# Form **990**

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022

OMB No. 1545-0047

Quen to Public

Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 2022, and ending 20 Check if applicable: C Name of organization RESCUE 22 FOUNDATION INC D Employer identification number Address change Doing business as 82-5072390 Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 7901 4TH STREET N STE 300 (302)272-8029 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Gross receipts Amended return SAINT PETERSBURG, FL 33702 697,928 Application pending F Name and address of principal officer: **H(a)** Is this a group return for subordinates? X No H(b) Are all subordinates included? **X** 501(c)(3) 4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: Website: N/A H(c) Group exemption number Form of organization: X Corporation Association L Year of formation: 2018 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: RESCUE 22 FOUNDATION PAIRS RESCUED WORKING BREED CANINES WITH MILITARY VETERANS PROVIDING A NETWORK OF SOCIAL SUPPORT, RETRAINING AND Activities & Governance PLACEMENT OF RESCUE ANIMALS Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 4 6 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) . . . . . . Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) ....... 396,714 697,928 Revenue 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 10 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . . . . . 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 396,714 697,928 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . . . . . 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 434,831 635,231 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 434,831 635,231 Revenue less expenses. Subtract line 18 from line 12 . . . . . . . . . (38,117 62,697 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 100,404 36,159 21 Total liabilities (Part X, line 26) . . . Net assets or fund balances. Subtract line 21 from line 20 36,159 100,404 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 ANGELA CONNOR Sign Signature of officer Date Here ANGELA CONNOR, VICE PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN **Paid** DARRELL D HINCH 08-12-2024 P00965449 DARRELL D HINCH self-employed Preparer Firm's name WILBURN S HINCH INC Firm's EIN **Use Only** Firm's address 112 S MAIN ST Phone no. De Soto MO 63020 636-586-5258 May the IRS discuss this return with the preparer shown above? See instructions Yes No

Pai	till 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:
	RESCUE 22 FOUNDATION PAIRS RESCUED WORKING BREED CANINES WITH MILITARY VETERANS PROVIDING A
	NETWORK OF SOCIAL SUPPORT, RETRAINING AND PLACEMENT OF RESCUE ANIMALS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$595,802 including grants of \$) (Revenue \$)  A. VETERAN SERVICE DOG TRUST: PROVIDE CUSTOMIZED TASK TRAINED SERVICE DOGS TO COMBAT VETERANS,  INCLUDING HANDLER EDUCATION, INDIVIDUALIZED EQUIPMENT, AND VETERINARY CARE. B. SUSTAINABILITY  FIND. PROVIDE LIESTIME SUPPORT ON REVALE OF OUR DATEST SERVICE DOG TRAMS INCLUDING REFRESHER
	FUND: PROVIDE LIFETIME SUPPORT ON BEHALF OF OUR PAIRED SERVICE DOG TEAMS INCLUDING REFRESHER TRAINING, AND NEW TASKS TRAINING FOR SERVICE DOG TO MITIGATE ADVANCING CHRONIC MEDICAL
	CONDITIONS. C. IMPACT PROJECT: 1) EDUCATE VETERANS DIAGNOSED WITH POST TRAUMATIC STRESS REGARDING
	THE EFFICACY OF A SERVICE DOG AS AN ALTERNATIVE THERAPY APPROACH, 2) WORK WITH OUR RESEARCH
	PARTERNS (USF) TO COLLECT AND SYNTHESIZE DATA ON THE THERAPEUTIC IMPACT OF SERVICE DOGS ON SYMPTOMS OF POST TRAUMATIC STRESS, 3) CAPTURE VETERANS' STORIES THROUGH INTERVIEW FORMAT WITH
	VIDEO SUPPORT FOR DOCUMENTATION AND DISSEMINATION. D. EMERGENCY SUPPORT: SUPPLEMENTAL SUPPORT
	PROVIDED TO RESCUE 22 FOUNDATION FAMILIES ON A CASE BY CASE BASIS, ASSISTING WITH HARDSHIP IN
	INSTANCES WHERE PUBLIC FUNDING IS NOT AVAILABLE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	,——————————————————————————————————————
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 595 - 802

Part IV

RESCUE 22 FOUNDATION INC 82-5072390 **Checklist of Required Schedules** 

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		77
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		Х
Ü	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	_		Λ
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		
_	Schedule D, Parts XI and XII	12a		х
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1-74		Α
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	<b>20</b> a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022) RESCUE 22 FOUNDATION INC Page 4 82-5072390 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?...... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 x 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х 28b Х A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . . . . . . . . . . . . . . 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I. . . . . . . 31 х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a 35a Х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . . . . . . . . . . . . 35b х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. . . . . . . . . . . 37 Х 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O 38

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Part V	Statements Regarding Other IRS Filings and Tax Complian	CE

					162	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	c			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	C			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	x	

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

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		Х
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
С	required to file Form 8282?	7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a		12a		
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a		14a		х
b		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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Part VI

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ction A. Governing Body and Management			ı
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-		
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		Х
Jec	tion b. Foncies (This Section & requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		х
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>Florida</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website  Another's website  Upon request  Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			

ANGELA CONNOR (302)272-8029, 7901 4TH STREET N STE 300, SAINT PETERSBURG, FL 33702

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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)	box,	unles er and	Pos eck m ss per d a dir	son is	han one ar Highest compensated employee	)	(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
(1) BYRON BEPLAY BOARD MEMBER	7.50	x						0	0	0
(2) WILLIAM ACHINGS	7.50							0		<u> </u>
BOARD MEMBER		x						0	0	0
(3) JOHN DEVINE	7.50									
BOARD MEMBER		х						0	0	0_
(4) ANGELA CONNOR	30.00							_	_	_
VICE PRESIDENT		х						0	0	0
<u>(5)</u>										
<u>(6)</u>										
(7)										
(8)										
<u>(9)</u>										
(10)										
(11)										
(12)										
<u>(13)</u>										
(14)										

EEA Form **990** (2022)

Part	VII Section A. Officers, Directors, T	rustees,	Key t	:mp	ıoye	es, an	id F	lighest Comp	ensated Emplo	byees	(cont	inued
	(A) Name and title	(B) Average hours per week	box,	unless	person	n than one is both an or/trustee)		(D)  Reportable compensation from the	(E)  Reportable compensation from related	con	(F) ated am of other npensati	•
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	organ	rom the nization d organiz	
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
C	Subtotal	ion A.										
d 2	Total (add lines 1b and 1c)							0 ore than \$100,000	0   of			0
	reportable compensation from the organization										Yes	No
3	Did the organization list any former officer, direct		-			-						
4	employee on line 1a? <i>If "Yes," complete Schedul</i> For any individual listed on line 1a, is the sum of reorganization and related organizations greater th	eportable cor	mpensa	tion a	and ot	ner com	npen	sation from the		3		x
5	individual									4		х
	for services rendered to the organization? If "Yes									5		х
_	on B. Independent Contractors			-1				the \$400.00	20 - (			
1	Complete this table for your five highest compensa compensation from the organization. Report comp											
	(A)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	9		(B)	, , , , , , , , , , , , , , , , , , , ,	(C)		
	Name and business addres	e						Description of service		Compens	ation	

(A)	(B)	(C)
Name and business address	Description of services	Compensation

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

Form 990 (2022) Part VIII

Staten	nent	of R	ev.	en	116

		Check if Schedule O contains a respo	nse or n	ote to any line in thi	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	1a b c d e f g h	Federated campaigns		Business Code	697,928			
Progra Re		All other program service revenue  Total. Add lines 2a-2f						
<b>O</b>	b c d 7a	Investment income (including dividends, in other similar amounts)	nd proce	eeds				
Other Revenue	d 8a b c 9a b	Gain or (loss)	. 8b 9a . 9b					
Miscellanous Revenue	b c 11a b c	retums and allowances Less: cost of goods sold Net income or (loss) from sales of inventor	. 10k	Business Code				
		Total revenue. See instructions			697,928	0	0	0

#### 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 (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 . . . . Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . Compensation of current officers, directors, 5 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 7 Other salaries and wages . . . . . . . . . . . . . . Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): b Legal...... d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 13 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 82,355 82,355 20 21 22 Depreciation, depletion, and amortization . . . . . . 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) SERVICE DOG TASK AND TRAININ 439,183 439,183 b MISC PROGRAMMING 74,264 74,264 ADMIN EXPENSES 39,429 39,429 С d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 635,231 595,802 39,429 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and following SOP 98-2 (ASC 958-720)

Part X

Form 990 (2022)

**Balance Sheet** 

2   Savings and temporary cash investments   2   3   1   1   1   1   1   1   1   1   1			Check if Schedule O contains a response or note to any line in this Part X			
1   Cash - non-interest-bearing   36,159   1   100,404     2   Savings and temporary cash investments   2     3   Pledges and grants receivable, net   3     4   Accounts receivable, net   4     5   Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   5     6   Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   6     7   Notes and loans receivable, net   7     8   Inventories for sale or use   8   8     9   Prepaid expenses and deferred charges   9   9     10   Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D   10a     10   Loss: accountiated depreciation   10b   10c     11   Investments - publicly traded securities   11     12   Investments - publicly traded securities   11     13   Investments - program-related. See Part IV, line 11   12     14   Intergible assets   11   12     15   Other assets. See Part IV, line 11   12     16   Total assets. Add lines 1 through 15 (must equal line 33)   3   6,159   16   100,404     17   Accounts payable and accrued expenses   17     18   Grants payable and accrued expenses   17     19   Deferred revenue.   19   19     10   Tax-exempt bond liabilities   20     10   Case as and other payables to any current or former officer, director, unuse, key employee, creator of rounder, substantial contributor, or 35% controlled entity or family member of any of these persons   22     20   Leas and other payables to any current or former officer, director, unuse, key employee, creater of the and complete Part X of Schedule D   21     21   Case and other payables to any current or former officer, director, unuse, key employee, creater of the and complete Part X of Schedule D   22     21   Case and other payables to any current or former officer, director, unuse, key employee, creater of the analysis of				(A)		(B)
Savings and temporary cash investments				Beginning of year		End of year
Pleages and grants receivable, net		1	Cash - non-interest-bearing	36,159	1	100,404
Accounts receivable, net   Accounts receivables from any current or former officer, director, trustese, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   S		2	Savings and temporary cash investments		2	
Sample   S		3	Pledges and grants receivable, net		3	
Trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (a 5   6   Losen and other receivables from other disqualified persons (as defined under section 4958(f)(11), and persons described in section 4958(c)(3)(8)		4	Accounts receivable, net		4	
Controlled entity or family member of any of these persons   5		5	Loans and other receivables from any current or former officer, director,			
Formal   F			trustee, key employee, creator or founder, substantial contributor, or 35%			
Under section 4958(h(1)), and persons described in section 4958(c)(3)(B)   6   7			controlled entity or family member of any of these persons		5	
7   Notes and loans receivable, net   7   8   Inventories for sale or use   8   8   Novembries for sale or use   8   8   Novembries for sale or use   9   Prepaid expenses and deferred charges   9   Prepaid expenses and deferred depreciation   100   100   100   Prepaid expenses   11   11   Prepaid expenses   11   11   Prepaid expenses   11   12   Prepaid expenses   12   Prepaid expenses   13   Prepaid expenses   14   Prepaid expenses   15   Prepaid expenses   15   Prepaid expenses   15   Prepaid expenses   16   Prepaid expenses   17   Prepaid expenses   17   Prepaid expenses   17   Prepaid expenses   17   Prepaid expenses   18   Prepaid expenses   18   Prepaid expenses   19		6	Loans and other receivables from other disqualified persons (as defined			
8			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
10a		7	Notes and loans receivable, net		7	
10a	sets	8	Inventories for sale or use		8	
Basis. Complete Part VI of Schedule D	Ass	9	Prepaid expenses and deferred charges		9	
10		10a	Land, buildings, and equipment: cost or other			
11   Investments - publicly traded securities   11   12   12   11   12   13   Investments - other securities. See Part IV, line 11   12   13   Investments - program-related. See Part IV, line 11   13   14   15   15   15   16   10   16   16   17   16   17   17   18   17   18   18   19   19   17   18   18   19   19   17   18   18   19   19   19   19   19   19			basis. Complete Part VI of Schedule D 10a			
12   Investments - other securities. See Part IV, line 11   13   14   Investments - program-related. See Part IV, line 11   13   14   Intangible assets   14   15   15   16   Other assets. See Part IV, line 11   15   15   16   Total assets. Add lines 1 through 15 (must equal line 33)   36 ,159   16   100 ,404   17   Accounts payable and accrued expenses   17   18   Grants payable   18   19   Deferred revenue   19   19   19   19   19   19   19   1		b	Less: accumulated depreciation 10b		10c	
13   Investments - program-related. See Part IV, line 11   14   14   15   15   16   15   15   15   15   15		11	Investments - publicly traded securities		11	
14		12	Investments - other securities. See Part IV, line 11		12	
15		13	Investments - program-related. See Part IV, line 11		13	
15		14	Intangible assets		14	
17		15	•		15	
17		16	Total assets. Add lines 1 through 15 (must equal line 33)	36,159	16	100,404
18   Grants payable   18   19   Deferred revenue   19   19   20   17   20   20   21   20   21   20   21   20   21   20   21   21		17		_	17	
20 Tax-exempt bond liabilities		18			18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  22 Secured mortgages and notes payable to unrelated third parties  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets with odnor restrictions  28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  36,159 31 100,404		19	Deferred revenue		19	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  28 Net assets with donor restrictions  29 Net assets with donor restrictions  29 Capital stock or trust principal, or current funds  29 Capital stock or trust principal, or current funds  29 Capital stock or trust principal, or current funds  30 Paid-in or capital surplus, or land, building, or equipment fund  31 Retained earnings, endowment, accumulated income, or other funds  32 Total net assets or fund balances  36,159 31 100,404		20	Tax-exempt bond liabilities		20	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22  23 Secured mortgages and notes payable to unrelated third parties 23  24 Unsecured notes and loans payable to unrelated third parties 24  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	w	22				
23 Secured mortgages and notes payable to unrelated third parties	ij					
23 Secured mortgages and notes payable to unrelated third parties	abil				22	
24 Unsecured notes and loans payable to unrelated third parties	Ë	23			23	
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		24			24	
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25				
of Schedule D						
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions			of Schedule D		25	
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions		26	Total liabilities. Add lines 17 through 25	0	26	0
Net assets without donor restrictions 27  Net assets with donor restrictions 28  Net assets with donor restrictions 28  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 29  30 Paid-in or capital surplus, or land, building, or equipment fund 30  Retained earnings, endowment, accumulated income, or other funds 36,159 31 100,404  Total net assets or fund balances 36,159 32 100,404						
Net assets without donor restrictions 27  Net assets with donor restrictions 28  Net assets with donor restrictions 28  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds 29  30 Paid-in or capital surplus, or land, building, or equipment fund 30  Retained earnings, endowment, accumulated income, or other funds 36,159 31 100,404  Total net assets or fund balances 36,159 32 100,404	"		and complete lines 27, 28, 32, and 33.			
Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances  28  29  29  30  31  Retained earnings, endowment, accumulated income, or other funds  32  Total net assets or fund balances  36,159  31  100,404  33  100,404	Čė	27	Net assets without donor restrictions		27	
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  Capital stock or trust principal, or current funds	alar	28	Net assets with donor restrictions		28	
gg         and complete lines 29 through 33.         29           29         Capital stock or trust principal, or current funds         29           30         Paid-in or capital surplus, or land, building, or equipment fund         30           31         Retained earnings, endowment, accumulated income, or other funds         36,159         31         100,404           32         Total net assets or fund balances         36,159         32         100,404           33         Total liabilities and net assets/fund balances         36,159         33         100,404	Ä		Organizations that do not follow FASB ASC 958, check here			
29   Capital stock or trust principal, or current funds   29	Ë.		<del>-</del>			
30   Paid-in or capital surplus, or land, building, or equipment fund   30	P. F	29			29	
8	its (				30	
32     Total net assets or fund balances     36,159     32     100,404       33     Total liabilities and net assets/fund balances     36,159     33     100,404	SSE	31		36,159	31	100,404
33         Total liabilities and net assets/fund balances         36,159         33         100,404	et A	32				100,404
	Ž	33			33	100,404

Form **990** (2022) EEA

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		697,	928
2	Total expenses (must equal Part IX, column (A), line 25)	2		635,	,231
3	Revenue less expenses. Subtract line 2 from line 1	3		62,	697
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		36,	,159
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		1,	,548
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		100,	404
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		х
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b		
			Eorn	000	(2022)

#### SCHEDULE A (Form 990)

### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name of the organization **Employer identification number** RESCUE 22 FOUNDATION INC 82-5072390 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 🗵 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 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. 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. 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. С 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

Part II

RESCUE 22 FOUNDATION INC Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ..... The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . **Total.** Add lines 1 through 3 . . . . . 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) .... Public support. Subtract line 5 from line 4. Section B. Total Support (e) 2022 (f) Total Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 Amounts from line 4 . . . . . . . . . . 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...... 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . . 11 **Total support.** Add lines 7 through 10 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . . 15 Public support percentage from 2021 Schedule A, Part II, line 14 ......... 15 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

EEA Schedule A (Form 990) 2022

## 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	53,269	218,918	227,055	396,714	697,928	1,593,884
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	53,269	218,918	227,055	396,714	697,928	1,593,884
7a	Amounts included on lines 1, 2, and 3			,		,	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
·	line 6.)						1,593,884
Secti	on B. Total Support						1,333,004
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	53,269	218,918	227,055	396,714	697,928	1,593,884
10a	Gross income from interest, dividends,	337203	210,310	2277033	330,711	0377320	1,333,001
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
• • •	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	•						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
13	• • • • • • • • • • • • • • • • • • • •	F2 060	010 010	007 055	206 514		1 500 004
4.4	and 12.)	53,269	218,918	227,055	396,714	697,928	1,593,884
14	_	J			•	,	· · · · · · · · · · · · · · · · · · ·
Socti	organization, check this box and stop her on C. Computation of Public Suppor				· · · · · · · · ·	· · · · · · · · ·	· · · · · · L
<u>36011</u> 15	Public support percentage for 2022 (line 8			3 column (f))		15	100.00 %
16	Public support percentage from 2021 Sch		•			16	100.00 %
	on D. Computation of Investment Inc					10	100.00 %
17	Investment income percentage for 2022 (I			v line 13 colur	mn (f))	17	0.00 %
18	Investment income percentage from 2021			•		18	0.00 %
19a	33 1/3% support tests - 2022. If the orga						
ıJa	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2021. If the organizati	=	_				
D	line 18 is not more than 33 1/3%, check this bo						
20	<b>Private foundation.</b> If the organization die		-			-	
				,			

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organization	Section	A. All	Supporting	<b>Organizations</b>
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Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	Tu		
~	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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	7.0		
C	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 $170(c)(2)(B)$			
		4c		
E.	purposes.	40		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in <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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		

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.)

Part I	V Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
Cootic	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		V	NI.
4	Did the averagination was ide to each of its averaged averaginations by the last day of the fifth wealth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	I		
2	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
3	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</i> "Yes," <i>describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructio	ns).
а	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer lines 2a and 2b below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations			
1	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 organi	izati	ons must complete Section	ons A through E.		
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection					
	of gross income or for management, conservation, or maintenance of					
	property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Secti	on B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Secti	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functiona	ılly ir	ntegrated Type III support	ing organization		
	(see instructions).					

EEA Schedule A (Form 990) 2022

Schedu	ile A (Form 990) 2022 RESCUE 22 FOUNDATION INC		82-	5072	2390 Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continue	ed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section E - Distribution Allocations (see instructions)  (i)  Excess Distributions  (ii)  Underdistribution  Pre-2022		ns	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(receased a source required avaloin in Part VI) See				

Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
	From 2021			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
e	Excess from 2022			

EEA Schedule A (Form 990) 2022 Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# SCHEDULE O (Form 990)

#### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

82-5072390 RESCUE 22 FOUNDATION INC 01. Governing body decisions (Part VI, line 7b) THE BOARD MEMBERS MEET ON A QUARTERLY BASIS TO DISCUSS DECISIONS THAT ARE REQUIRED FOR THE OPERATION OF THE ORGANIZATION. 02. Form 990 governing body review (Part VI, line 11) THE BOARD MEMBERS MEET AT LEAST ONCE ANNUALLY TO REVIEW THE FORM 990 AND SUPPORTING FINANCIAL STATEMENTS. 03. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS SUCH AS FORM 990 AND SUPPORTING FINANCIAL DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON THEIR REQUEST.

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-0047

► File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

#### Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 82-5072390 RESCUE 22 FOUNDATION INC Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 7901 4TH STREET N STE 300 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. SAINT PETERSBURG FL 33702 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 The books are in the care of ► ANGELA CONNOR, 7901 4TH STREET N STE 300 SAINT PETERSB FL 33702 Telephone No.► 302-272-8029 FAX No.▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until 11-15 , 20 23 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 22 or tax year beginning , 20 , and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

3с