Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Open to Public

Inspection Internal Revenue Service For the 2023 calendar year, or tax year beginning 2023, 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 G Gross receipts Amended return SAINT PETERSBURG, FL 33702 567,759 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 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. 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) . . . Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 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) 567,759 697,928 Revenue 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 697,928 567,759 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 Expenses 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) 635,231 659,693 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 635,231 659,693 Revenue less expenses. Subtract line 18 from line 12 (91,934)62,697 **Beginning of Current Year** End of Year Total assets (Part X, line 16) . . . 20 8,470 100,404 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 100,404 8,470 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 Check **Paid** JAMES THOMAS 11-06-2024 self-employed P02007254 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

X No

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

4e Total program service expenses

82-5072390

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	4	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	v
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			X
	candidates for public office? If "Yes," complete Schedule C, Part L	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١,		
_	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	-		
Ü	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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		Х
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.			
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-		
	complete Schedule D, Part VI	11a		Х
,	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
,	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
•	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	מדו		Х
	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 JV	16		х
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		х
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		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		х
b	, , , , , , , , , , , , , , , , , , , ,	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

Part IV

3) RESCUE 22 FOUNDATION INC 82-5072390 Page Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d or-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
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).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
250	or IV, and Part V, line 1	34		X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		X
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		x
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	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	1	-	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Page 5

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	2a 0			
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		x
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 (FBA	AR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
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		x
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?		7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re	equired?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		7h		х
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	I0a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	I1a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	l1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	I2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? $\dots \dots \dots$		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O $ \ldots $		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? $ \dots $		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 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.				

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

00	cuon A. Coverning Body and Management		1	1
			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	_		
2	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	,		.,
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization bave members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
74	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			Λ
	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:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-		
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? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
С	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		x
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		
	etion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Florida 1004 A 1/2			
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.			
40	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,			
20	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			
	- ADVIOUS CLOWNER COURTELES AND A 17UL TID BIRDEL N BID SUUL BAINT PRIBEBURGE THE 55/UZ			

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Part VII 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.

				(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	١ ،				han one		Reportable	Reportable	Estimated amount
Name and the	hours					s both an /trustee)	\	compensation	compensation	of other
	per week	0	, o. a		001011	/uooo/		from the	from related	compensation
	(list any	2 5	=	o	Z	ΩН	Ţ	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	related organizations
	related	ector	g	7	mpic	st co	¥		, , ,	3
	organizations below	trus	l it		уее	ompo				
	dotted line)	lee	Istee			ensa				
	,					ted				
				\neg						
(1)BYRON BEPLAY	7.50			Ì						
BOARD MEMBER		X						0	0	0
(2)WILLIAM ACHINGS	7.50			,						
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
(5)										
-3										
(6)										
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(13)										
(14)										

Form 990 (2023) RESCUE 22 FOUNDATION INC 82-5072390 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII Position (F) (A) (B) (D) (E) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) from related from the compensation per week organization (W-2/ organizations (W-2/ from the (list any Individual trustee or director 1099-MISC/ 1099-MISC/ nstitutional trustee Key employee Highest compensated organization and hours for 1099-NEC) 1099-NEC) related organizations related organizations below dotted line) (15) <u>(16)</u>______ (17) (18) <u>(19)</u> (21) (22) (24) (25) c Total from continuation sheets to Part VII, Section A 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 2 reportable compensation from the organization 0 Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(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

82-5072390

Form 990 (2023) Part VIII Statement of Revenue

		Check if Schedule O contains a res	ponse or	note to any li	ine in this Part V	III		[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ervice Contributions, Gifts, Grants ue and Other Similar Amounts	1a b c d e f g h	Federated campaigns	В	567,759 usiness Code	567,759			
Program Service Revenue	d e f	All other program service revenue Total. Add lines 2a-2f						
	b	Investment income (including dividends, inte other similar amounts)	proceeds		5			
evenue	7a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) (i) Securities 7a 7b 7b	s	(ii) Other				
Other Re	8a b c 9a b	Net gain or (loss)	8a 8b 9a 9b	• • • • •				
	10a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	10a 10b					
Miscellanous Revenue		All other revenue		usiness Code				
	•	Total revenue. See instructions			567,759	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 (D) Fundraising Do not include amounts reported on lines 6b. 7b. Program service Management and 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 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, 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 Pension plan accruals and contributions (include 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 Advertising and promotion Office expenses 13 Information technology 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 69,251 69,251 20 Payments to affiliates 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 478,419 478<u>,419</u> MISC PROGRAMMING 41,245 41,245 ADMIN EXPENSES 70,778 70,778 С d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 659,693 588,915 70,778 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Part X	Ba	lance	Sheet
--------	----	-------	-------

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year	_	End of year
	1	Cash - non-interest-bearing	100,404	1	8,470
	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	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	100 101	15	0.450
	16	Total assets. Add lines 1 through 15 (must equal line 33)	100,404	16	8,470
	17	Accounts payable and accrued expenses		17 18	
	18	Grants payable		18	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities	· ·	21	
	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director,		21	
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
i≣		controlled entity or family member of any of these persons		22	
Ë	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		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			•
		and complete lines 27, 28, 32, and 33.			
ces	27	Net assets without donor restrictions		27	
alan	28	Net assets with donor restrictions		28	
Ä		Organizations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 29 through 33.			
٥٢.	29	Capital stock or trust principal, or current funds		29	
ets (30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\SS(31	Retained earnings, endowment, accumulated income, or other funds	100,404	31	8,470
Net Assets or Fund Balances	32	Total net assets or fund balances	100,404	32	8,470
<u>z</u>	33	Total liabilities and net assets/fund balances	100,404	33	8,470

Form **990** (2023) EEA

	RESCUE 22 FOUNDATION INC	02-30	12330		1 0	ige 12
Pai	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			567,	759
2	Total expenses (must equal Part IX, column (A), line 25)	2			659,	693
3	Revenue less expenses. Subtract line 2 from line 1	3			(91,	934
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			100,	404
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				
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			8,	470
Par	t 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 Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		İ			
	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					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		• •			
	Schedule O.					
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		• •	Ja		
Ŋ				3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		• •	- วม	225	(0000

EEA

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 Name of the organization

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	lame of the organization Employer identification number									
RESC	UE	E 22 FOUNDATION INC					82-507239	0		
Par	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
The o	he 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 organizati	on described in section	170(b)(1)	(A)(iii).				
4		A medical research organization op	erated in conjunct	ion with a hospital descr	ibed in se	ction 170(b)(1)(A)(iii). Enter the			
		hospital's name, city, and state:								
5		An organization operated for the ber	nefit of a college or	r university owned or ope	erated by a	governme	ental unit described in			
		section 170(b)(1)(A)(iv). (Complete	e Part II.)							
6		A federal, state, or local governmen	t or governmental	unit described in section	n 170(b)(I)(A)(v).				
7		An organization that normally receiv	es a substantial pa	art of its support from a g	overnment	al unit or fi	rom the general public			
		described in section 170(b)(1)(A)(v	i). (Complete Par	t II.)						
8		A community trust described in sec	tion 170(b)(1)(A)(vi). (Complete Part II.)						
9		An agricultural research organizatio	n described in sec	ction 170(b)(1)(A)(ix) or	erated in	conjunctio	n with a land-grant coll	ege		
		or university or a non-land-grant coll	ege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or			
		university:								
10	X	receipts from activities related to its support from gross investment incon acquired by the organization after J	exempt functions, ne and unrelated b une 30, 1975. See	subject to certain except business taxable income e section 509(a)(2). (Co	ions; and ((less secti mplete Pa	(2) no mor on 511 tax rt III.)	e than 33 1/3% of its) from businesses	5		
11	H	An organization organized and open								
12	L	An organization organized and oper- one or more publicly supported organized				_				
		the box on lines 12a through 12d that). Check		
а		Type I. A supporting organization					=	vina		
a		the supported organization(s) th				_		villg		
		supporting organization. You m			-	directors	or tradects or the			
b		Type II. A supporting organization				nnorted or	nanization(s) by havin	a		
		control or management of the su					- : : :	=		
		organization(s). You must com				ii control o	manage the supporter	u		
С		Type III functionally integrate			onnection	with and	functionally integrated	with		
Ŭ		its supported organization(s) (se					· · · · ·	witti,		
d		Type III non-functionally integ						ion(s)		
-		that is not functionally integrated								
		requirement (see instructions).		-				-		
е		Check this box if the organization					I. Type II. Type III			
_		functionally integrated, or Type					., .,,,,,,			
f	Е	Enter the number of supported organization								
g		Provide the following information about		ganization(s).						
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)										
(C)	;)									
(D)										
(E)										
Total										

18

82-5072390 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (a) 2019 Calendar year (or fiscal year beginning in) **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (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 (c) 2021 (d) 2022 (e) 2023 (f) Total Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 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 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 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

instructions EEA Schedule A (Form 990) 2023

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

82-5072390

(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	218,918	227,055	396,714	697,928	567,759	2,108,374
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	Total. Add lines 1 through 5	218,918	227,055	396,714	697,928	567,759	2,108,374
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.)						2,108,374
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	218,918	227,055	396,714	697,928	567,759	2,108,374
10a	Gross income from interest, dividends,		-	-	_		
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
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						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	218,918	227,055	396,714	697,928	567,759	2,108,374
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fif	th tax year as	a section 501(d	c)(3)
	organization, check this box and stop her	е					
Secti	on C. Computation of Public Suppor	rt Percentage	9				
15	Public support percentage for 2023 (line 8	3, column (f), di	vided by line 1	3, column (f))		15	100.00 %
16	Public support percentage from 2022 Sch	edule A, Part I	II, line 15 .			16	100.00 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2023 (I	ine 10c, colum	n (f), divided b	y line 13, colu	mn (f))	17	0.00 %
18	Investment income percentage from 2022					18	0.00 %
19a	33 1/3% support tests - 2023. If the orga	nization did no	t check the bo	x on line 14, a	nd line 15 is mo	ore than 33 1/3	3%, and line
	17 is not more than 33 1/3%, check this be	ox and stop h e	ere. The organ	ization qualifie	s as a publicly	supported org	anization 🗴
b	33 1/3% support tests - 2022. If the organization	ion did not check	a box on line 1	4 or line 19a, and	d line 16 is more	than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization di	d not check a b	oox on line 14,	19a, or 19b, c	heck this box a	ind see instruc	tions \square

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	Organizations
----------------------------------------	---------	--------	------------	----------------------

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		163	140
-	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
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 Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	415		
•	despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination	4b		
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
-	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	_		
0	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	0		
Ja	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	Ja		
~	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	3.5		
-	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	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 line 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
11	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		
b	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 Part VI.	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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Cootie	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
Secin	on c. Type if 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		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	•		
	January Company Compan		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
	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	ons).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI 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 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	20		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's	2a		
b	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. <i>Answer lines 3a and 3b below.</i>	2.0		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
4	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 "Ves " describe in Part VI the role played by the organization in this regard	3h		

(see instructions).

	RESCUE 22 POUNDATION INC		02-3072	. ago 0
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying		· · · · · · · · · · · · · · · · · · ·	•
	instructions. All other Type III non-functionally integrated supporting organi	ızatı	ons must complete Sectio	
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			(optional)
•	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	14		
C	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	_		
•	see instructions).	4	•	
	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		
	William Asset Amount (add line 7 to line 0)	0		
Secti	on C - Distributable Amount	1		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-functional	lly ir	ntegrated Type III supporti	ng organization

EEA Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued		. ago .
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	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.				
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				

Schedule A (Form 990) 2023 EEA

Schedule A (F	orm 990) 2023 Page 8
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.)

EEA Schedule A (Form 990) 2023

SCHEDULE O (Form 990)

Name of the organization

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

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

RESCUE 22 FOUNDATION INC 82-5072390 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