

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047  
**2024**  
Open to Public Inspection

**A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024**

<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		<b>C</b> Name of organization OUR RESCUE		<b>D</b> Employer identification number 46-3614979	
		Doing business as			
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 57338		<b>E</b> Telephone number (818) 850-6146	
		City or town, state or province, country, and ZIP or foreign postal code SALT LAKE CITY, UT 84157		<b>G</b> Gross receipts \$ 39,156,644	
<b>F</b> Name and address of principal officer: CARLOS BAUER PO BOX 57338 SALT LAKE CITY, UT 84157			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<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>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.		
<b>J</b> Website: WWW.OURRESCUE.ORG			<b>H(c)</b> Group exemption number		
<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: 2013		<b>M</b> State of legal domicile: UT

## Part I Summary

<b>1</b> Briefly describe the organization's mission or most significant activities: WE ARE LEADERS IN THE FIGHT AGAINST HUMAN TRAFFICKING AND CHILD SEXUAL EXPLOITATION WORLDWIDE.	
<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>3</b> 10
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 7
<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b> 127
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 50,500
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 89,238
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b> 0
<b>Revenue</b>	
<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 43,896,399 Current Year: 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
<b>Expenses</b>	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,551,640 5,400,287
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0 0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,084,965 12,284,923
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0 0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 6,177,279	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,367,423 21,289,540
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	53,004,028 38,974,750
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-2,586,115 -6,610,616
<b>Net Assets or Fund Balances</b>	
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 68,974,653 End of Year: 59,012,856
<b>21</b> Total liabilities (Part X, line 26)	12,596,543 9,521,903
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	56,378,110 49,490,953

## 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>	*****		2025-05-15		
	Signature of officer CARLOS BAUER SENIOR VICE PRESIDENT OF FINANCE		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date 2025-05-15	Check <input type="checkbox"/> if self-employed	PTIN P00170461
	Firm's name TANNER LLC		Firm's EIN 20-2253063		
	Firm's address 36 S STATE STREET SUITE 600 SALT LAKE CITY, UT 84111		Phone no. (801) 532-7444		

May the IRS discuss this return with the preparer shown above? See Instructions.  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

OUR RESCUE WORKS COLLABORATIVELY WITH LAW ENFORCEMENT AGENCIES WORLDWIDE TO IDENTIFY, ARREST, AND PROSECUTE TRAFFICKERS. WE PROVIDE COMPASSIONATE CARE FOR OUR SURVIVORS, BEGINNING WITH CRISIS RELIEF AND ENDING MONTHS OR YEARS LATER WITH CASE CLOSURE AND EMPOWERMENT AS SURVIVORS TAKE STEPS INTO THEIR NEW LIVES. FINALLY, OUR SEEKS TO EDUCATE AND ADVOCATE FOR THE PUBLIC TO JOIN US IN THE FIGHT AGAINST HUMAN TRAFFICKING AND CHILD SEXUAL EXPLOITATION WORLDWIDE.

**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 )

Description: See Additional Data

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

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

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

**4e** Total program service expenses 27,179,021

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 [checked]

Table with 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 5 main columns: Question/Section, Sub-section, Yes/No, and other columns. Rows include 2a (127 employees), 2b-7h (Organizations that may receive deductible contributions), 8-11 (Sponsoring organizations), 12a-13c (Section 501(c)(7) and (29) organizations), and 14a-17 (Other IRS Filings and Tax Compliance).

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a (governing body members), 1b (independent members), 2-6 (relationships and changes), 7a-7b (governance decisions), 8a-8b (meeting documentation), and 9 (officer reachability).

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a-10b (local chapters), 11a-11b (Form 990 distribution), 12a-12c (conflict of interest policy), 13-14 (whistleblower and document retention policies), 15a-15b (compensation review), and 16a-16b (joint venture participation).

Section C. Disclosure

Table with 2 columns: Question ID, Question Text. Rows include 17 (states for Form 990), 18 (public inspection of Form 1023), 19 (governing documents availability), and 20 (books and records).

**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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KELLY CROUCH BOARD OF DIRECTORS	2.00	X					0	0	0	
(2) JEFF FRAZIER BOARD OF DIRECTORS	2.00	X					0	0	0	
(3) MATTHEW MILLHOLIN BOARD OF DIRECTORS	2.00	X					0	0	0	
(4) SEAN VASSILAROS CHAIRMAN OF THE BOARD	2.00	X					0	0	0	
(5) DEREK BENNER BOARD OF DIRECTORS	2.00	X					0	0	0	
(6) JAMES SWEENEY BOARD OF DIRECTORS	2.00	X					0	0	0	
(7) LINDY BORCHARDT BOARD OF DIRECTORS	2.00	X					0	0	0	
(8) ABIGAIL CASAS MUNOZ BOARD OF DIRECTORS	2.00	X					0	0	0	
(9) TAMMY LEE CEO	40.00			X			402,103	0	88,743	
(10) MITCH ABRAHAMSEN CHIEF MISSION SUPPORT OFFICER	40.00			X			197,935	0	10,787	
(11) MATTHEW OSBORNE VICE PRESIDENT, ADVANCEMENT & EDUCATION	40.00				X		199,500	0	55,329	
(12) JEFF CARTER VICE PRESIDENT, CUSTOMER RELATIONSHIP MANAGEMENT	40.00				X		210,661	0	14,416	
(13) TERESA HARLAND SENIOR VICE PRESIDENT, ADVANCEMENT	40.00				X		200,530	0	27,549	
(14) KRISTI BRANGLE SENIOR VICE PRESIDENT, PEOPLE/HQ CHIEF OF STAFF	40.00				X		197,265	0	31,539	
(15) CARLOS BAUER SENIOR VICE PRESIDENT, FINANCE	40.00				X		214,444	0	25,299	
(16) MARK BLAKE FORMER GENERAL COUNSEL/BOARD MEMBER	20.00					X	192,600	0	0	
(17) SIMON BREWER FORMER CHIEF FINANCIAL OFFICER	40.00					X	366,991	0	31,016	



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</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 Total.</b> Add lines 1a-1f . . . . .		30,498,823				
<b>Program Service Revenue</b>	<b>2a</b> MERCHANDISE SALES	Business Code 458000	946,765	946,765			
	<b>b</b> GYM MEMBERSHIPS	713940	89,238		89,238		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
	<b>g 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			913,247	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6a</b>	25,000				
		<b>b</b> Less: rental expenses	<b>6b</b>	0			
		<b>c</b> Rental income or (loss)	<b>6c</b>	25,000			
	<b>d</b> Net rental income or (loss) . . . . .		25,000	25,000			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7a</b>	3,613,181	2,739,000			
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	3,518,220	3,274,290		
		<b>c</b> Gain or (loss)	<b>7c</b>	94,961	-535,290		
	<b>d</b> Net gain or (loss) . . . . .		-440,329			-440,329	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	<b>11a</b> OTHER REVENUE	Business Code 900001	331,390	331,390			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue . . . . .						
	<b>e Total.</b> Add lines 11a-11d . . . . .		331,390				
	<b>12 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

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 (non-employees):				
<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 Schedule 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 in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> OTHER EXPENSE	2,106,518	1,198,423	542,135	365,960
<b>b</b> MERCHANT SERVICE FEES	1,258,393	76,717		1,181,676
<b>c</b> COST OF MERCHANDISE SOL	948,877	933,877		15,000
<b>d</b> MEALS AND ENTERTAINMENT	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</b> Total functional expenses. Add lines 1 through 24e	38,974,750	27,179,021	5,618,450	6,177,279
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(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	15,591,788		
	<b>b</b> Less: accumulated depreciation	2,490,340		
	<b>11</b> Investments—publicly traded securities . . . . .	22,335,309	<b>11</b>	20,867,214
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	18,263,566	<b>12</b>	18,651,825
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	906,948	<b>14</b>	249,456
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	959,872	<b>15</b>	726,000
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	68,974,653	<b>16</b>	59,012,856	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,169,762	<b>17</b>	2,082,383
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</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>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	9,300,000	<b>23</b>	6,637,696
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<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>25</b>	801,824
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	12,596,543	<b>26</b>	9,521,903
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<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 <input type="checkbox"/> 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	

**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 in 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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>		No
<b>3a</b>		No
<b>3b</b>		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 46-3614979

**Name:** OUR RESCUE

Form 990 (2024)

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**Form 990, Part III, Line 4a:**

RESCUING CHILDREN FROM SEX TRAFFICKING AND SEXUAL EXPLOITATION.

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**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](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 Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **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).

(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 failed 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 grant.") . . .	46,233,793	40,010,350	27,637,158	43,896,400	29,625,530	187,403,231
<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	46,233,793	40,010,350	27,637,158	43,896,400	29,625,530	187,403,231
<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.						187,403,231

**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. . .	46,233,793	40,010,350	27,637,158	43,896,400	29,625,530	187,403,231
<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	4,094,130
<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						191,497,361
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	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> . . . . . ▶ <input type="checkbox"/>						

**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>	97.860 %
<b>15</b> Public support percentage for 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	97.970 %
<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"/>		

**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, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
	<b>3a</b>		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
	<b>5a</b>		
<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>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
	<b>8</b>		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<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)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
	<b>10b</b>		

**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>b</b>	A family member of a person described on 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**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>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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**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 ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<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? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<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 ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>	
<b>7 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)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<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 Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions 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. If the amount is 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. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 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. . . . .			

**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).

**Facts And Circumstances Test**

**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 B. Do not complete Part I-C.  
● Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and 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 the organization  
OUR RESCUE

**Employer identification number**  
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. See instructions for definition of "political campaign activities."
- 2** Political campaign activity expenditures. See instructions ..... ▶ \$ \_\_\_\_\_
- 3** Volunteer hours for political campaign activities. See instructions ..... \_\_\_\_\_

**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 employer identification number (EIN) 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-.
1				
2				
3				
4				
5				
6				

**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

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....

**b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....

**c** Total lobbying expenditures (add lines 1a and 1b) .....

**d** Other exempt purpose expenditures .....

**e** Total exempt purpose expenditures (add lines 1c and 1d) .....

**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	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.

**g** Grassroots nontaxable amount (enter 25% of line 1f) .....

**h** Subtract line 1g from line 1a. If zero or less, enter -0- .....

**i** Subtract line 1f from line 1c. If zero or less, enter -0- .....

**j** 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?  Yes  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					

**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? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	
<b>f</b> Grants to other organizations for lobbying purposes? .....	Yes		30,000
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b> Other activities? .....		No	
<b>j</b> Total. Add lines 1c through 1i .....			30,000
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<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? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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 .....	<b>1</b>	
<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 .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<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 expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See Instructions .....	<b>5</b>	

**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.

Return Reference	Explanation
PART II-B, LINE 1:	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. January 2025)  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047

▶ **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.**

**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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

**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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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.

	<b>(a)</b> Current year	<b>(b)</b> Prior year	<b>(c)</b> Two years back	<b>(d)</b> Three years back	<b>(e)</b> Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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>Yes</b>	<b>No</b>
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) FIDELITY INVESTMENTS - OTHER SECURITIES	18,651,825	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	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)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**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)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**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	
EMPLOYEE REIMBURSEMENT PAYABLE	6,042
SALES TAX LIABILITY	11,731
PAYROLL LIABILITIES	220,429
CUSTOMER DEPOSITS	1,560
LEASE LIABILITY	562,062
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<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 <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 4,895,915
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 32,145,780
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<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 <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 218,354
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (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 <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 4,968,224
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 38,756,385
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<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 <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 218,365
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (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.

Return Reference	Explanation
See Additional Data Table	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 46-3614979

**Name:** OUR RESCUE

## Supplemental Information

Return Reference	Explanation
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.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN NET ASSET CONTRIBUTIONS WITH DONOR RESTRICTIONS 204,232.

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	LOSS ON IMPAIRMENT OF INTANGIBLE ASSETS 112,705. NON-FUNCTIONAL EXPENSE LEGAL FEES 4,855,519.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	ROUNDING DIFFERENCES 11.

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

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to 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  
OUR RESCUE

**Employer identification number**  
46-3614979

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
<b>3a</b> Sub-total . . . . .	11	145			8,886,459
<b>b</b> Total from continuation sheets to Part I . . . . .	0	2			0
<b>c Totals</b> (add lines 3a and 3b)	11	147			8,886,459

**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)
<b>(1)</b>	See Add'l Data								
<b>(2)</b>									
<b>(3)</b>									
<b>(4)</b>									
<b>(5)</b>	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶								
<b>(6)</b>	Enter total number of other organizations or entities . . . . . ▶								
<b>(7)</b>								<b>Schedule F (Form 990) (Rev. 1-2025)</b>	
<b>(8)</b>									
<b>(9)</b>									
<b>(10)</b>									
<b>(11)</b>									
<b>(12)</b>									
<b>(13)</b>									
<b>(14)</b>									
<b>(15)</b>									
<b>(16)</b>									

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SURVIVOR CARE MEDICAL SUPPORT	AFRICA-MIDDLE EAST	1	31,068	WIRE/ACH			CASH
(2) SURVIVOR CARE TRANSPORTATION, PERSONAL SUPPLIES & EQUIPMENT, THERAPY, JOB TRAINING, RENT, AND ACCOMMODATION SUPPORT	EUROPE	2	46,977	WIRE/ACH			CASH
(3) SURVIVOR CARE TRANSPORTATION, PERSONAL SUPPLIES & EQUIPMENT, THERAPY, EDUCATION, MEDICAL, AND ACCOMMODATION SUPPORT	LATIN AMERICA	6	47,083	WIRE/ACH			CASH
(4) SURVIVOR CARE PERSONAL SUPPLIES & EQUIPMENT SUPPORT	MEXICO-CARIBBEAN	1	16,160	WIRE/ACH			CASH
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
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.

# 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3:	ALL EXPENDITURES GO THROUGH THE REGIONAL DIRECTORS WHEN THEY ARE OUTSIDE OF THE UNITED STATES.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 46-3614979

**Name:** OUR RESCUE

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for 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 EIGHT COUNTRIES.	3,076,103
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,		14	PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN SEVEN COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN SEVEN COUNTRIES.	1,688,795

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
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 NINE COUNTRIES.	2,062,332
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 TWO COUNTRIES.	136,356

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE - EXCLUDING RUSSIA AND NEIGHBORING COUNTRIES	1	10	PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN THIRTEEN COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN THIRTEEN COUNTRIES.	975,845
NORTH AMERICA			PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN TWO COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN TWO COUNTRIES.	98,421

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN TWO COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN TWO COUNTRIES.	18,518
SUB-SAHARAN AFRICA	3	19	PROGRAM SERVICES	SURVIVOR CARE OPERATIONS IN FIVE COUNTRIES; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT IN FIVE COUNTRIES.	830,089

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA		2	PROGRAM SERVICES	SURVIVOR CARE OPERATIONS; TRAINING AND OPERATIONS WITH LAW ENFORCEMENT.	

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	LAW ENFORCEMENT EQUIPMENT SUPPORT. SURVIVOR HOLISTIC, MEDICAL, EDUCATION, VOCATIONAL, TRAINING, LEGAL, SUPPLIES, EQUIPMENT AND TRANSPORTATION SUPPORT	116,767	WIRE/ACH	0		CASH
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	K9 SUPPORT, LAW ENFORCEMENT EQUIPMENT SUPPORT. SURVIVOR HOLISTIC, SUPPLIES AND EQUIPMENT SUPPORT	771,701	WIRE/ACH	0		CASH

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	LAW ENFORCEMENT EQUIPMENT, SOFTWARE, FORENSIC, TRAINING, AND TRANSPORTATION SUPPORT. SURVIVOR HOLISTIC, REPATRIATION, SUPPLIES, EQUIPMENT, AND VOCATIONAL SUPPORT	362,837	WIRE/ACH	0		CASH
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	EDUCATION SUPPORT, EDUCATIONAL EVENT SUPPORT, K9 SUPPORT. LAW ENFORCEMENT EQUIPMENT, FORENSIC SOFTWARE, AND TRANSPORTATION SUPPORT. SURVIVOR EDUCATIONAL, THERAPY, FOOD, LEGAL, AND REPATRIATION SUPPORT.	367,346	WIRE/ACH	0		CASH

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	EDUCATIONAL EVENT, LAW ENFORCEMENT EQUIPMENT, LAW ENFORCEMENT TRAINING, AND SURVIVOR SUPPORT	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 TRAINING SUPPORT	33,540	WIRE/ACH	0		CASH

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization OUR RESCUE

Employer identification number 46-3614979

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SURVIVOR SUPPLIES, EQUIPMENT, EDUCATION, TRANSPORTATION, AND THERAPY SUPPORT	11	171,644			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
See Additional Data	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 46-3614979  
**Name:** OUR RESCUE

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash 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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CHAVES COUNTY SHERIFF'S OFFICE 1 ST MARYS 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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CINNAMINSON TOWNSHIP POLICE DEPARTMENT 900 MANOR RD CINNAMINSON, NJ 08077	85-6000099		11,303	0			TRAINING AND CAPACITY BUILDING SUPPORT
CITY OF ALAMOGORDO - ALAMOGORDO POLICE DEPARTMENT 1376 E 9TH STREET ALAMOGORDO, NM 88310	85-6000099		15,202	0			SUPPLIES & EQUIPMENT SUPPORT, INVESTIGATIVE SOFTWARE SUPPORT

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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 ONEIL AVE ROOM 309 CHEYENNE, WY 82991	83-6000050		5,846	0			TRAINING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

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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

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CITY OF JASPER POBOX 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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

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CITY OF MOLINE - MOLINE POLICE DEPARTMENT 1630 8TH AVE MOLINE, IL 61265	36-6005999		6,255	0			K9 SUPPORT, TRAINING AND CAPACITY BUILDING SUPPORT
CITY OF MONROE - MONROE PUBLIC SAFETY DEPARTMENT 120 EAST 1ST STREET MONROE, MI 48161	38-6004638		7,062	0			TRAINING SUPPORT

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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

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

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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

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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

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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

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COLORADO'S 17TH JUDICIAL DISTRICT ATTORNEY'S OFFICE 1000 JUDICIAL CENTER DRIVE BRIGHTON, CO 80601			9,484	0			TRAINING AND CAPACITY BUILDING SUPPORT
COMMONWEALTH OF KENTUCKY OFFICE OF THE ATTORNEY GENERAL - KENTUCKY ATTORNE 700 CAPITAL AVENUE SUITE 34 FRANKFORT, KY 40601	61-0600439		18,777	0			K9 SUPPORT

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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

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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

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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

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

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COUNTY OF SWAIN - SWAIN COUNTY SHERIFF'S OFFICE PO 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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CRIME STOPPERS OF HOUSTON 3001 MAIN STREET HOUSTON, TX 77002	74-2137744	501(C)(3)	10,000	0			SUPPLIES & EQUIPMENT SUPPORT
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HARDING UNIVERSITY POLICE DEPARTMENT 915 E MARKET AVE SEARCY, AR 721495615			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

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HARRISON COUNTY - HARRISON COUNTY SHERIFF'S OFFICE 200 W HOUSTON ST RM 107 MARSHALL, TX 75670	75-6000988		5,190	0			SUPPLIES & EQUIPMENT SUPPORT
HARTFORD POLICE DEPARTMENT 253 HIGH ST HARTFORD, CT 06103			12,100	0			SUPPLIES & EQUIPMENT SUPPORT

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HUMAN TRAFFICKING TRAINING CENTER PO 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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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LINN COUNTY SHERIFF'S OFFICE 1115 SE JACKSON ST ALBANY, OR 97322			6,495	0			INVESTIGATIVE SOFTWARE SUPPORT
LIVINGSTON PARISH SHERIFF'S OFFICE PO BOX 850 LIVINGSTON, LA 70754	72-6000688		8,645	0			SUPPLIES & EQUIPMENT SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

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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 P, AR 71913	13-4239691	509(A)(1)	8,641	0			SUPPLIES & EQUIPMENT SUPPORT

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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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

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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

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NORTH DAKOTA ATTORNEY GENERAL - NORTH DAKOTA BUREAU OF CRIMINAL INVESTIGATI 600 EAST BOULEVARD AVE BISMARCK, ND 58505	45-0310764		29,325	0			K9 SUPPORT
NORTH PARK POLICE DEPARTMENT 575 E 2500 N NORTH LOGAN, UT 84341			7,342	0			SUPPLIES & EQUIPMENT SUPPORT

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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

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PARISH OF POINTE COUPEE SHERIFF - POINTE COUPEE PARISH SHERIFFS OFFICE POBOX 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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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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

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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

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<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SCOTLAND COUNTY SHERIFF'S OFFICE 212 BIGGS ST LAURINBURG, NC 28352			8,995	0			SUPPLIES & EQUIPMENT SUPPORT
SEATTLE POLICE DEPARTMENT 610 5TH AVE SEATTLE, WA 98104			38,430	0			K9 SUPPORT, TRAINING AND CAPACITY BUILDING SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TERREBONNE PARISH SHERIFFS OFFICE 7856 MAIN STREET PO 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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TOOELE CITY CORPORATION - TOOELE POLICE DEPARTMENT 90 N MAIN STREET TOOELE, UT 84074	87-6000287		9,995	0			TRAINING AND CAPACITY BUILDING SUPPORT
TOWN OF BRATTLEBORO - BRATTLEBORO POLICE DEPARTMENT 62 BLACK MOUNTAIN RD 101 BRATTLEBORO, VT 05301	03-6000393		9,034	0			SUPPLIES & EQUIPMENT SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VERMONT OFFICE OF ATTORNEY GENERAL - VERMONT INTERNET CRIMES AGAINST CHILDREN 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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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 CASAVAR AVE WAGONER, OK 74467			9,574	0			INVESTIGATIVE SOFTWARE SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WHITE COUNTY GOVERNMENT - WHITE COUNTY SHERIFFS OFFICE 110 N MAIN STREET MONTICELLO, IN 47960	35-6000214		9,995	0			SUPPLIES & EQUIPMENT SUPPORT
WICHITA COUNTY SHERIFF'S OFFICE 900 7TH ST WICHITA FALLS, TX 76301			5,990	0			SUPPLIES & EQUIPMENT SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(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 non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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

## **Additional Data Form 990, Schedule I Part IV - Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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. January 2025)  
 Department of the Treasury  
 Internal Revenue Service

# Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](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 idemnification 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 (e.g., 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

	Yes	No
<b>1b</b>		

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . . . .

<b>2</b>	Yes	
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**3** Indicate which, if any, of the following the filing 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? . . . . . **4a** No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . **4b** No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . **4c** No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . . **5a** No
  - b** Any related organization? . . . . . **5b** No
- If "Yes," on line 5a or 5b, describe in Part III.

<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . . **6a** No
  - b** Any related organization? . . . . . **6b** No
- If "Yes," on line 6a or 6b, describe in Part III.

<b>6a</b>		No
<b>6b</b>		No

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .

<b>7</b>		No
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**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 . . . . .

<b>8</b>		No
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**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

<b>9</b>		
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**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 are not 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, 1099-MISC compensation, and/or 1099-NEC			(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



**Schedule L**  
(Form 990)  
(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**  
Complete if the organization answered "Yes" on Form 990, Part IV, lines 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

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
<b>Total</b>						\$						

**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

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(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 BOARD	3,000	CHARACTER CHECKS FOR HIRING PROCESS		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
OUR RESCUE

Employer identification number  
46-3614979

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	5,147	770,848	FAIR MARKET VALUE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( VARIOUS ITEMS )	X	1	58,068	RETAIL VALUE
<b>26</b> Other ▶ ( )				
<b>27</b> Other ▶ ( )				
<b>28</b> Other ▶ ( )				

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

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

	Yes	No
<b>30a</b>		No
<b>31</b>	Yes	
<b>32a</b>		No

**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.

**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.

Return Reference	Explanation
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**SCHEDULE O**  
**(Form 990)**(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	NOT ALL COMMITTEE MEETINGS WERE CONTEMPORANEOUSLY DOCUMENTED.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	RETURN IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12	TIME IS GIVEN AT QUARTERLY MEETING TO DISCUSS AND MONITOR CONFLICT OF INTEREST.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IX, LINE 11G	CONTRACT LABOR: PROGRAM SERVICE EXPENSES 5,884,359. MANAGEMENT AND GENERAL EXPENSES 701,59 2. FUNDRAISING EXPENSES 450,370. TOTAL EXPENSES 7,036,321.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	LOSS ON IMPAIRMENT OF INTANGIBLE ASSETS -112,705. NON-FUNCTIONAL EXPENSE LEGAL FEES -4,855,519.

**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
See Additional Data Table					

**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

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

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

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

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

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	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>	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 46-3614979  
**Name:** OUR RESCUE

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

(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	UT	127,645	58,218	OUR RESCUE
OUR AFTERCARE GROUP LLC 5121 MURRAY BLVD MURRAY, UT 84123	AFTERCARE	UT	0	0	OUR RESCUE
OUR THERAPEUTIC SERVICES LLC 5121 MURRAY BLVD MURRAY, UT 84123	AFTERCARE SUPPORT	UT	0	0	OUR RESCUE
OUR STORE LLC 5121 MURRAY BLVD MURRAY, UT 84123	MERCHANDISE	UT	0	0	OUR RESCUE
OUR CALIFORNIA HOLDINGS LLC 5121 MURRAY BLVD MURRAY, UT 84123	REAL ESTATE HOLDINGS IN CALIFORNIA	UT	0	0	OUR RESCUE
OUR COSTA RICA LLC 5121 MURRAY BLVD MURRAY, UT 84123	HOLDING OF COSTA RICA CORPORATION	UT	0	0	OUR RESCUE
ABUSE RELIEF CORPS (ARC) 5121 MURRAY BLVD MURRAY, UT 84123	GHANA OPERATIONS	UT	0	81,855	OUR RESCUE
OLH LLC 5121 MURRAY BLVD MURRAY, UT 84123	REAL ESTATE HOLDINGS IN COSTA RICA	UT	0	0	OUR COSTA RICA LLC
OUR BELIZE LLC 5121 MURRAY BLVD MURRAY, UT 84123	BELIZE HOLDING COMPANY	UT	0	0	OUR RESCUE
OPERATION UNDERGROUND RAILROAD BELIZE LIMITED 5121 MURRAY BLVD MURRAY, UT 84123	BELIZE OPERATING COMPANY	UT	0	0	OUR BELIZE LLC
OUR BULGARIA LLC 5121 MURRAY BLVD MURRAY, UT 84123	BULGARIA HOLDING COMPANY	UT	0	0	OUR RESCUE
OUR BULGARIA LLC 5121 MURRAY BLVD MURRAY, UT 84123	BULGARIA OPERATING COMPANY	UT	0	0	OUR BULGARIA LLC
OUR CAMBODIA LLC 5121 MURRAY BLVD MURRAY, UT 84123	CAMBODIA HOLDING COMPANY	UT	0	0	OUR RESCUE
OUR (CAMBODIA) CONSULTING CO LTD 5121 MURRAY BLVD MURRAY, UT 84123	CAMBODIA OPERATING COMPANY	UT	0	0	OUR CAMBODIA LLC
OUR CANADA LLC 5121 MURRAY BLVD MURRAY, UT 84123	CANADIAN HOLDING COMPANY	UT	0	0	OUR RESCUE
OPERATION UNDERGROUND RAILROAD INC (CANADIAN COMPANY) 5121 MURRAY BLVD MURRAY, UT 84123	CANADIAN NONPROFIT	UT	0	0	OUR CANADA LLC
OUR COLOMBIA LLC 5121 MURRAY BLVD MURRAY, UT 84123	COLOMBIA HOLDING COMPANY	UT	0	0	OUR RESCUE
OPERATION UNDERGROUNG RAILROAD COLOMBIA SAS 5121 MURRAY BLVD MURRAY, UT 84123	COLOMBIA HOLDING COMPANY	UT	0	0	OUR COLOMBIA LLC
OUR DOMINICAN REPUBLIC LLC 5121 MURRAY BLVD MURRAY, UT 84123	DOMINICAN REPUBLIC HOLDING COMPANY	UT	0	0	OUR RESCUE
OUR ECUADOR LLC 5121 MURRAY BLVD MURRAY, UT 84123	ECUADOR HOLDING COMPANY	UT	0	0	OUR RESCUE

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

(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
OUR FLORIDA LLC 5121 MURRAY BLVD MURRAY, UT 84123	FLORIDA HOLDING COMPANY	UT	0	0	OUR RESCUE
OUR GREECE LLC 5121 MURRAY BLVD MURRAY, UT 84123	GREECE HOLDING COMPANY	UT	0	0	OUR RESCUE
OUR GREECE MAKE 5121 MURRAY BLVD MURRAY, UT 84123	GREECE OPERATING COMPANY	UT	0	0	OUR GREECE LLC
OUR HONDURAS LLC 5121 MURRAY BLVD MURRAY, UT 84123	HONDURAS HOLDING COMPANY	UT	0	0	OUR RESCUE
OPERATION UNDERGROUND RAILROAD HONDURAS S DE RL FOURTH 5121 MURRAY BLVD MURRAY, UT 84123	HONDURAS OPERATING COMPANY	UT	0	0	OUR HONDURAS LLC
OUR INDONESIA LLC 5121 MURRAY BLVD MURRAY, UT 84123	INDONESIA HOLDING COMPANY	UT	0	0	OUR RESCUE
OUR INTERNATIONAL LLC 5121 MURRAY BLVD MURRAY, UT 84123	HOLDING COMPANY	UT	0	0	OUR RESCUE
OUR ITALY LLC 5121 MURRAY BLVD MURRAY, UT 84123	ITALY HOLDING COMPANY	UT	0	0	OUR RESCUE
FONDAZIONE OUR ITALY ETS 5121 MURRAY BLVD MURRAY, UT 84123	ITALY OPERATING COMPANY	UT	0	0	OUR ITALY LLC
OUR JORDAN LLC 5121 MURRAY BLVD MURRAY, UT 84123	JORDANIAN HOLDING COMPANY	UT	0	0	OUR RESCUE
OUR MALAYSIA LLC 5121 MURRAY BLVD MURRAY, UT 84123	MALAYSIA HOLDING COMPANY	UT	0	0	OUR RESCUE
OPERATION UNDERGROUND RAILROAD MALAYSIA SDN BHD 5121 MURRAY BLVD MURRAY, UT 84123	MALAYSIAN OPERATING COMPANY	UT	0	0	OUR RESCUE
OUR MEXICO LLC 5121 MURRAY BLVD MURRAY, UT 84123	MEXICO OPERATIONS	UT	0	0	OUR RESCUE
OUR MURRAY LLC 5121 MURRAY BLVD MURRAY, UT 84123	UTAH HOLDING COMPANY	UT	0	0	OUR RESCUE
OUR PERU LLC 5121 MURRAY BLVD MURRAY, UT 84123	PERUVIAN HOLDING COMPANY	UT	0	0	OUR RESCUE
OPERACIN FERROCARRIL SUBTERRANEO PER SOCIEDAD ANONIMA CERRADA 5121 MURRAY BLVD MURRAY, UT 84123	PERUVIAN OPERATING COMPANY	UT	0	0	OUR PERU LLC
OUR ROMANIA LLC 5121 MURRAY BLVD MURRAY, UT 84123	ROMANIAN HOLDING COMPANY	UT	0	0	OUR RESCUE
OUR THAILAND CHARITABLE CORPORATION 5121 MURRAY BLVD MURRAY, UT 84123	THAILAND NONPROFIT	UT	0	0	OUR RESCUE
OUR THAILAND LLC 5121 MURRAY BLVD MURRAY, UT 84123	THAILAND HOLDING COMPANY	UT	0	817,885	OUR RESCUE
OUR UGANDA LLC 5121 MURRAY BLVD MURRAY, UT 84123	UGANDA HOLDING COMPANY	UT	0	0	OUR RESCUE

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
OPERATION UNDERGROUND RAILROAD UK 5121 MURRAY BLVD MURRAY, UT 84123	UK NONPROFIT	UT	0	0	OUR RESCUE