCTIONAL EXPENSE LEGAL FEES 4,855,519.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 4,968,224.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

ROUNDING DIFFERENCES 11.

<b>Part XIII</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]



**SCHEDULE F  
(Form 990)**(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Employer identification number

OUR RESCUE

46-3614979

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	5	52	PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN EIGHT COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN	3076103.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,		14	PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN SEVEN COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN	1688795.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	1	47	PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN NINE COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN	2062332.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	1	3	PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN TWO COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN	136,356.
EUROPE - EXCLUDING RUSSIA AND NEIGHBORING COUNTRIES	1	10	PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN THIRTEEN COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN	975,845.
NORTH AMERICA			PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN TWO COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN	98,421.
RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN TWO COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN	18,518.
SUB-SAHARAN AFRICA	3	19	PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN FIVE COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN	830,089.
<b>3 a Subtotal</b> .....	11	145			8886459.
<b>b Total from continuation sheets to Part I</b> .....	0	2			0.
<b>c Totals</b> (add lines 3a and 3b) .....	11	147			8886459.

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

Schedule F (Form 990) (Rev. 12-2024)

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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	LAW ENFORCEMENT EQUIPMENT SUPPORT. SURVIVOR HOLISTIC, MEDICAL, EDUCATION,	116,767.	WIRE/ACH	0.		CASH
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	K9 SUPPORT, LAW ENFORCEMENT EQUIPMENT SUPPORT. SURVIVOR HOLISTIC, SUPPLIES	771,701.	WIRE/ACH	0.		CASH
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	LAW ENFORCEMENT EQUIPMENT, SOFTWARE, FORENSIC, TRAINING, AND TRANSPORTATION	362,837.	WIRE/ACH	0.		CASH
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	EDUCATION SUPPORT, EDUCATIONAL EVENT SUPPORT, K9 SUPPORT. LAW ENFORCEMENT	367,346.	WIRE/ACH	0.		CASH
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	EDUCATIONAL EVENT, LAW ENFORCEMENT EQUIPMENT, LAW ENFORCEMENT TRAINING,	103,883.	WIRE/ACH	0.		CASH
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	EDUCATIONAL EVENT, K9, LAW ENFORCEMENT FORENSIC SOFTWARE, AND LAW ENFORCEMENT	33,540.	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

Schedule F (Form 990) (Rev. 12-2024)

**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 CARE MEDICAL SUPPORT	AFRICA-MIDDLE EAST	1	31,068.	WIRE/ACH	0.		CASH
SURVIVOR CARE TRANSPORTATION, PERSONAL SUPPLIES & EQUIPMENT, THERAPY, JOB TRAINING, RENT, AND	EUROPE	2	46,977.	WIRE/ACH	0.		CASH
SURVIVOR CARE TRANSPORTATION, PERSONAL SUPPLIES & EQUIPMENT, THERAPY, EDUCATION, MEDICAL, AND	LATIN AMERICA	6	47,083.	WIRE/ACH	0.		CASH
SURVIVOR CARE PERSONAL SUPPLIES & EQUIPMENT SUPPORT	MEXICO-CARIBBEAN	1	16,160.	WIRE/ACH	0.		CASH

SEE PART V FOR COLUMN (A) DESCRIPTIONS

Schedule F (Form 990) (Rev. 12-2024)

**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

Schedule F (Form 990) (Rev. 12-2024)

**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 EIGHT COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN EIGHT COUNTRIES.

**(A) REGION:**

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

**(A) REGION:**

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

**(A) REGION:**

MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, (E) SPECIFIC TYPES OF SERVICES IN REGION: SURVIVOR CARE OPERATIONS IN TWO COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN TWO COUNTRIES.

REGION: EUROPE - EXCLUDING RUSSIA AND NEIGHBORING COUNTRIES

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

REGION: NORTH AMERICA

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

REGION: RUSSIA AND NEIGHBORING STATES

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

REGION: SUB-SAHARAN AFRICA

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

**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 II, COLUMN (D):****(A) REGION:**

MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, 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 &amp; GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM,

**(D) PURPOSE OF GRANT:** LAW ENFORCEMENT EQUIPMENT, SOFTWARE, FORENSIC,

TRAINING, AND TRANSPORTATION SUPPORT. SURVIVOR HOLISTIC, REPATRIATION,

SUPPLIES, EQUIPMENT, AND VOCATIONAL SUPPORT

**(A) REGION:**

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

**(D) PURPOSE OF GRANT:** EDUCATION SUPPORT, EDUCATIONAL EVENT SUPPORT, K9

SUPPORT. LAW ENFORCEMENT EQUIPMENT, FORENSIC SOFTWARE, AND TRANSPORTATION

SUPPORT. SURVIVOR EDUCATIONAL, THERAPY, FOOD, LEGAL, AND REPATRIATION

SUPPORT.

**(A) REGION:**

CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA &amp; 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

**PART III, COLUMN (A):**

REGION: EUROPE

**(A) TYPE OF GRANT OR ASSISTANCE:** SURVIVOR CARE TRANSPORTATION, PERSONAL

SUPPLIES &amp; EQUIPMENT, THERAPY, JOB TRAINING, RENT, AND ACCOMMODATION

SUPPORT

REGION: LATIN AMERICA

**(A) TYPE OF GRANT OR ASSISTANCE:** SURVIVOR CARE TRANSPORTATION, PERSONAL

SUPPLIES &amp; EQUIPMENT, THERAPY, EDUCATION, MEDICAL, AND ACCOMMODATION

SUPPORT

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

OUR RESCUE

Employer identification number

46-3614979

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ **Yes** ☐ **No**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ARIZONA OFFICE OF THE ATTORNEY GENERAL - 2005 N CENTRAL AVE - PHOENIX, AZ 85004			5,652.	0.			SUPPLIES & EQUIPMENT SUPPORT
BALTIMORE POLICE DEPARTMENT 601 E FAYETTE ST BALTIMORE, MD 21202			23,382.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
BEAVER COUNTY - BEAVER COUNTY SHERIFF'S OFFICE - P O BOX 392 - BEAVER, UT 84713	87-6000292		11,303.	0.			SUPPLIES & EQUIPMENT SUPPORT
BERNALILLO COUNTY SHERIFF'S OFFICE 400 ROMA AVE NW ALBUQUERQUE, NM 87102			29,572.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
BLOOM FOR WOMEN, INC 1425 MOUNTAIN DRIVE N BETHLEHEM, PA 18015	20-1221107	501(C)(3)	20,000.	0.			SUPPLIES & EQUIPMENT SUPPORT
BONNERS FERRY POLICE DEPARTMENT 7232 MAIN ST BONNERS FERRY, ID 83805			7,970.	0.			INVESTIGATIVE SOFTWARE SUPPORT

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

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

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

Schedule I (Form 990) (Rev. 12-2024)



**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
BUILDING HOPE TODAY 802 W BANNOCK ST STE 206 BOISE, ID 83702	47-4390592	501(C)(3)	7,500.	0.			EDUCATION SUPPORT
CALDWELL COUNTY SHERIFF'S OFFICE 2351 MORGANTON BLVD SW LENOIR, NC 28645			22,246.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
CALL TO FREEDOM INC 1915 E 8TH ST SUITE 100 SIOUX FALLS, SD 57103	47-5469817	501(C)(3)	17,500.	0.			SUPPLIES & EQUIPMENT SUPPORT
CARTERET COUNTY GOVERNMENT - CARTERET COUNTY SHERIFF'S OFFICE - 302 COURTHOUSE SQUARE - BEAUFORT, NC 28516	56-6001522		12,917.	0.			INVESTIGATIVE SOFTWARE SUPPORT
CASS COUNTY SHERIFF'S OFFICE 2501 W MECANIC HARRISONVILLE, MO 64701			5,765.	0.			INVESTIGATIVE SOFTWARE SUPPORT
CEDAR CITY POLICE DEPARTMENT 10 N MAIN ST CEDAR CITY, UT 84720			17,088.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
CHAVES COUNTY SHERIFF'S OFFICE 1 ST MARY'S PL ROSWELL, NM 88203			11,000.	0.			INVESTIGATIVE SOFTWARE SUPPORT
CHEROKEE COUNTY BOARD OF COMMISSIONERS - CHEROKEE COUNTY SHERIFF'S OFFICE - 1130 BLUFFS PARKWAY - CANTON, GA 30114	58-6000799		29,007.	0.			SUPPLIES & EQUIPMENT SUPPORT, INVESTIGATIVE SOFTWARE SUPPORT
CINNAMINSON TOWNSHIP POLICE DEPARTMENT - 900 MANOR RD - CINNAMINSON, NJ 08077			11,303.	0.			TRAINING AND CAPACITY BUILDING 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 ALAMOGORDO - ALAMOGORDO POLICE DEPARTMENT - 1376 E. 9TH STREET - ALAMOGORDO, NM 88310	85-6000099		15,202.	0.			SUPPLIES & EQUIPMENT SUPPORT, INVESTIGATIVE SOFTWARE SUPPORT
CITY OF ALTON - ALTON POLICE DEPARTMENT - 509 S. ALTON BLVD - ALTON, TX 78573	74-2018919		6,975.	0.			SUPPLIES & EQUIPMENT SUPPORT
CITY OF ASHLAND - ASHLAND POLICE DEPARTMENT - 1700 GREENUP AVENUE - ASHLAND, KY 41101	61-6001775		22,271.	0.			K9 SUPPORT
CITY OF CHESAPEAKE - CHESAPEAKE POLICE DEPARTMENT - 306 CEDAR ROAD - CHESAPEAKE, VA 23322	54-0721442		6,374.	0.			K9 SUPPORT
CITY OF CHEYENNE - CHEYANNE POLICE DEPARTMENT - 2101 O'NEIL AVE ROOM 309 - CHEYENNE, WY 82991	83-6000050		5,846.	0.			TRAINING SUPPORT
CITY OF CRETE - CRETE POLICE DEPARTMENT - 243 E 13TH ST. - CRETE, NE 68333	47-6006154		5,319.	0.			SUPPLIES & EQUIPMENT SUPPORT
CITY OF FRANKFORT - FRANKFORT POLICE DEPARTMENT - 315 WEST SECOND STREET - FRANKFORT, KY 40601	61-6001826		5,334.	0.			SUPPLIES & EQUIPMENT SUPPORT, TRAINING AND CAPACITY BUILDING SUPPORT
CITY OF GENEVA - GENEVA POLICE DEPARTMENT - 47 CASTLE ST - GENEVA, NY 14456	16-6002543		13,000.	0.			K9 SUPPORT
CITY OF GRANITE SHOALS - GRANITE SHOALS POLICE DEPARTMENT - 2221 N. PHILLIPS RANCH ROAD - GRANITE SHOALS, TX 78654	74-1647295		6,975.	0.			SUPPLIES & 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
CITY OF GREENSBORO - GREENSBORO POLICE DEPARTMENT - PO BOX 3136, 26120, 26118 - GREENSBORO, NC 27402	56-6000230		12,990.	0.			TRAINING SUPPORT
CITY OF JACKSBORO - JACKSBORO POLICE DEPARTMENT - 112 W. BELKNAP ST. - JACKSBORO, TX 76458	75-6000568		14,769.	0.			SUPPLIES & EQUIPMENT SUPPORT
CITY OF JACKSON - JACKSON POLICE DEPARTMENT - 400 COMMERCE STREET - JACKSON, AL 36545	63-6001300		19,505.	0.			K9 SUPPORT
CITY OF JANESVILLE - JANESVILLE POLICE DEPARTMENT - 18 N JACKSON ST. - JANESVILLE, WI 53548	39-6005472		19,461.	0.			K9 SUPPORT
CITY OF JASPER P.O.BOX 29 JASPER, IN 47547	35-6001056		7,016.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
CITY OF KEOKUK - KEOKUK POLICE DEPARTMENT - 501 MAIN STREET - KEOKUK, IA 52632	42-6004829		7,995.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
CITY OF KISSIMMEE - KISSIMMEE POLICE DEPARTMENT - 101 CHURCH STREET - KISSIMMEE, FL 34741	59-6000348		16,791.	0.			K9 SUPPORT
CITY OF MISSOULA - MISSOULA POLICE DEPARTMENT - 435 RYMAN ST - MISSOULA, MT 59802	81-6001293		10,000.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
CITY OF MOLINE - MOLINE POLICE DEPARTMENT - 1630 8TH AVE - MOLINE, IL 61265	36-6005999		6,255.	0.			K9 SUPPORT, TRAINING AND CAPACITY BUILDING 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 MONROE - MONROE PUBLIC SAFETY DEPARTMENT - 120 EAST 1ST STREET - MONROE, MI 48161	38-6004638		7,062.	0.			TRAINING SUPPORT
CITY OF PAINESVILLE - CITY OF PAINESVILLE POLICE DEPARTMENT - 7 RICHMOND STREET PO BOX 601 - PAINESVILLE, OH 44077	34-6002139		9,995.	0.			SUPPLIES & EQUIPMENT SUPPORT
CITY OF PARKERSBURG - PARKERSBURG POLICE DEPARTMENT - ONE GOVERNMENT SQUARE - PARKERSBURG, WV 26101	55-6000227		5,557.	0.			K9 SUPPORT, TRAINING AND CAPACITY BUILDING SUPPORT
CITY OF PARMA - PARMA POLICE DEPARTMENT - 5555 POWERS BLVD. - PARMA, OH 44129	34-6002162		10,000.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
CITY OF PICAYUNE - PICAYUNE POLICE DEPARTMENT - 203 GOODYEAR BLVD - PICAYUNE, MS 39466	64-6000972		9,995.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
CITY OF ROCK SPRINGS, WYOMING - ROCK SPRINGS POLICE DEPARTMENT - 212 D. STREET - ROCK SPRINGS, WY 82901	83-6000088		11,303.	0.			SUPPLIES & EQUIPMENT SUPPORT
CITY OF SAN BENITO - SAN BENITO POLICE DEPARTMENT - 485 N SAM HOUSTON BLVD - SAN BENITO, TX 78586	74-6002218		6,975.	0.			INVESTIGATIVE SOFTWARE SUPPORT
CITY OF SEARCY - SEARCY POLICE DEPARTMENT - 401 WEST ARCH AVENUE - SEARCY, AR 72143	71-6012800		10,638.	0.			INVESTIGATIVE SOFTWARE SUPPORT
CITY OF ST GEORGE - ST GEORGE POLICE DEPARTMENT - 175 E 200 N - SAINT GEORGE, UT 84770	87-6000275		8,144.	0.			SUPPLIES & 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
CITY OF TRUSSVILLE ALABAMA 113 N CHALKVILLE RD TRUSSVILLE, AL 35173	63-6001378		13,250.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
CITY OF WATERBURY - WATERBURY POLICE DEPARTMENT - 255 EAST MAIN STREET - WATERBURY, CT 06702	06-6001900		17,246.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
CITY OF WATERTOWN - WATERTOWN POLICE DEPARTMENT - 23 2ND ST NE - WATERTOWN, SD 57201	46-6000515		18,195.	0.			SUPPLIES & EQUIPMENT SUPPORT
CITY OF WEST CHICAGO - WEST CHICAGO POLICE DEPARTMENT - 475 MAIN ST - WEST CHICAGO, IL 60185	36-6006144		6,639.	0.			SUPPLIES & EQUIPMENT SUPPORT
CITY OF WEST COLUMBIA - DBA - WEST COLUMBIA POLICE DEPARTMENT - 512 E BRAZOS - WEST COLUMBIA, TX 77486	74-6002552		13,785.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
CITY OF YAKIMA - YAKIMA POLICE DEPARTMENT, WA - 129 NORTH SECOND STREET - YAKIMA, WA 98901	90-6001293		23,039.	0.			K9 SUPPORT
CLALLAM COUNTY SHERIFFS OFFICE 223 EAST 4TH ST PORT ANGELES, WA 98362	91-6001298		31,372.	0.			SUPPLIES & EQUIPMENT SUPPORT, INVESTIGATIVE SOFTWARE SUPPORT
CLEVELAND POLICE DEPARTMENT 1300 ONTARIO ST CLEVELAND, OH 44113			14,900.	0.			SUPPLIES & EQUIPMENT SUPPORT
COLORADO'S 17TH JUDICIAL DISTRICT ATTORNEY'S OFFICE - 1000 JUDICIAL CENTER DRIVE - BRIGHTON, CO 80601			9,484.	0.			TRAINING AND CAPACITY BUILDING 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
COMMONWEALTH OF KENTUCKY, OFFICE OF THE ATTORNEY GENERAL - KENTUCKY ATTORNEY GEN - 700 CAPITAL AVENUE SUITE 34 - FRANKFORT, KY 40601	61-0600439		18,777.	0.			K9 SUPPORT
CORDOVA POLICE DEPARTMENT 602 RAILROAD AVE CORDOVA, AK 99574			20,560.	0.			INVESTIGATIVE SOFTWARE SUPPORT
COUNTY OF ANDROSCOGGIN - DBA- ANDROSCOGGIN COUNTY SHERIFF'S OFFIC - 2 TURNER STREET - AUBURN, ME 04210	01-6000002		12,185.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
COUNTY OF BENTON - BENTON COUNTY SHERIFFS OFFICE - 215 E CENTRAL AVENUE BOX 4 - BENTONVILLE, AR 72712	71-6000649		5,298.	0.			K9 SUPPORT, TRAINING AND CAPACITY BUILDING SUPPORT
COUNTY OF CABARRUS - CABARRUS COUNTY SHERIFF'S OFFICE - 65 CHURCH STREET / PO BOX 707 - CONCORD, NC 28025	56-6000281		7,103.	0.			K9 SUPPORT, TRAINING AND CAPACITY BUILDING SUPPORT
COUNTY OF CAMDEN - CAMDEN COUNTY SHERIFF'S OFFICE - PO BOX 190 - CAMDEN, NC 27921	56-6000282		21,298.	0.			INVESTIGATIVE SOFTWARE SUPPORT, TRAINING AND CAPACITY BUILDING SUPPORT
COUNTY OF COLLIN - COLLIN COUNTY SHERIFF'S OFFICE - 2300 BLOOMDALE ROAD #3100 - MCKINNEY, TX 75071	75-6000873		19,804.	0.			SUPPLIES & EQUIPMENT SUPPORT, K9 SUPPORT, TRAINING AND CAPACITY BUILDING SUPPORT
COUNTY OF MANATEE, OFFICE OF SHERIFF - MANATEE COUNTY SHERIFFS OFFICE - 600 US 301 BLVD STE 202 - BRADENTON, FL 34205	59-6000731		7,015.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
COUNTY OF MEDINA - MEDINA COUNTY SHERIFFS OFFICE - 555 INDEPENDENCE DRIVE - MEDINA, OH 44256	64-6001851		5,239.	0.			INVESTIGATIVE SOFTWARE 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 MIDDLESEX - MIDDLESEX COUNTY SHERIFF'S OFFICE - 877 GENERAL PULLER HWY - SALUDA, VA 23149	54-6001426		19,400.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
COUNTY OF PASCO OFFICE OF SHERIFF - PASCO COUNTY SHERIFF'S OFFICE - 8661 CITIZENS DRIVE - NEW PORT RICHEY, FL 34654	59-6000796		24,936.	0.			K9 SUPPORT
COUNTY OF POWHATAN - POWHATAN COUNTY SHERIFF'S OFFICE - 3834 OLD BUCKINGHAM RD - POWHATAN, VA 23139	54-6001520		7,397.	0.			INVESTIGATIVE SOFTWARE SUPPORT
COUNTY OF RIVERSIDE, CALIFORNIA- DBA - RIVERSIDE COUNTY DISTRICT ATTORNEY - 3960 ORANGE ST - RIVERSIDE, CA 92501	95-6000930		13,254.	0.			K9 SUPPORT, TRAINING AND CAPACITY BUILDING SUPPORT
COUNTY OF ROWAN - ROWAN COUNTY SHERIFF'S OFFICE - 130 WEST INNES STREET - SALISBURY, NC 28144	56-6000336		5,500.	0.			SUPPLIES & EQUIPMENT SUPPORT
COUNTY OF SHERMAN - SHERMAN COUNTY SHERIFFS OFFICE - 813 BROADWAY ROOM 102 - GOODLAND, KS 67735	48-6013889		9,995.	0.			SUPPLIES & EQUIPMENT SUPPORT
COUNTY OF SWAIN - SWAIN COUNTY SHERIFF'S OFFICE - P.O. BOX 2321 - BRYSON CITY, NC 28713	56-6000342		7,638.	0.			SUPPLIES & EQUIPMENT SUPPORT
COVINGTON POLICE DEPARTMENT 212 E KIRKLAND ST COVINGTON, LA 70433			9,492.	0.			SUPPLIES & EQUIPMENT SUPPORT, TRAINING SUPPORT
CRIME STOPPERS OF HOUSTON 3001 MAIN STREET HOUSTON, TX 77002	74-2137744	501(C)(3)	10,000.	0.			SUPPLIES & 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
DOUGLAS COUNTY SHERIFF'S OFFICE (GA) - 8470 EARL D. LEE BLVD - DOUGLASVILLE, GA 30134			14,897.	0.			SUPPLIES & EQUIPMENT SUPPORT, TRAINING AND CAPACITY BUILDING SUPPORT
DOUGLAS COUNTY SHERIFF'S OFFICE (NV) - 1038 BUCKEYE RD - MINDEN, NV 89423			11,691.	0.			SUPPLIES & EQUIPMENT SUPPORT
DOUGLAS COUNTY SHERIFF'S OFFICE (WA) - 110 2ND ST NE - EAST WENATCHEE, WA 98802			15,188.	0.			SUPPLIES & EQUIPMENT SUPPORT
DOVER POLICE DEPARTMENT 400 S QUEEN ST DOVER, DE 19904			11,303.	0.			INVESTIGATIVE SOFTWARE SUPPORT
EMANUEL COUNTY BOARD OF COMMISSIONERS - EMANUEL COUNTY SHERIFFS OFFICE, GA - 101 S MAIN ST - SWAINSBORO, GA 30401	52-6000959		20,446.	0.			K9 SUPPORT
EVESHAM POLICE DEPARTMENT 984 TUCKERTON RD MARLTON, NJ 08053			15,197.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
FAYETTE COUNTY SHERIFF'S OFFICE 150 N LIMESTONE #265 LEXINGTON, KY 40507			5,115.	0.			SUPPLIES & EQUIPMENT SUPPORT
FISHERS POLICE DEPARTMENT 4 MUNICIPAL DR FISHERS, IN 46038			10,346.	0.			TRAINING SUPPORT
FLORIDA DEPARTMENT OF LAW ENFORCEMENT - 2331 PHILLIP ROAD - TALLAHASSEE, FL 32308	59-3459505		26,601.	0.			K9 SUPPORT, TRAINING 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
FRANKLIN COUNTY SHERIFFS OFFICE - DBA - FRANKLIN COUNTY BOARD OF SUPERVISOR - 1255 FRANKLIN STREET SUITE 112 - ROCKY MOUNT, VA 24151	54-6001286		19,507.	0.			K9 SUPPORT
GALLOWAY POLICE DEPARTMENT 300 E JIMMIE LEEDS RD GALLOWAY, NJ 08205			11,303.	0.			SUPPLIES & EQUIPMENT SUPPORT
GARNER COUNTY SHERIFFS OFFICE 912 7TH AVE GARNER, NC 27529			12,748.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
GILLETTE POLICE DEPARTMENT 201 E 5TH ST GILLETTE, WY 82716			11,303.	0.			INVESTIGATIVE SOFTWARE SUPPORT
GREENVILLE POLICE DEPARTMENT 4 MCGEE ST GREENVILLE, SC 29601			19,662.	0.			SUPPLIES & EQUIPMENT SUPPORT
GROVER BEACH POLICE DEPARTMENT 711 ROCKAWAY AVE GROVER BEACH, CA 93433			17,600.	0.			SUPPLIES & EQUIPMENT SUPPORT
HARDING UNIVERSITY POLICE DEPARTMENT - 915 E. MARKET AVE. - SEARCY, AR 72149-5615			21,042.	0.			SUPPLIES & EQUIPMENT SUPPORT
HARFORD COUNTY MARYLAND - HARFORD COUNTY SHERIFF'S OFFICE - 220 S. MAIN STREET - BEL AIR, MD 21014	52-6000959		6,176.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
HARRISON COUNTY - HARRISON COUNTY SHERIFF'S OFFICE - 200 W HOUSTON ST RM 107 - MARSHALL, TX 75670	75-6000988		5,190.	0.			SUPPLIES & 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.)

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HARTFORD POLICE DEPARTMENT 253 HIGH ST HARTFORD, CT 06103			12,100.	0.			SUPPLIES & EQUIPMENT SUPPORT
HEAL EX 6060 S2180 E HOLLADAY, UT 84121	87-1805716	501(C)(3)	9,576.	0.			SUPPLIES & EQUIPMENT SUPPORT
HERCULES POLICE DEPARTMENT 111 CIVIC DR HERCULES, CA 94547			9,556.	0.			SUPPLIES & EQUIPMENT SUPPORT
HERMISTON POLICE DEPARTMENT 330 S 1ST ST HERMISTON, OR 97838			18,414.	0.			SUPPLIES & EQUIPMENT SUPPORT, TRAINING SUPPORT
HIAWATHA POLICE DEPARTMENT 101 EMMONS ST HIAWATHA, IA 52233			9,303.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
HINSDALE POLICE DEPARTMENT 121 SYMONDS DR HINSDALE, IL 60521			5,846.	0.			SUPPLIES & EQUIPMENT SUPPORT
HOME ON THE RANGE 16351 I94 SENTINEL BUTTE, ND 58654	45-0230083	501(C)(3)	15,000.	0.			SUPPLIES & EQUIPMENT SUPPORT
HUMAN TRAFFICKING TRAINING CENTER P.O. BOX 244 CHADWICK, MO 65629	87-2154805		95,927.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
JACKSON COUNTY SHERIFF'S OFFICE 396 LAFEVER STREET WALDEN, CO 80480			5,380.	0.			TRAINING AND CAPACITY BUILDING 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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JOHNSON COUNTY BOARD OF COMMISSIONERS - JOHNSON COUNTY SHERIFF'S OFFICE - PO BOX 269 - WRIGHTSVILLE, GA 31096	58-6000849		10,011.	0.			SUPPLIES & EQUIPMENT SUPPORT, INVESTIGATIVE SOFTWARE SUPPORT
KAUAI POLICE DEPARTMENT 3990 KAANA ST #200 LIHUE, HI 96766			11,303.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
KENNEBEC COUNTY SHERIFF'S OFFICE 125 STATE ST #110 AUGUSTA, ME 04330			5,666.	0.			SUPPLIES & EQUIPMENT SUPPORT
KENTUCKY STATE POLICE 919 VERSAILLES RD FRANKFORT, KY 40601			6,788.	0.			K9 SUPPORT
KNOX COUNTY EMPLOYEES BENEFIT TRUST - KNOX COUNTY HIGH TECH CRIME UNIT - 111 NORTH 7TH STREET SUITE 5 - VINCENNES, IN 47591	35-6000165		6,429.	0.			K9 SUPPORT, TRAINING SUPPORT
LACEY POLICE DEPARTMENT 420 COLLEGE ST SE LACEY, WA 98503			12,517.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
LARAMIE COUNTY, WYOMING - LARAMIE COUNTY SHERIFF'S OFFICE - 309 W 20TH ST - CHEYENNE, WY 82001	83-6000111		11,303.	0.			SUPPLIES & EQUIPMENT SUPPORT
LE MARS POLICE DEPARTMENT 22 2ND ST NE LE MARS, IA 51031			10,000.	0.			SUPPLIES & EQUIPMENT SUPPORT
LINN COUNTY SHERIFF'S OFFICE 1115 SE JACKSON ST ALBANY, OR 97322			6,495.	0.			INVESTIGATIVE SOFTWARE 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
LIVINGSTON PARISH SHERIFF'S OFFICE PO BOX 850 LIVINGSTON, LA 70754	72-6000688		8,645.	0.			SUPPLIES & EQUIPMENT SUPPORT
LIVONIA POLICE DEPARTMENT 15050 FARMINGTON RD LIVONIA, MI 48154			5,319.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
LOWER MAKEFIELD TOWNSHIP - LOWER MAKEFIELD POLICE DEPARTMENT - 1100 EDGEWOOD ROAD - YARDLEY, PA 19067	23-6000398		14,112.	0.			SUPPLIES & EQUIPMENT SUPPORT
LOWER PROVIDENCE TOWNSHIP POLICE 100 PARKLANE DR EAGLEVILLE, PA 19403			11,303.	0.			INVESTIGATIVE SOFTWARE SUPPORT
LUZERNE COUNTY GOVERNMENT - LUZERNE COUNTY DISTRICT ATTORNEYS OFFICE - 200 NORTH RIVER STREET - WILKES BARRE, PA 18711	24-6000731		12,909.	0.			K9 SUPPORT, TRAINING AND CAPACITY BUILDING SUPPORT
MAHONING COUNTY, OHIO - MAHONING COUNTY SHERIFF'S OFFICE - 120 MARKET STREET - YOUNGSTOWN, OH 44503	34-6001777		9,464.	0.			K9 SUPPORT, SUPPLIES & EQUIPMENT SUPPORT
MARICOPA COUNTY SHERIFFS OFFICE - MARICOPA COUNTY - 301 W JEFFERSON STREET 9TH FLOOR - PHOENIX, AZ 85003	86-6000472		21,734.	0.			K9 SUPPORT
MART POLICE DEPARTMENT 112 N COMMERCE ST MART, TX 76664			6,975.	0.			INVESTIGATIVE SOFTWARE SUPPORT
METRO CRIME UNIT 1003 MAIN STREET MILLS, MA 02054			11,691.	0.			INVESTIGATIVE SOFTWARE 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
MIAMI TOWNSHIP CLERMONT COUNTY - MIAMI TOWNSHIP POLICE DEPARTMENT, OH - 6101 MEIJER DR - MILFORD, OH 45150	31-6000588		9,000.	0.			SUPPLIES & EQUIPMENT SUPPORT
MISSION CLINICAL SERVICES - COOPER-ANTHONY MERCY CHILD ADVOCACY CENTER - 216 MCAULEY COURT - HOT SPRINGS NATIONAL PARK,	13-4239691	509(A)(1)	8,641.	0.			SUPPLIES & EQUIPMENT SUPPORT
MOBILE COUNTY SHERIFFS OFFICE 510 SOUTH ROYAL STREET MOBILE, AL 36603	63-6001644		8,785.	0.			K9 SUPPORT, INVESTIGATIVE SOFTWARE SUPPORT
MORGANS POINT POLICE DEPARTMENT 6 LAKE FOREST DR MORGANS POINT RESORT, TX 76513			6,975.	0.			SUPPLIES & EQUIPMENT SUPPORT
MURRAY COUNTY SHERIFF'S OFFICE 810 1/2 GI MADDOX PKWY CHATSWORTH, GA 30705			8,881.	0.			K9 SUPPORT, SUPPLIES & EQUIPMENT SUPPORT
NAPA COUNTY - NAPA COUNTY SHERIFFS OFFICE - 1195 THIRD STREET SUITE 108 - NAPA, CA 94558	94-6000525		15,250.	0.			SUPPLIES & EQUIPMENT SUPPORT
NEW CASTLE POLICE DEPARTMENT 197 N 6TH STREET NEW CASTLE, IN 47362			38,864.	0.			SUPPLIES & EQUIPMENT SUPPORT
NEW HANOVER POLICE DEPARTMENT 3950 JUVENILE CENTER RD CASTLE HAYNE, NC 28429			10,594.	0.			SUPPLIES & EQUIPMENT SUPPORT
NORTH DAKOTA ATTORNEY GENERAL - NORTH DAKOTA BUREAU OF CRIMINAL INVESTIGATION - 600 EAST BOULEVARD AVE - BISMARCK, ND 58505	45-0310764		29,325.	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.)

(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
NORTH PARK POLICE DEPARTMENT 575 E 2500 N NORTH LOGAN, UT 84341			7,342.	0.			SUPPLIES & EQUIPMENT SUPPORT
OFFICE OF THE TREASURER - MAINE STATE POLICE - PO BOX 1062 - AUGUSTA, ME 04332	01-6000001		18,124.	0.			K9 SUPPORT
OTTAWA COUNTY - OTTAWA COUNTY MAJOR CRIMES UNIT, OHIO - 315 MADISON ST SUITE 205 - PORT CLINTON, OH 43452	34-6401025		18,362.	0.			K9 SUPPORT
PARISH OF POINTE COUPEE SHERIFF - POINTE COUPEE PARISH SHERIFFS OFFICE - P.O.BOX 248 - NEW ROADS, LA 70760	72-6001104		14,508.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
PETROLEUM POLICE DEPARTMENT 302 E MAIN ST WINNETT, MT 59087			6,975.	0.			SUPPLIES & EQUIPMENT SUPPORT
PETTIS COUNTY SHERIFF'S OFFICE 319 S LAMINE AVE SEDALIA, MO 65301			14,734.	0.			SUPPLIES & EQUIPMENT SUPPORT
PYRAMID LAKE POLICE DEPARTMENT 603 SUNSET BLVD NIXON, NV 89424			10,184.	0.			SUPPLIES & EQUIPMENT SUPPORT
RAHAB MINISTRIES 3480 W MARKET ST #303 FAIRLAWN, OH 44333	20-3285531	501(C)(3)	6,447.	0.			SUPPLIES & EQUIPMENT SUPPORT
REEDLEY POLICE DEPARTMENT 843 G ST REEDLEY, CA 93654			8,490.	0.			INVESTIGATIVE SOFTWARE 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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RHODE ISLAND DEPARTMENT OF CORRECTIONS - 40 HOWARD AVE - CRANSTON, RI 02920			11,589.	0.			INVESTIGATIVE SOFTWARE SUPPORT
ROHNERT POLICE DEPARTMENT 500 CITY CENTER DR ROHNERT PARK, CA 94928			13,140.	0.			INVESTIGATIVE SOFTWARE SUPPORT
RUTHERFORD COUNTY SHERIFF'S OFFICE 940 NEW SALEM HWY MURFREESBORO, TN 37129			12,100.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
SAFFORD POLICE DEPARTMENT 523 S 10TH AVE SAFFORD, AZ 85546			11,000.	0.			SUPPLIES & EQUIPMENT SUPPORT
SALINA POLICE DEPARTMENT - SALINA CITY - 90 WEST MAIN PO BOX 69 - SALINA, UT 84654	87-6000278		6,300.	0.			SUPPLIES & EQUIPMENT SUPPORT
SAND POINT POLICE DEPARTMENT 1123 LAKE ST SANDPOINT, ID 83864			11,303.	0.			INVESTIGATIVE SOFTWARE SUPPORT
SANDY TOWNSHIP - DUBOIS CITY POLICE DEPARTMENT - 1094 CHESTNUT AVE. PO BOX 267 - DU BOIS, PA 15801	25-6002921		13,000.	0.			INVESTIGATIVE SOFTWARE SUPPORT
SARPY COUNTY SHERIFF'S OFFICE 8335 PLATTEVIEW RD PAPILLION, NE 68046			11,303.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
SCOTLAND COUNTY SHERIFF'S OFFICE 212 BIGGS ST LAURINBURG, NC 28352			8,995.	0.			SUPPLIES & 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.)

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SEATTLE POLICE DEPARTMENT 610 5TH AVE SEATTLE, WA 98104			38,430.	0.			K9 SUPPORT, TRAINING AND CAPACITY BUILDING SUPPORT
SHARON POLICE DEPARTMENT 155 W CONNELLY BLVD SHARON, PA 16146			9,606.	0.			SUPPLIES & EQUIPMENT SUPPORT
SILVER CITY POLICE DEPARTMENT 1011 N HUDSON ST SILVER CITY, NM 88061			11,000.	0.			INVESTIGATIVE SOFTWARE SUPPORT
SOUTH WINDSOR POLICE DEPARTMEN 151 SAND HILL RD SOUTH WINDSOR, CT 06074			6,495.	0.			TRAINING SUPPORT
SOUTHERN CALIFORNIA GANG CONFERENCE - 1011 N HUDSON ST - SILVER CITY, NM 88061			11,002.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
SPARK POLICE DEPARTMENT - CITY OF SPARKS - 431 PRATER WAY - SPARKS, NV 89431	88-6000202		21,669.	0.			K9 SUPPORT
SPRINGBORO POLICE DEPARTMENT 320 W CENTRAL AVE SPRINGBORO, OH 45066			23,749.	0.			SUPPLIES & EQUIPMENT SUPPORT
ST JOHNS COUNTY SHERIFF'S OFFICE 4015 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32084			7,270.	0.			INVESTIGATIVE SOFTWARE SUPPORT
STATE OF IOWA - IOWA DEPARTMENT OF PUBLIC SAFETY - 215 E 7TH ST - DES MOINES, IA 50319	42-6004563		10,512.	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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STIRLING POLICE DEPARTMENT 421 N 4TH ST. STERLING, CO 80751			26,150.	0.			INVESTIGATIVE SOFTWARE SUPPORT
STONE COUNTY SHERIFF DEPARTMENT 1420 INDUSTRIAL PARK ROAD WIGGINS, MS 39577	64-6001084		5,500.	0.			INVESTIGATIVE SOFTWARE SUPPORT
STRATFORD POLICE DEPARTMENT 900 LONGBROOK AVE STRATFORD, CT 06614			14,897.	0.			SUPPLIES & EQUIPMENT SUPPORT
SWANSEA POLICE DEPARTMENT 111 KRAFT ST SWANSEA, IL 62226			8,000.	0.			INVESTIGATIVE SOFTWARE SUPPORT
SWEETWATER COUNTY - SWEETWATER COUNTY SHERIFF'S OFFICE - 80 W FLAMING GORGE WAY - GREEN RIVER, WY 82935	83-6000126		7,000.	0.			SUPPLIES & EQUIPMENT SUPPORT
TEREBINTH REFUGE 110 2ND ST S. STE. 231 WAITE PARK, MN 56387	81-3807059	501(C)(3)	10,000.	0.			SUPPLIES & EQUIPMENT SUPPORT
TERREBONNE PARISH SHERIFFS OFFICE 7856 MAIN STREET P.O. BOX 1670 HOUMA, LA 70360	72-6001393		15,000.	0.			SUPPLIES & EQUIPMENT SUPPORT
TEXAS A&M UNIVERSITY - TEXAS A&M UNIVERSITY POLICE DEPARTMENT - TAMU 6000 - COLLEGE STATION, TX 77843	74-6000531		5,910.	0.			SUPPLIES & EQUIPMENT SUPPORT
TOOELE CITY CORPORATION - TOOELE POLICE DEPARTMENT - 90 N MAIN STREET - TOOELE, UT 84074	87-6000287		9,995.	0.			TRAINING AND CAPACITY BUILDING 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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TOWN OF BRATTLEBORO - BRATTLEBORO POLICE DEPARTMENT - 62 BLACK MOUNTAIN RD 101 - BRATTLEBORO, VT 05301	03-6000393		9,034.	0.			SUPPLIES & EQUIPMENT SUPPORT
TOWN OF BURLINGTON - BURLINGTON POLICE DEPARTMENT - 29 CENTER STREET - BURLINGTON, MA 01803	04-6001104		9,034.	0.			TRAINING SUPPORT
TOWN OF CAROLINA BEACH - CAROLINA BEACH POLICE DEPARTMENT - 1121 N LAKE PARK BLVD - CAROLINA BEACH, NC 28428	56-6001193		14,897.	0.			SUPPLIES & EQUIPMENT SUPPORT
TOWN OF FAIRFIELD - FAIRFIELD POLICE DEPARTMENT - 725 OLD POST ROAD - FAIRFIELD, CT 06824	06-6001998		10,638.	0.			INVESTIGATIVE SOFTWARE SUPPORT
TOWN OF MADISON - CITY OF MADISON POLICE DEPARTMENT - 100 HUGHES RD - MADISON, AL 35758	63-6005367		34,880.	0.			K9 SUPPORT
TOWN OF PITTSFIELD - PITTSFIELD POLICE DEPARTMENT - 85 MAIN STREET - PITTSFIELD, NH 03263	02-6000702		5,580.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
TOWN OF SMITHFIELD - SMITHFIELD POLICE DEPARTMENT - 310 INSTITUTE STREET - SMITHFIELD, VA 23430	54-6001606		17,769.	0.			SUPPLIES & EQUIPMENT SUPPORT
TOWN OF WATERTOWN - WATERTOWN POLICE DEPARTMENT - 61 ECHO LAKE ROAD - WATERTOWN, CT 06795	06-6002122		9,740.	0.			SUPPLIES & EQUIPMENT SUPPORT
UNBOUND NOW 4300 W. WACO DR SUITE 2 BLDG B-244 WACO, TX 76710	84-4960264	501(C)(3)	8,500.	0.			SUPPLIES & 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.)

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UNIFIED POLICE DEPARTMENT OF GREATER SALT LAKE - 3365 S 900 W ROOM 121 - SALT LAKE CITY, UT 84119	27-1229763		42,327.	0.			SUPPLIES & EQUIPMENT SUPPORT
VERMONT STATE POLICE 103 S MAIN ST WATERBURY, VT 05671			5,470.	0.			K9 SUPPORT
VERMONT OFFICE OF ATTORNEY GENERAL - VERMONT INTERNET CRIMES AGAINST CHILDREN TA - 70 KIMBALL AVE - SOUTH BURLINGTON, VT 05403	03-6000264		15,380.	0.			K9 SUPPORT
VILLAGE OF GRAFTON - GRAFTON COUNTY SHERIFF'S OFFICE - 860 BADGER CIRCLE - GRAFTON, WI 53024	39-6006274		9,995.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
VILLAGE OF ORLAND PARK - DBA - ORLAND PARK POLICE DEPARTMENT. - 14700 RAVINIA AVE - ORLAND PARK, IL 60462	36-6008035		10,638.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
WAGONER POLICE DEPARTMENT 105 S CASAVER AVE WAGONER, OK 74467			9,574.	0.			INVESTIGATIVE SOFTWARE SUPPORT
WASHINGTON COUNTY SHERIFF'S OFFICE MN - 15015 62ND ST N - STILLWATER, MN 55082			11,303.	0.			TRAINING AND CAPACITY BUILDING SUPPORT
WHEELING POLICE DEPARTMENT 1500 CHAPLINE ST WHEELING, WV 26003			13,005.	0.			INVESTIGATIVE SOFTWARE SUPPORT
WHITE COUNTY GOVERNMENT - WHITE COUNTY SHERIFFS OFFICE - 110 N MAIN STREET - MONTICELLO, IN 47960	35-6000214		9,995.	0.			SUPPLIES & 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
WICHITA COUNTY SHERIFF'S OFFICE 900 7TH ST WICHITA FALLS, TX 76301			5,990.	0.			SUPPLIES & EQUIPMENT SUPPORT
WOODRIDGE POLICE DEPARTMENT 1 PLAZA DR WOODRIDGE, IL 60517			13,968.	0.			SUPPLIES & EQUIPMENT SUPPORT
ZANESVILLE POLICE DEPARTMENT 332 S ST ZANESVILLE, OH 43701			11,631.	0.			INVESTIGATIVE SOFTWARE SUPPORT
BENTON COUNTY SHERIFF'S OFFICE 180 NW 5TH STREET CORVALLIS, OR 97330	93-6002285		8,595.	0.			INVESTIGATIVE SOFTWARE SUPPORT
DEKALB COUNTY COMMISSION - DEKALB COUNTY SHERIFF'S OFFICE - 111 GRAND AV S W - SUITE 200 - FORT PAYNE, AL 35967	63-6001514		10,638.	0.			SUPPLIES & 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	11	171,644.	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)

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

OUR RESCUE

Employer identification number

46-3614979

Part I Questions Regarding Compensation

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

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)

**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) TAMMY LEE CEO	(i)	402,103.	0.	0.	22,500.	66,243.	490,846.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SIMON BREWER FORMER CHIEF FINANCIAL OFFICER	(i)	281,820.	0.	85,171.	6,930.	24,086.	398,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MATTHEW OSBORNE VICE PRESIDENT, ADVANCEMENT & EDUCAT	(i)	199,500.	0.	0.	30,500.	24,829.	254,829.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CARLOS BAUER SENIOR VICE PRESIDENT, FINANCE	(i)	214,444.	0.	0.	0.	25,299.	239,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KRISTI BRANGLE SENIOR VICE PRESIDENT, PEOPLE/HQ CHI	(i)	197,265.	0.	0.	21,918.	9,621.	228,804.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TERESA HARLAND SENIOR VICE PRESIDENT, ADVANCEMENT	(i)	200,530.	0.	0.	20,720.	6,829.	228,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JEFF CARTER VICE PRESIDENT, CUSTOMER RELATIONSHI	(i)	210,661.	0.	0.	13,446.	970.	225,077.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MITCH ABRAHAMSEN CHIEF MISSION SUPPORT OFFICER	(i)	108,645.	0.	89,290.	4,575.	6,212.	208,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARK BLAKE FORMER GENERAL COUNSEL/BOARD MEMBER	(i)	0.	0.	192,600.	0.	0.	192,600.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

OUR RESCUE

Employer identification number

46-3614979

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total \$

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEAN VASSILAROS	CHAIRMAN OF THE BOA	3,000.	CHARACTER C		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Provide additional information for responses to questions on Schedule L. See instructions.

(D) DESCRIPTION OF TRANSACTION: CHARACTER CHECKS FOR HIRING PROCESS

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization

OUR RESCUE

Employer identification number

46-3614979

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	5,147	770,848.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( VARIOUS ITEMS )	X	1	58,068.	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 on 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? .....

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? .....

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

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

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

Schedule M (Form 990) 2024

## 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.

SCHEDULE O  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

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 8B:  
NOT ALL COMMITTEE MEETINGS WERE CONTEMPORANEOUSLY DOCUMENTED.

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 12:  
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.

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	5,884,359.
MANAGEMENT AND GENERAL EXPENSES	701,592.
FUNDRAISING EXPENSES	450,370.
TOTAL EXPENSES	7,036,321.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,036,321.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON IMPAIRMENT OF INTANGIBLE ASSETS	-112,705.
NON-FUNCTIONAL EXPENSE LEGAL FEES	-4,855,519.
TOTAL TO FORM 990, PART XI, LINE 9	-4,968,224.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

OUR RESCUE

Employer identification number  
46-3614979

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
THE UNDERGROUND XFIT, LLC 5121 MURRAY BLVD MURRAY, UT 84123	FITNESS CENTER	UTAH	127,645.	58,218.	OUR RESCUE
O.U.R. AFTERCARE GROUP, LLC 5121 MURRAY BLVD MURRAY, UT 84123	AFTERCARE	UTAH	0.	0.	OUR RESCUE
O.U.R. THERAPEUTIC SERVICES, LLC 5121 MURRAY BLVD MURRAY, UT 84123	AFTERCARE SUPPORT	UTAH	0.	0.	OUR RESCUE
O.U.R. STORE, LLC 5121 MURRAY BLVD MURRAY, UT 84123	MERCHANDISE	UTAH	0.	0.	OUR RESCUE

**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) (Rev. 1-2025)

**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.	OUR RESCUE
O.U.R. COSTA RICA, LLC 5121 MURRAY BLVD MURRAY, UT 84123	HOLDING OF COSTA RICA CORPORATION	UTAH	0.	0.	OUR RESCUE
ABUSE RELIEF CORPS (ARC) 5121 MURRAY BLVD MURRAY, UT 84123	GHANA OPERATIONS	UTAH	0.	81,855.	OUR RESCUE
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.	OUR RESCUE
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.	OUR RESCUE
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.	OUR RESCUE
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.	OUR RESCUE
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.	OUR RESCUE
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.	OUR RESCUE
O.U.R. ECUADOR, LLC 5121 MURRAY BLVD MURRAY, UT 84123	ECUADOR HOLDING COMPANY	UTAH	0.	0.	OUR RESCUE
O.U.R. FLORIDA, LLC 5121 MURRAY BLVD MURRAY, UT 84123	FLORIDA HOLDING COMPANY	UTAH	0.	0.	OUR RESCUE
O.U.R. GREECE, LLC 5121 MURRAY BLVD MURRAY, UT 84123	GREECE HOLDING COMPANY	UTAH	0.	0.	OUR RESCUE
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.	OUR RESCUE



**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.	OUR RESCUE
O.U.R. INTERNATIONAL, LLC 5121 MURRAY BLVD MURRAY, UT 84123	HOLDING COMPANY	UTAH	0.	0.	OUR RESCUE
O.U.R. ITALY, LLC 5121 MURRAY BLVD MURRAY, UT 84123	ITALY HOLDING COMPANY	UTAH	0.	0.	OUR RESCUE
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.	OUR RESCUE
O.U.R. MALAYSIA, LLC 5121 MURRAY BLVD MURRAY, UT 84123	MALAYSIA HOLDING COMPANY	UTAH	0.	0.	OUR RESCUE
OPERATION UNDERGROUND RAILROAD MALAYSIA SDN. BHD., 5121 MURRAY BLVD, MURRAY, UT 84123	MALAYSIAN OPERATING COMPANY	UTAH	0.	0.	OUR RESCUE
O.U.R. MEXICO, LLC 5121 MURRAY BLVD MURRAY, UT 84123	MEXICO OPERATIONS	UTAH	0.	0.	OUR RESCUE
O.U.R. MURRAY, LLC 5121 MURRAY BLVD MURRAY, UT 84123	UTAH HOLDING COMPANY	UTAH	0.	0.	OUR RESCUE

**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.	OUR RESCUE
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.	OUR RESCUE
O.U.R. THAILAND CHARITABLE CORPORATION 5121 MURRAY BLVD MURRAY, UT 84123	THAILAND NONPROFIT	UTAH	0.	0.	OUR RESCUE
O.U.R. THAILAND, LLC 5121 MURRAY BLVD MURRAY, UT 84123	THAILAND HOLDING COMPANY	UTAH	0.	817,885.	OUR RESCUE
O.U.R. UGANDA, LLC 5121 MURRAY BLVD MURRAY, UT 84123	UGANDA HOLDING COMPANY	UTAH	0.	0.	OUR RESCUE
OPERATION UNDERGROUND RAILROAD UK 5121 MURRAY BLVD MURRAY, UT 84123	UK NONPROFIT	UTAH	0.	0.	OUR RESCUE



**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	
<b>2</b> 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)			

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.



FEIN: 46-3614979

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FEIN: 46-3614979

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\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

IRS E-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

Form 8879-TE

For calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_\_\_

2024

Department of the Treasury  
Internal Revenue Service

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

OUR RESCUE

EIN or SSN

46-3614979

Name and title of officer or person subject to tax

CARLOS BAUER

SENIOR VICE PRESIDENT OF FINANCE

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b 0.
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize TANNER LLC to enter my PIN 70461  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

87123776382

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature MARC A. METCALF

Date 05/15/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2024)

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

OMB No. 1545-0047

**2024**Department of the Treasury  
Internal Revenue Service

For calendar year 2024 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](https://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

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

<b>A</b> <input checked="" type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>OUR RESCUE</b>	<b>D</b> Employer identification number <b>46-3614979</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 57338</b>	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>SALT LAKE CITY, UT 84157</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year ..... <b>58,218.</b>	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>1</b>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
<b>L</b> The books are in care of <b>CARLOS BAUER</b>		Telephone number <b>818-850-6146</b>	

**Part I Total Unrelated Business Taxable Income**

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

**Part II Tax Computation**

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

**Part III Tax and Payments**

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

**Part III Tax and Payments** (continued)

<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	0.
<b>6a</b>	Payments: Preceding year's overpayment credited to the current year	<b>6a</b>	
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b>	Elective payment election amount from Form 3800	<b>6g</b>	
<b>h</b>	Payment from Form 2439	<b>6h</b>	
<b>i</b>	Credit from Form 4136	<b>6i</b>	
<b>j</b>	Other (see instructions)	<b>6j</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j	<b>7</b>	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b> <b>Refunded</b>	<b>11</b>	

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

<b>1</b>	At any time during the 2024 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 <b>SEE STATEMENT 1</b>	<b>Yes</b>	<b>No</b>
<b>2</b>	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.		<b>X</b>
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4</b>	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.		
<b>5</b>	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	\$ 320,686.	
		\$	
		\$	
		\$	
<b>6a</b>	Reserved for future use		
<b>b</b>	Reserved for future use		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	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	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	MARC A. METCALF	MARC A. METCALF	05/15/25	PTIN
	Firm's name	Firm's EIN		
	Firm's address	Phone no.		
	TANNER LLC	20-2253063	801-532-7444	
	36 S STATE STREET, SUITE 600			
	SALT LAKE CITY, UT 84111			

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 (2024)

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](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2024**

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

<b>A</b> Name of the organization <div style="text-align: center; font-weight: bold;">OUR RESCUE</div>	<b>B</b> Employer identification number <div style="text-align: center; font-weight: bold;">46-3614979</div>
<b>C</b> Unrelated business activity code (see instructions) <div style="text-align: center; font-weight: bold;">713940</div>	<b>D</b> Sequence:      1      of      1

**E** Describe the unrelated trade or business      **FITNESS CENTER**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <div style="text-align: right;">118,080.</div>			
<b>b</b> Less returns and allowances <b>c</b> Balance	<b>1c</b> 118,080.		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b> 3,143.		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> 114,937.		114,937.
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b> -144,164.		-144,164.
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <b>STMT 2</b>	<b>12</b> 9,565.		9,565.
<b>13</b> <b>Total.</b> Combine lines 3 through 12	<b>13</b> -19,662.		-19,662.

**Part II** **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	84,215.
<b>3</b> Repairs and maintenance	<b>3</b>	42,261.
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	7,051.
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	18,855.
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b> 18,855.
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	18,159.
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 3</b>	<b>14</b>	133,290.
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14	<b>15</b>	303,831.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	-323,493.
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>	0.
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	-323,493.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

**Part III Cost of Goods Sold**

Enter method of inventory valuation

**COST**

1	Inventory at beginning of year .....	1	1,202.
2	Purchases .....	2	3,143.
3	Cost of labor .....	3	0.
4	Additional section 263A costs (attach statement) .....	4	0.
5	Other costs (attach statement) .....	5	0.
6	<b>Total.</b> Add lines 1 through 5 .....	6	4,345.
7	Inventory at end of year .....	7	1,202.
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	3,143.
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 ☐ \_\_\_\_\_

B ☐ \_\_\_\_\_

C ☐ \_\_\_\_\_

D ☐ \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

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

A ☐ \_\_\_\_\_

B ☐ \_\_\_\_\_

C ☐ \_\_\_\_\_

D ☐ \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (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 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> 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).
<b>Totals</b>			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).
<b>Totals</b>		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	

Schedule A (Form 990-T) 2024



A ☐ \_\_\_\_\_

B ☐ \_\_\_\_\_

C ☐ \_\_\_\_\_

D ☐ \_\_\_\_\_

A	B	C	D

3 Direct advertising costs by periodical .....					
a Add columns A through D. Enter here and on Part I, line 11, column (B)		0.			

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on Part II, line 1 0.

[illegible]

FORM 990-T (A)		OTHER INCOME	STATEMENT 2
DESCRIPTION			AMOUNT
OTHER INCOME			9,565.
TOTAL TO SCHEDULE A, PART I, LINE 12			9,565.

FORM 990-T (A)		OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION			AMOUNT
GENERAL & ADMINISTRATIVE			5,267.
RENT EXPENSE			81,273.
UTILITIES			7,402.
LEGAL & PROFESSIONAL			2,703.
INSURANCE			8,326.
MEALS			42.
CONTRACT SERVICES			22,362.
SOFTWARE AND IS EXPENSE			3,150.
ADVERTISING			632.
SUPPLIES & EQUIPMENT			2,133.
TOTAL TO SCHEDULE A, PART II, LINE 14			133,290.

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.
12/31/23	54,493.	0.	54,493.	54,493.
NOL CARRYOVER AVAILABLE THIS YEAR			320,686.	320,686.

Form **4797**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2024**

Attachment  
Sequence No. **27**

Identifying number

**46-3614979**

**OUR RESCUE**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a**

**1b**

**1c**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	O.U.R. CROSSFIT ASSET DISPOSITIONS	VARIOUS	08/29/24	25,000.	193,786.	362,950.	-144,164.

- 3** Gain, if any, from Form 4684, line 39 .....
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....
- 6** Gain, if any, from line 32, from other than casualty or theft .....
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....

**3**

**4**

**5**

**6**

**7**

**-144,164.**

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions .....
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....

**8**

**9**

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


- 11** Loss, if any, from line 7 .....
- 12** Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13** Gain, if any, from line 31 .....
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17** Combine lines 10 through 16 .....
- 18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

**11**

**12**

**13**

**14**

**15**

**16**

**17**

**( 144,164. )**

**-144,164.**

**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....

**18a**

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....

**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2024)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20 Gross sales price ( <b>Note:</b> See line 1a before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
<b>25 If section 1245 property:</b>			
a Depreciation allowed or allowable from line 22	25a		
b Enter the <b>smaller</b> of line 24 or 25a	25b		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the <b>smaller</b> of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the <b>smaller</b> of line 24 or 27b	27c		
<b>28 If section 1254 property:</b>			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the <b>smaller</b> of line 24 or 28a	28b		
<b>29 If section 1255 property:</b>			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**Depreciation and Amortization**  
**(Including Information on Listed Property)** A PG1 1

OMB No. 1545-0172

**2024**  
Attachment  
Sequence No. **179**

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

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	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

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 2024	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		

**Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

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

**Part IV** Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
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	18,855.
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**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

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

**26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

**27** Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

**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.

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

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

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

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

**42** Amortization of costs that begins during your 2024 tax year:

	:	:			
	:	:			

**43** Amortization of costs that began before your 2024 tax year ..... **43**

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

Sales of Business Property  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

2024

Attachment  
Sequence No. 27

Name(s) shown on return

Identifying number

## OUR RESCUE

46-3614979

- 1a Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

1a

1b

1c

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
O.U.R. CROSSFIT ASSET DISPOSITIONS		VARIOUS	08/29/24	25,000.	193,786.	362,950.	-144,164.

- 3 Gain, if any, from Form 4684, line 39 .....
- 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....
- 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....
- 6 Gain, if any, from line 32, from other than casualty or theft .....
- 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....

3

4

5

6

7

-144,164.

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8 Nonrecaptured net section 1231 losses from prior years. See instructions .....
- 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....

8

9

**Part II Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


- 11 Loss, if any, from line 7 .....
- 12 Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13 Gain, if any, from line 31 .....
- 14 Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17 Combine lines 10 through 16 .....
- 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

11

12

13

14

15

16

17

( 144,164.)

-144,164.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2024)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20 Gross sales price ( <b>Note:</b> See line 1a before completing.)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis. Subtract line 22 from line 21	23		
24 Total gain. Subtract line 23 from line 20	24		
<b>25 If section 1245 property:</b>			
a Depreciation allowed or allowable from line 22	25a		
b Enter the <b>smaller</b> of line 24 or 25a	25b		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	26a		
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the <b>smaller</b> of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage	27b		
c Enter the <b>smaller</b> of line 24 or 27b	27c		
<b>28 If section 1254 property:</b>			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a		
b Enter the <b>smaller</b> of line 24 or 28a	28b		
<b>29 If section 1255 property:</b>			
a Applicable percentage of payments excluded from income under section 126. See instructions	29a		
b Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	