Department of the Treasury

Т

Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** **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.



Α	For th	e 2023 calendar year, or tax year beginning	and ending	_	
В	Check if applicab	e: C Name of organization		D Employer identified	cation number
	Addre	VETERANS FOR CHILD RESCUE, INC.			
	Name			82-12439	08
	Initial		Room/suite	E Telephone numbe	r
	Final returr			520-210-	7499
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	899,363.
	Amer	ICCOCN, AZ COTAL		H(a) Is this a group re	
	Appli tion pendi			for subordinates	? Yes X No
		7320 Nº LA CHOLLA BLVD, TUCSON, AZ	85741	H(b) Are all subordinates in	ncluded? Yes No
-		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 🛄 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemptio	
		f organization: X Corporation Trust Association Other	L Year	of formation: 2017	State of legal domicile: DE
P	1				
e	1	Briefly describe the organization's mission or most significant activities: VE	TERANS I	OR CHILD RE	SCUE WAS
ano		FOUNDED SPECIFICALLY TO HELP BRING AN			
Governance	2	Check this box	-	1 1	ssets.
ģ	3				5
8	4	Number of independent voting members of the governing body (Part VI, line		·····	4
Activities &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			200
ti	6	Total number of volunteers (estimate if necessary)			200
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b Prior Year	Current Year
		Contributions and events (Dart) (III line 1b)		538,241.	832,978.
Revenue	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
ver		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,833.	14.
Re	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		36,227.	21,799.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1		576,301.	854,791.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		243,774.	285,092.
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 92	,357.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	470,218.	336,952.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		713,992.	622,044.
	19	Revenue less expenses. Subtract line 18 from line 12		-137,691.	232,747.
Net Assets or Fund Balances	8	· · · · · · · · · · · · · · · · · · ·		eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		316,119.	544,982.
ASS	21	Total liabilities (Part X, line 26)		35,343.	25,576.
Fin	22	Net assets or fund balances. Subtract line 21 from line 20		280,776.	519,406.
	art II	Signature Block			
Unc	ler pen	alties of perjury, I declare that I have examined this return, including accompanying sch	dules and staten	nents, and to the best of m	y knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date	
	CRAIG SAWYER, CEO AND FOU	NDER			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	AMY CHAVEZ			self-employed P01201380	
Preparer	Firm's name R & A CPAS A PROF	ESSIONAL CORPORATION		Firm's EIN 86-0550947	
Use Only					
	TUCSON, AZ 85712			Phone no. (520) 881-4900	
May the IRS discuss this return with the preparer shown above? See instructions					
LHA For	Paperwork Reduction Act Notice, see the separation	rate instructions. 332001 12-21-23		Form 990 (2023)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Bieldy describe the organization's mission. VETERANS FOR CHILD RESCUE WAS FOUNDED SPECIFICALLY TO HELP BRING AN END TO CHILD REAFICKING. OUR PRIMARY METHODS ARE TO WIDELY EXPOSE THE THE PROBLEM BY RUNNING JOINT STING OPERATIONS AGAINST TRAFFICKERS WITH THE PROBLEM BY RUNNING JOINT STING OPERATIONS AGAINST TRAFFICKERS WITH The organization undertake any significant program services during the year which were not listed on the prior Form 900 4900.22? Dott the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501 (6)(3) and 501 (6)(4) organizations are required to report the anount of grants and allocations to others, the total expenses, and reverus. if my, for each program service accompliations for each of its three largest program services, as measured by expenses. Section 501 (6)(3) and 501 (6)(4) organizations are required to report the anount of grants and allocations to others, the total expenses, and reverus. if my, for each program service accompliation than SPE COMMUNITYES. THEM PROVIDES FREE EDUCATIONAL OUTRENENT THE VACE NATIONWIDE VOLUNTEEST THEM PROVIDES FREE EDUCATIONAL OUTRENENT HEV VACE NATIONWIDE VOLUNTEEST THEM PROVIDES FREE EDUCATIONAL OUTRENENT THE VICENS AND AROUND THE WORLD. LIVE TIKTOK BROADCASTS, PODCASTS, SPEECHES, AND LIVE TRAINING. THE ORGANIZATION CONTINUED WORKING ON A TELEVISION SERIES WHICH SHEDS LIGHT ON CHILD SEX TRAPFICKING IN THE UNITED STATES AND AROUND THE WORLD. INCLUDED IN THE TELEVISED SERIES ARE INTERVIEWS WITH VICTIMS AN PROFESSIONALS IN THE FIELD OF PSYCHOLOGY AND CHILD DEVELOPMENT. Id Codar program					RESCUE,	INC.	82-1243908	Page
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Form	aan	(2023)
FOUL	990	120231

Part IV Checklist of Required Schedules

VETERANS FOR CHILD RESCUE, INC.

1 Is the organization described in section 501(b) of 4437(a)(1) (other than a private foundation)? 1 X 2 Is the organization requered to complete Schedule <i>B</i> , Schedule of Contributors? See restructions 2 X 3 Dot the organization requere in direct or index policitical campaign activities on behalf of or in opposition to candidates for public offices <i>II IV</i> -sc, 'complete Schedule <i>C</i> , <i>Part II</i> 3 X 4 Section 501(b) election in effect to index policitical campaign activities on hand for in opposition to candidates for public offices <i>II V</i> -sc, 'complete Schedule <i>C</i> , <i>Part II</i> 4 X 5 Is the organization match and online or any similar funds or accounts for which donos have the right to provide advice on the distribution or invostment of amounts in such funds or accounts of <i>II V</i> -sc, 'complete Schedule <i>D</i> , <i>Part II</i> 6 X 7 Dod the organization match and accounts of <i>II V</i> -sc, 'complete Schedule <i>D</i> , <i>Part II</i> 7 X 8 Dod the organization match and and the organization had assets <i>II V</i> -sc, 'complete Schedule <i>D</i> , <i>Part II</i> 7 X 10 Dod the organization match and anount in Part X, ine 12, for science or actorial account liability, sare as a cutodian for anount in Part X, a 'ne organization had assets II don or restricted andownents? 7 X 11 Dot the organization report an amount in Part X				Yes	No
2 Is the organization engine in direct or index political campaign activities on behall of on icoposition to candidates for public direct or index political campaign activities, or have a section 501(h) election in effect direct politic direct or index political campaign activities, or have a section 501(h) election in effect direct politic biolities (P Yes, "complete Schedule C, Part I 3 X 4 Section 501(h) election 501(h) election in effect direct politic biolities (P Yes, "complete Schedule C, Part I 4 X 5 It the organization action 501(h) election in offect direct politic biolities (P Yes, "complete Schedule C, Part I 5 X 6 Oth the organization martials and normatin is such indice variables (P Art II) 6 X 7 Did the organization martials and anounts in such indice variables (P Art II) 6 X 7 Did the organization martials collections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part I 7 X 8 Did the organization and the Part X, line 21, for secrow or custorial accurat liability, serve as a custodian for amount in Part X, line 21, for secrow or custorial accurat liability, serve as a custodian for amount in Part X, line 21, for secrew and custorial treasures, or other similar assets? If Yes," complete Schedule D, Part V 10 X 10 Did the organization answer to any of the folowing questions is Yes," then complete Schedule D, Part X	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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Form	990	(2023)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	_		37
70	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		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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f "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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
85a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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 and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			·
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	5	res	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990	(2023)
Part V	Sta

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 VETERANS
 FOR
 CHILD
 RESCUE,
 INC.

 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	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	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 A	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 transa	action?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	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 contribut				
	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 se	rvices provided to the payor	? 7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
	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 of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l 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? \dots		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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	11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
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	12b	_		
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?		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			14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	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 investmer	nt income?	16		X
	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 ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.			0000	(0000
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Form 990 (2023)

VETERANS FOR CHILD RESCUE, INC.

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

Х

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.

		_	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4		
	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.	_		
		5		
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		2
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			2
	of officers, directors, trustees, or key employees to a management company or other person?			2
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			2
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			2
6 7-	Did the organization have members or stockholders?	6		- 4
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		2
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		Σ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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 the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Σ
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
l0a	Did the organization have local chapters, branches, or affiliates?	10a		Σ
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	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Σ
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		2
13	Did the organization have a written whistleblower policy?		x	-
14	Did the organization have a written document retention and destruction policy?		X	
1 4 15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a		2
	Other officers or key employees of the organization			2
5	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		2
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
~	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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 onl	/) avail	abl
	for public inspection. Indicate how you made these available. Check all that apply	,	,,	
	X 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, a	and fina	incial	
	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 CRAIG SAWYER - (520)210-7499			
	7320 N. LA CHOLLA BLVD, TUCSON, AZ 85742			
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	7			
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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 and the organization's current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	(do		Pos			one	Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)				is bot	h an	compensation	compensation	amount of
	week		cer an	id a d I	recto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	l ual tr	tional		nploy	st con yee	_	1099-1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) CRAIG SAWYER	40.00	_			×	1 0				
CEO AND FOUNDER				x				126,487.	0.	0.
(2) FORREST SEALEY	40.00									
EXECUTIVE DIRECTOR/TREASUR				x				120,557.	0.	0.
(3) BRAD THOMPSON	2.00									
CHAIRMAN				X				0.	Ο.	0.
(4) TOM IVASCANIN	2.00									
VICE CHAIRMAN				X				0.	Ο.	0.
(5) CLIFF BROWN	2.00									
SECRETARY				X				0.	Ο.	0.
(6) CHARLES PIERSON	1.00									
MEMBER		Х						0.	Ο.	0.
(7) JEFF WOBIG	1.00									
MEMBER		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

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	990 (2023) VETERANS	FOR CH	ГLI) R	RES	SCU	JE,		INC.	82-12	243	908	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees,	and	d Hig	ghes	st C	Compensated Employe	es (continued)				
	(A)	(B)			(C				(D)	(E)			(F)	
	Name and title	Average			Posi				Reportable	Reportable		Fs	timate	ed
		hours per		not ch unles					compensation	compensation	n		nount	
		week	offic	cer and	d a di	recto	r/trust	ee)	from	from related			other	
		(list any	ctor						the	organizations	5	com	pensa	tion
		hours for	r dire				eq		organization	(W-2/1099-MIS	C/	fr	om th	е
		related	itee o	trustee			ensai		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
		organizations	ıl trus	nal tr		oyee	duo		1099-NEC)				d relat	
		below	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		line)	lnd	lnst	Offi	Key	em	For						
					_									
											0.			
	Subtotal								247,044.					0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								247,044.		0.			0.
2	Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	oove	e) wh	o r	eceived more than \$100	,000 of reportable	Э			~
	compensation from the organization													2
											r		Yes	No
3	Did the organization list any former officer,	,					'			,				
	line 1a? If "Yes," complete Schedule J for se	uch individual										3		X
4	For any individual listed on line 1a, is the su	m of reportab	le co	ompe	ensa	ition	and	ot	her compensation from	the organization				
	and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	dule	Jt	for such individual			4		Х
5	Did any person listed on line 1a receive or a	Iccrue comper	nsat	ion fi	rom	any	unre	elat	ted organization or indiv	idual for services				
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ich p	oers	on .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cor	mpensated ind	depe	ende	nt co	ontra	acto	rs t	that received more than	\$100,000 of com	pens	ation f	from	
	the organization. Report compensation for t	the calendar y	ear e	endir	ng w	/ith d	or wi	thir	n the organization's tax	year.				
	(A)				<u> </u>				(B)			(0)	
	Name and business	address	NC	ONE	2				Description of s	ervices	С		nsatio	n
								+						
								-						
	-													
2	Total number of independent contractors (in	-	ot lii	nited	d to	-		tec	above) who received m	nore than				
	\$100,000 of compensation from the organiz	zation				C	,						000	
												Form	44() (4	2023)

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Form **990** (2023)

			2023) VETERANS FOR C	HILD RE	SCUE, INC.		82-1243	908 Page 9
Pa	rt V	/11						
			Check if Schedule O contains a response or	r note to any lin	ie in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
nts its	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b	6,713.				
Am C			Fundraising events 1c					
Gift		d	Related organizations 1d					
ns, Simi			Government grants (contributions) 1e					
er S		f	All other contributions, gifts, grants, and					
Oth				26,265. 44,341.				
pu		-		-	832,978.			
<u>a C</u>		n	Total. Add lines 1a-1f	Business Code	052,970.			
đ	0	~	F	Business Code				
vic	2	a b						
Ser		č						
am		d						
Program Service Revenue		е						
Ł		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest	t, and	1.4			1.4
			other similar amounts)		14.			14.
	4		Income from investment of tax-exempt bond pro					
	5		Royalties	(ii) Personal				
	6	~	Gross rents	(ii) i eisonai				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
evenue			and sales expenses 7b					
еле			Gain or (loss) 7c					
r R			Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). SeePart IV, line 188a	8,571.				
		b	Less: direct expenses 8b	0.				
					8,571.			8,571.
			Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns	E7 000				
				57,800. 44,572.				
			J	-	13,228.	13,228.		
		C	Net income or (loss) from sales of inventory	Business Code	15,220.	15,220.		
Miscellaneous Revenue	11	а	F					
ane		b						
cella		С						
Misc R		d	All other revenue					
			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		854,791.	13,228.	0.	8,585.
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Part IX Statement of Functional Expenses

VETERANS FOR CHILD RESCUE, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
0	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	247,044.	210,669.	17,947.	18,428
6	Compensation not included above to disqualified	21//0110	210,005.	1,751,0	10,120
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
-		17,152.		17,152.	
7	Other salaries and wages	17,152.		17,152.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	20,896.	16,164.	3,318.	1 / 1 /
0	Payroll taxes	20,090.	10,104.	5,510.	1,414
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С		59,650.		59,650.	
d	Lobbying				
е	° / L				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	50,696.	18,977. 53,920.	17,003.	14,716
2	Advertising and promotion	79,715.	53,920.	4,571.	21,224
3	Office expenses	6,395.	1,797.	2,454.	2,144
4	Information technology	17,867.	13,406.	2,961.	1,500
5	Royalties				
6	Occupancy	1,974.	200.	1,774.	
7	Travel	56,600.	52,684.	930.	2,986
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	3,006.	347.	2,659.	
23		-,		_,	
4	Other expenses. Itemize expenses not covered				
.4	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 0.) MERCHANT FEES	28,911.			28,911
а	DOCUMENTARY PRODUCTION	16,000.	16 000		20,911
b	SMALL EQUIPMENT	7,919.	16,000. 6,885.		1 024
с			350.	E 102	1,034
d	STATE REGISTRATIONS	5,753.		5,403.	
е	·	2,466.	1,383.	1,083.	
5	Total functional expenses. Add lines 1 through 24e	622,044.	392,782.	136,905.	92,357
6	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)				

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2023.05000 VETERANS FOR CHILD RESCUE,

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VETERANS FOR CHILD RESCUE, INC. Part X Balance Sheet

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

Beginning of year End of year 465,937. 283,651. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Assets 7 26,454. 25,002. 8 Inventories for sale or use 8 201. 376. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 16,521. basis. Complete Part VI of Schedule D _____ 10a 9,515. 7,090. 7,006. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 45,384. 0. Other assets. See Part IV, line 11 15 15 316,119. 544,982. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 18,756. 9,666. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 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 16,587. 15,910. 25 of Schedule D 35,343. 25,576. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 514,406. 275,776. Net assets without donor restrictions 27 27 5,000. 5,000. Net assets with donor restrictions 28 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 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 280,776. 519,406. Total net assets or fund balances 32 32 316,119. 544,982. 33 33 Total liabilities and net assets/fund balances ...

(B)

Form **990** (2023)

(A)

Form 990 (2023)

F					
	Revenue less expenses. Subtract line 2 from line 1	3			47.
	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			76.
Ν	Vet unrealized gains (losses) on investments	5		1,0	43.
	Donated services and use of facilities	6			
	nvestment expenses	7			
	Prior period adjustments	8		4,8	40.
	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Ν	let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	olumn (B))	10	51	9,4	06.
art	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
Α	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other				
lf	f the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
a V	Vere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
lf	f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
s	eparate basis, consolidated basis, or both:				
l	Separate basis Consolidated basis Both consolidated and separate basis				
o V	Vere the organization's financial statements audited by an independent accountant?		2b	X	
lf	f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
l	X Separate basis Consolidated basis Both consolidated and separate basis				
c If	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	ne audit,			
re	eview, or compilation of its financial statements and selection of an independent accountant?		2c		X
lf	f the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
U	Jniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b If	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
0					(2023)

Form 990 (2023	VETERANS conciliation of Net Assets		CHILD	RESCUE,	INC
Fait Ai Re	conclination of Net Assets	5			

1 Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

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

82-1243908 Page 12

1

2

854,791.

622,044.

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2

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Department of the Treasury

Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

l	OMB No. 1545-0047
	2023
	Open to Public Inspection

Name of the	organization
-------------	--------------

Nan	ne of t	he organization								r identification number
					HILD RESCUE,					2-1243908
Pa	rt I	Reason for Public	Charity S	Status.	(All organizations must o	omplete ti	his part.) S	See instructior	ıs.	
The	organ	ization is not a private found	lation beca	ause it is: ((For lines 1 through 12, o	check only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for	or the bene	efit of a co	ollege or university owne	d or opera	ted by a g	overnmental (unit descrik	oed in
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local go								
7	Χ	An organization that norma			antial part of its support	rom a gov	ernmental	unit or from t	the general	public described in
•		section 170(b)(1)(A)(vi). (C								
8	H	A community trust describe								
9		An agricultural research org	-				-		-	-
		or university or a non-land-o	grant colleç	ge of agric	culture (see instructions)	. Enter the	name, cit	y, and state o	i the colleg	je or
10		university: An organization that norma	lly receive	s (1) more	than 33 1/3% of its sup	nort from	contributio	ne membere	hin fees a	nd gross receipts from
10		activities related to its exen								
		income and unrelated busin	•		•	. ,				•
		See section 509(a)(2). (Con					.0000 0040		gamzation	
11		An organization organized a			ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized a	-		•	•			arry out the	e purposes of one or
		more publicly supported or	ganization	s describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a through 12d that	describes	the type o	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization o	perated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
		the supported organization	on(s) the p	ower to re	gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	complete l	Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization s	supervised	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving
		control or management o	of the supp	orting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported
		organization(s). You mus	-							
С		Type III functionally interpretent of the second	-						Illy integrat	ed with,
		its supported organizatio								
d		Type III non-functionally						• •	°.	
		that is not functionally int	0	Ū.	• •	•		•	d an attent	liveness
		requirement (see instruct	,		• •					
е		Check this box if the orgation functionally integrated, or						а туре ї, туре	еп, туре п	
f	Ento	er the number of supported of				ing organi	zation.			
י מ		vide the following information	•		ed organization(s)					
		i) Name of supported	(ii)		(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	f monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	ing document?	support (see ir	nstructions)	support (see instructions)

Schedule A (Form 990) 2023

VETERANS FOR CHILD RESCUE, INC.

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.)

Sec	ction A. Public Support						
Cale	ndar 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.")	438,270.	740,944.	745,464.	538,241.	832,978.	3,295,897.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	438,270.	740,944.	745,464.	538,241.	832,978.	3,295,897.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						13,215.
6	Public support. Subtract line 5 from line 4.						3,282,682.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	438,270.	740,944.	745,464.	538,241.	832,978.	3,295,897.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				1,833.	14.	1,847.
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.)					8,571.	8,571.
11	Total support. Add lines 7 through 10						3,306,315.
	Gross receipts from related activities	. etc. (see instruction	ons)			12	136,928.
	First 5 years. If the Form 990 is for the		,			501(c)(3)	
	organization, check this box and stop	-			-		
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2023 (column (f))		14	99.29 %
	Public support percentage from 2022					15	99.94 %
	33 1/3% support test - 2023. If the o					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te		-			5	
b	10% -facts-and-circumstances tes	-		• • • •	-		
	more, and if the organization meets the	0					
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
							(Form 990) 2023

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Schedule A (l	Form 990)	2023
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VETERANS FOR CHILD RESCUE, INC.

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	comp	olete F	Part II.)
Section		blic S	upport							

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			1	1		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30 1075						
~	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst. second, third	fourth. or fifth tax	vear as a section	501(c)(3) orda	nization.
	check this box and stop here	C C					
Sec	tion C. Computation of Publ						
	Public support percentage for 2023 (column (f))		15	%
	Public support percentage from 2022					16	%
	tion D. Computation of Inve	· · · · ·					/0
	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the						
.00	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2022. If the						
U.	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
		AT UN TIOL CHECK &	557 011 11112 14, 19		THE DUA AND SEE IN		ule A (Form 990) 2023
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing 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.
- 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).
- **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.*
- **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.*
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** 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 despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 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).*
- 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).
- **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.**
- **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.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **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.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 VETERANS FOR CHILD RESCUE, INC.

No

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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		
k	A family member of a person described on line 11a above? 11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Se	tion 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.		
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		
Se	tion 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 the supported organization(s).

 1
 1

Sec	ction D. All Type III Supporting Organizations		
			Yes
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 on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		

supported organizations played in this regard.

Section 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 yea(see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 that these activities constituted substantially all of its activities.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** 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.**
- 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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

3

2a

2b

За

Yes No

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Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

VETERANS FOR CHILD RESCUE, INC.

	neck here if the organization satisfied the Integral Part Test as a qua			Part VI). See instructio
Al	other Type III non-functionally integrated supporting organizations i	must complete	Sections A through E.	
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	t-term capital gain	1		
2 Recover	ies of prior-year distributions	2		
3 Other gr	oss income (see instructions)	3		
4 Add line	s 1 through 3.	4		
5 Deprecia	ation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collectio	n of gross income or for management, conservation, or			
mainten	ance of property held for production of income (see instructions)	6		
7 Other ex	penses (see instructions)	7		
8 Adjuste	d Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - M	inimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	te fair market value of all non-exempt-use assets (see			
instructi	ons for short tax year or assets held for part of year):			
a Average	monthly value of securities	1a		
b Average	monthly cash balances	1b		
c Fair mar	ket value of other non-exempt-use assets	1c		
d Total (ad	dd lines 1a, 1b, and 1c)	1d		
e Discour	nt claimed for blockage or other factors			
(explain	in detail in Part VI):			
2 Acquisit	ion indebtedness applicable to non-exempt-use assets	2		
3 Subtract	t line 2 from line 1d.	3		
4 Cash de	emed held for exempt use. Enter 0.015 of line 3 (for greater amount	,		
see instr	ructions).	4		
	e of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	line 5 by 0.035.	6		
7 Recover	ies of prior-year distributions	7		
8 Minimu	m Asset Amount (add line 7 to line 6)	8		
Section C - D	istributable Amount			Current Year
1 Adjusted	d net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.8	35 of line 1.	2		
3 Minimur	n asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gr	eater of line 2 or line 3.	4		
5 Income	tax imposed in prior year	5		
6 Distribu	table Amount. Subtract line 5 from line 4, unless subject to			
emerger	ncy temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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VETERANS FOR CHILD RESCUE, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	he organization is responsiv	е		
	(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			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able 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)				
i	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				
	Applied to 2023 distributable amount				
-	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:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				
	Excess from 2021 Excess from 2022				
	Excess from 2022 Excess from 2023				
e					

Schedule A (Form 990) 2023

332027 12-21-23

Part VI	Part IV, S line 1; Pa	ection A, li rt IV, Sectio), lines 5, 6	nes 1, 2 on D, lin	l, 3b, 3c, 4l es 2 and 3	b, 4c, 5a ; Part IV	he explanations re a, 6, 9a, 9b, 9c, 1 /, Section E, lines on E, lines 2, 5, an	1a, 11b, and 1c, 2a, 2b, 3a	1c; Part IV, , and 3b; Pa	Section B, lin art V, line 1; F	nes 1 and 2; Part Part V, Section B,	: IV, Section C, , line 1e; Part V,
SCHEDU	LE A,	PART	II,	LINE	10,	EXPLANAT	ION FOR	OTHEI	R INCOM	IE:	
OTHER	INCOM	E									
2023 A	MOUNT	: \$	8,5	71.							
32028 12-21-2	3									Schedule	A (Form 990)
							21				

VETERANS FOR CHILD RESCUE, INC.

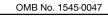
Schedule A (Form 990) 2023

82-124<u>3908 Page 8</u>

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.



2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

	VETERANS	FOR	CHILD	RESCUE,	INC.	82-1243908
Organization type (chec	:k one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)	(3)(enter numbe	er) organization		

	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990 EZ, or 990 PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B	(Form	990)	(2023)
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Name of organization

Employer identification number

82-1243908

VETERANS FOR CHILD RESCUE, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 12,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 12,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 11,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 7,250. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 6 X Person Pavroll 79,341. Noncash X \$ (Complete Part II for noncash contributions.) 323452 12-26-23

Schedule B (Form 990) (2023)

023900_1

23

2023.05000 VETERANS FOR CHILD RESCUE,

06591113 787047 023900

Schedule B	(Form	990)	(2023)
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Name of organization

Employer identification number

VETERANS FOR CHILD RESCUE, INC. 82-1243908 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 8 Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 10 Х Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 11 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 12 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

023900_1

24

2023.05000 VETERANS FOR CHILD RESCUE,

06591113 787047 023900

323452 12-26-23

Schedule B	(Form	990)	(2023)
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Name of organization

Employer identification number

82-1243908

VETERANS FOR CHILD RESCUE, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 13 Person Payroll 10,633. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution X 14 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 16 Х Person Payroll 10,730. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 17 X Person Payroll 7,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023)

023900_1

25 2023.05000 VETERANS FOR CHILD RESCUE,

06591113 787047 023900

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	22 ONE-OUNCE GOLD BARS	_	
		\$ 44,341.	11/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
323453 12-2	26-23 26		Schedule B (Form 990) (2023)

VETERANS FOR CHILD RESCUE, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

06591113 787047 023900

2023.05000 VETERANS FOR CHILD RESCUE,

023900_1

Employer identification number

82-1243908

Schedule B (Form 990) (2023)

Name of organization

Schedule	B (Form 990) (2023)		Page 4
Name of o	organization		Employer identification number
VETER	ANS FOR CHILD RESCUE, I	NC	82-1243908
	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	ions to organizations described in s through (e) and the following line ent tharitable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	[
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
323454 12-20	6-23		Schedule B (Form 990) (2023

06591113 787047 023900 2023.05000 VETERANS FOR CHILD RESCUE, 023900_1

SCHEDULE D)
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Department of the Treasury

Internal Revenue Service

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

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



Name of the organization

VETERANS FOR CHILD RESCUE, INC.

Employer identification number 82-1243908

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, line		ilar Funds or A	ccounts.Complete if the
	organization answered fres on Form 990, Part IV, inte	(a) Donor advised fur	nds (b) Funds and other accounts
1	Total number at end of year			•
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in	donor advised fun	ds
Ŭ	are the organization's property, subject to the organization's	•		
6	Did the organization inform all grantees, donors, and donor ad			
Ŭ	for charitable purposes and not for the benefit of the donor of			•
	impermissible private benefit?	•		
Par				
1	Purpose(s) of conservation easements held by the organization			,
•	Preservation of land for public use (for example, recreat		servation of a histo	prically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ind concernation contribution	a in the form of a co	peopletion accoment on the last
2	day of the tax year.			Held at the End of the Tax Year
~				2a
	Total number of conservation easements			
	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic structure of conservation easements included and line 20 and 20			2c
a	Number of conservation easements included on line 2c acqui	•		
~	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or term	inated by the organ	lization during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per		•	
~	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and el	morcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and onform	ing concervation of	perments during the year
'	Amount of expenses incurred in monitoring, inspecting, hand		ing conservation ea	asements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of	section 170(h)(4)(B)	(1)
•	and section 170(h)(4)(B)(ii)?	• •		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn		-	
	organization's accounting for conservation easements.	5		
Par	t III Organizations Maintaining Collections of	Art, Historical Treas	ures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue	e statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or r	research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describ	es these items.	
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	, ,		. ,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			provide
-	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023
	09-28-23	2*		

06591113 787047 023900

28 2023.05000 VETERANS FOR CHILD RESCUE,

023900_1

	dule D (Form 990) 2023 VETERANS	FOR CHILI				or Othe		32-12 ar Asse			age 2
3	Using the organization's acquisition, accession		-							,	
	collection items (check all that apply).	,	,	,	5		5				
а	Public exhibition	d	Loar	n or exc	hange progra	am					
b	Scholarly research	е	Othe		0,0						
с	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explair	how they f	urther t	he organizati	on's exer	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be main	ntained as part of t	ne organiza [.]	tion's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang	ements Complet	e if the orga	anizatior	n answered ""	Yes" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodian	n, or other intermed	liary for con	itributio	ns or other as	ssets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII ar										
									Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on For								Yes		No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the ex	planation h	as been	provided in I	Part XIII]
Par	t V Endowment Funds Complete if the	ne organization ans	wered "Yes	" on Fo	rm 990, Part	IV, line 10).				
		(a) Current year	(b) Prior	year	(c) Two year	rs back 🛛 🕻	d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	9,037.		9,034.	11	1,200.		1,000.		1,	000.
	Contributions			5,000.				9,036.			
	Net investment earnings, gains, and losses	14.		3.				1,164.			
	Grants or scholarships										
	Other expenditures for facilities										
	and programs			9,031.		2,166.					
f	Administrative expenses			,		,					
	End of year balance	9,051.		9,037.	<u> </u>	9,034.	:	11,200.		1,	000.
2	Provide the estimated percentage of the curre					,		,		,	
a	Board designated or quasi-endowment		%		.,,,						
b	Permanent endowment	%									
c	Term endowment %										
•	The percentages on lines 2a, 2b, and 2c shoul										
3a	Are there endowment funds not in the possess		tion that an	e held a	ind administe	red for th	ne				
•••	organization by:								1	Yes	No
	(i) Unrelated organizations?								3a(i)		Х
	(ii) Related organizations?								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the c								0.0		
_	t VI Land, Buildings, and Equipme										
	Complete if the organization answered		. Part IV. lin	e 11a. S	See Form 990). Part X.	line 10.				
	Description of property	(a) Cost or ot			or other		cumulate	d	(d) Boo	k valu	
	bescription of property	basis (investm			(other)		reciation	ŭ	(u) 000	it valu	0
19	Land	· · ·		20010	()		securer				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment			1	6,521.		9,51	15		7,0	06
	Other		V line 10-				_ر ر			7,0 7,0	
Tota	. Add lines 1a through 1e. (Column (d) must equ	uai Form 990, Part .	x, line 10C,	coiumn	і (<i>В))</i>		<u></u>	<u> </u>			
							9	Schedule	D (Forn	n 990)	2023

332052 09-28-23

(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	I-of-year market value
on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
		l-of-vear market value
		,
an Fairm 000 Dart IV line	11d Cas Form 000 Part V line 15	
	TIG. See Form 990, Part X, line 15.	
Description		(b) Book value
		45,384.
I. (B))		45,384
on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
		(b) Book value
		235
		2,717.
		209
		12,749
	on Form 990, Part IV, line (b) Book value on Form 990, Part IV, line Description	on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or enc (b) Book value (c) Method of valuation: Cost or enc (c) Method of valuation: Cost

Schedule D	(Form 990)) 2023	VETERANS	FOR	CHILD	RESCUE,	INC.	
Part VII	Investn	nents - Ot	ther Securities	;				

(a) Description	(b) Book value
(1) INVESTMENT IN GOLD	45,384.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Fotal. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
Part X Other Liabilities	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 VETERANS FOR CHILD RESCUE,	INC.		82-1	243908	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	883	,107.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	1,043.			
b	Donated services and use of facilities	2b	24,000.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	3,273.			
е	Add lines 2a through 2d			2e		,316.
3	Subtract line 2e from line 1			3	854	,791.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		,791.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Fynenses ner	Dotur	n	
			Expended per	netun		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1						,317.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1		,317.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			1		,317.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1		,317.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	24,000.	1		,317.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	24,000.	1	649	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	24,000. 3,273.	1 2e	<u>649</u> 27	,273.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	24,000. 3,273.	1	<u>649</u> 27	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	24,000. 3,273.	1 2e	<u>649</u> 27	,273.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	24,000. 3,273.	1 2e	<u>649</u> 27	,273.
1 2 3 4 3 4 b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	24,000. 3,273.	1 2e	<u>649</u> 27	<u>,273.</u> ,044.
1 2 3 4 3 4 b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	24,000.	1 2e	649 27 622	<u>,273.</u> ,044. 0.
1 2 3 4 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	24,000.	1 2e 3	649 27 622	<u>,273.</u> ,044.

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

PART III, LINE 4:

ART FOR AUCTION

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX AS A NOT-FOR-PROFIT

ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM

STATE INCOME TAXES UNDER THE ARIZONA REVISED STATUTES. ACCORDINGLY, THERE

ARE NO INCOME TAXES REFLECTED IN THESE FINANCIAL STATEMENTS.

THE ORGANIZATION'S MANAGEMENT BELIEVES THAT THERE ARE NO MATERIAL

UNCERTAIN TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT REPORTED

AMOUNTS COULD SIGNIFICANTLY DIFFER FROM AMOUNTS THAT MAY BE DETERMINED

332054 09-28-23

Schedule D (Form 990) 2023

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 Schedule D (Form 990) 2023
 VETERANS FOR CHILD RESCUE, INC.
 82-1243908 Page 5

 Part XIII
 Supplemental Information (continued)
 Image: Supplemental Information (continued)

 UPON EXAMINATION BY TAXING AUTHORITIES. IN GENERAL, THE ORGANIZATION'S
 FEDERAL AND STATE TAX RETURNS REMAIN SUBJECT TO EXAMINATION BY TAXING

 AUTHORITIES FOR THREE AND FOUR YEARS, RESPECTIVELY, FROM THE FILING DATE,
 UNLESS SPECIFIC CONDITIONS ARE MET. ACCORDINGLY, THE ORGANIZATION IS NO

 LONGER SUBJECT TO FEDERAL AND STATE TAX EXAMINATIONS BY TAXING AUTHORITIES
 FOR YEARS BEFORE 2019, UNLESS SPECIFIC CONDITIONS ARE MET.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

IN KIND DONATIONS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

IN KIND DONATIONS

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

∕

Employer identification number 82-1243908

23

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

Department of the Treasury Internal Revenue Service

e emprete n'are el gamzatione anorrei ea			
Attach to	Form	n 990.	

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

Name of the organization

VETERANS FOR CHILD RESCUE, INC.

Pa	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of dete noncash contributi	•	te
		applicable		Form 990, Part VIII, line 1g	noncash contributi	on amoun	.5
1	Art - Works of art	Х	1	0.			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles	Х	1	44,341.	FMV		
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (<u>SUPPLIES/ GOODS</u>)	Х	6	0.			
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz						
	for which the organization completed Form 828	83, Part V, E	Donee Acknowledg	ement 29			<u> </u>
					Г	Yes	No
30a	During the year, did the organization receive by				-		
	must hold for at least 3 years from the date of t						v
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.	- 11	i	-former to the true	tion of		v
31	Does the organization have a gift acceptance p				itions?	31	X
32a	Does the organization hire or use third parties of	or related of	ganizations to soli	cπ, process, or sell noncash			1

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

contributions?

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

Schedule M (Form 990) 2023

32a

Х

LHA 332141 09-11-23

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this part for any additional information.

Part II

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

	34	(()) ()
332142 09-11-23		Schedule M (Form 990) 2023

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2023.05000 VETERANS FOR CHILD RESCUE, 023900_1

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Supplemental Information to Form 990 or 990-EZ



VETERANS FOR CHILD RESCUE, INC.

82-1243908

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

PRIMARY METHODS ARE TO WIDELY EXPOSE THE THREAT THROUGH MULTIPLE MASS

MEDIA PLATFORMS AND TO DIRECTLY COMBAT THE PROBLEM BY RUNNING JOINT

STING OPERATIONS AGAINST TRAFFICKERS WITH LAW ENFORCEMENT AND ALLIED

NGOS.

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

LAW ENFORCEMENT AND ALLIED NGOS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DURING 2023, ONE STING OPERATION WAS CONDUCTED IN LAREDO TEXAS IN

CONJUNCTION WITH LOCAL POLICE AND DISTRICT ATTORNEYS TO ARREST

PEDOPHILES AND BRING THEM TO JUSTICE. V4CR ALSO CONDUCTED 2

INVESTIGATIONS, ONE IN THE STATE OF OHIO AND ONE IN THE STATE OF UTAH.

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990 - THE CEO OF THE ORGANIZATION

WILL REVIEW THE RETURN PRIOR TO FILING.

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

UPON REQUEST, THE ORGANIZATION WILL MAKE GOVERNING DOCUMENTS AVAILABLE AT

35

NO COST TO THE REQUESTER.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 Schedule O (Form 990) 2023

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2023.05000 VETERANS FOR CHILD RESCUE, 023900_1

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

onur 9.	90 PAGE 10	_		_				990		-				-	
Asset No.	Description	Date Acquired	Method	Life	Con v	_ine No. (Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciatior
1	APPLE LAPTOP	09/27/22	200DB	5.00	HY1	.7	3,571.			3,571.				٥.	
2	COMPUTER EQUIPMENT	02/04/20	SL	5.00	1	16	2,822.				2,822.	1,646.		564.	2,210
3	HARD DRIVES	10/01/19	200DB	5.00	HY1	17	7,206.			7,206.				٥.	
4	CANON REFURBISHED EOS R6 BODY CAMERA	06/22/23	200DB	5.00	нү1	.9в	1,406.			1,125.	281.			1,181.	56
5	GENERATOR - HOME DEPOT	02/13/23	200DB	5.00	HY1	.9в	976.			781.	195.			820.	39
6	MULTITRACK FIELD RECORDER - AMAZON	10/11/23	200DB	5.00	HY1	19в	540.			432.	108.			454.	22
	* TOTAL 990 PAGE 10 DEPR						16,521.			13,115.	3,406.	1,646.		3,019.	2,327
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						13,599.			10,777.	2,822.	1,646.			2,210
	ACQUISITIONS						2,922.			2,338.	584.	0.			117
	DISPOSITIONS/RETIRED						0.			0.	0.	٥.			(
	ENDING BALANCE						16,521.			13,115.	3,406.	1,646.			2,327
	ENDING ACCUM DEPR											15,442.			
	ENDING BOOK VALUE											1,079.			

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

4562	OMB No. 1545-0172												
Form TUUL		(Including	Information o		-	y) 990		2023					
Department of the Treasury Internal Revenue Service	Gata	ununu iro goy/Eo	Attach to your ta rm4562 for instruc			nformation		Attachment Sequence No. 179					
Name(s) shown on return	GO 10 1	www.irs.gov/Fo	1114302 101 11150 00		ss or activity to whi		s	Identifying number					
	VETERANS FOR CHILD RESCUE, INC. FORM 990 PAGE 10 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before												
Part I Election To Ex	pense Certain Propert	y Under Section 1	79 Note: If you have	e any lis	ted property, o	omplete Part	V before y						
1 Maximum amount (s	,							1,160,000.					
2 Total cost of section								2 200 000					
3 Threshold cost of se								2,890,000.					
4 Reduction in limitati													
5 Dollar limitation for tax yea	(a) Description of pro				ess use only)	(c) Elected							
0		oory	(0) 00			(0) 2100100							
7 Listed property. Ent	er the amount from	line 29			7								
8 Total elected cost o							8						
9 Tentative deduction	. Enter the smaller of	of line 5 or line 8					9						
10 Carryover of disallow	wed deduction from	line 13 of your 2	022 Form 4562				10						
11 Business income lin	nitation. Enter the sn	naller of busines	s income (not less tl	han zer	o) or line 5		11						
12 Section 179 expense	e deduction. Add lin	es 9 and 10, but	t don't enter more tl	han line	11		12						
13 Carryover of disallow					13								
Note: Don't use Part II o						•							
	preciation Allowar												
14 Special depreciation				• • •		•		2 2 2 0					
								2,338.					
15 Property subject to								564.					
16 Other depreciation (Part III MACRS D	epreciation (Don't i						16	504•					
			Section	,									
17 MACRS deductions	for assets placed in	service in tax ve			3		17						
18 If you are electing to group	•		v v										
	Section B - Assets I	Placed in Servic	e During 2023 Tax	Year l	Jsing the Gen	eral Deprecia	ation Syste	em					
(a) Classification	of property	(b) Month and year placed in service	(c) Basis for deprecia (business/investmen only - see instruction	it use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction					
19a 3-year property													
b 5-year property			Ę	584.	5 YRS.	HY	200DB	117.					
c 7-year property													
d 10-year property	/												
e 15-year property													
f 20-year property													
g 25-year property	/				25 yrs.		S/L						
h Residential rent	al property	/			27.5 yrs.	MM	S/L						
	-	/			27.5 yrs.	MM	S/L						
i Nonresidential r	eal property	/			39 yrs.	MM	S/L S/L						
Se	ection C - Assets Pl	aced in Service	During 2023 Tax \	ear Us	ing the Altern			tem					
20a Class life					ing the sates		S/L						
b 12-year		S/L											
c 30-year		/			12 yrs. 30 yrs.	MM	S/L						
d 40-year		/			40 yrs.	MM	S/L						
	(See instructions.)				-	•							
21 Listed property. Ent	er amount from line	28					21						
22 Total. Add amounts	from line 12, lines 1	4 through 17, lin	nes 19 and 20 in col	umn (g)	, and line 21.								
Enter here and on the	ne appropriate lines	of your return. P	artnerships and S c	orporat	ions - <u>see instr</u>		22	3,019.					
23 For assets shown a	bove and placed in s	service during th	e current year, ente	r the									
portion of the basis	attributable to section	on 263A costs		<u></u>	23								

316251 12-20-23 LHA For Paperwork Reduction Act Notice, see separate instructions.

For	m 4562 (2023)	VET	ERANS F	'OR C	HILD	RES	CUE,	IN	c.			82-	1243	908	Page 2
	art V Listed Proper				ner vehio	cles, cer	tain airci	aft, ar	nd propert	y used f	or				
	entertainment Note: For any				standa	rd milea	ne rate c	r dedi	icting leav	se exner	ise com	inlete on	lv 24a		
	24b, columns	(a) through (c	c) of Section A	, all of S	ection E	3, and Se	ection C	if app	licable.						
			on and Other			aution: S	See the i	_							
24 a	Do you have evidence to			ent use cla	aimed?	<u> </u>	es 🗋	No	24b If "Y	1		nce writ	ten?	Yes L	<u>No</u>
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or her basis	(bu	(e) sis for depressiness/invent use only	stment	(f) Recovery period	Me	(g) thod/ /ention	Depre	h) eciation uction	Eleo sectio	(i) cted on 179 ost
25	Special depreciation all			č –	/ placed	in servi	ce durino	the t	I ax vear ar	nd					
20	used more than 50% in				•			-	-		25				
26	Property used more that														
		: :	(%											
		: :	(%											
		: :	0	%											
27	Property used 50% or I	ess in a quali	fied business	use:					1	1					
		: :		%						S/L ·					
		: :		%						S/L -					
				%						S/L -					
	Add amounts in column														
29	Add amounts in column	1 (I), IINE 26. E		Section I									. 29		
Cor	mplete this section for ve	hicles used					-			or relate	d nersor	lfvou	nrovider	lvehicles	2
	our employees, first ans														5
,		and the quee													
				(a)	((b)		(c)	(d)	(e)	(f)
30	Total business/investment	miles driven d	uring the	Vehi	icle 1	Veh	icle 2	Ve	ehicle 3	Veh	icle 4	Vehi	cle 5	Vehic	cle 6
	year (don't include commu	iting miles)													
	Total commuting miles														
32	Total other personal (no	-	-												
	driven														
	Total miles driven durin	• •													
	Add lines 30 through 32						ı				·				
34	Was the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
25	during off-duty hours? Was the vehicle used p														
55	than 5% owner or related														
36	Is another vehicle availa														
	0														
			- Questions	for Empl	loyers V	Vho Pro	vide Vel	icles	for Use b	y Their	Employ	es	•		
Ans	swer these questions to	determine if y	you meet an e	exception	n to com	pleting	Section	B for v	ehicles us	sed by e	mployee	s who a i	ren't		
mo	re than 5% owners or re	lated persons	S.												
37	Do you maintain a writte													Yes	No
	employees?														ļ
38	Do you maintain a writte		-	-				-							
~~	employees? See the ins														
	Do you treat all use of v Do you provide more th													·	
40	the use of the vehicles,														
41	Do you meet the require														
••	Note: If your answer to														
Pa	art VI Amortization														
	(a)			(b)		(c)			(d) Code		(e)			(f)	
	Description of	or costs	Date	amortization begins		Amortizat amoun			Code section		Amortiza period or per		Ar fc	nortization r this year	
42	Amortization of costs th	nat begins du	ring your 202	3 tax yea	ar:										
				: :											
				: :								-+			
	Amortization of costs th											43			
44	Total. Add amounts in	column (f). Se	e the instruct	tions for	where to	o report	<u></u>	<u></u> .	<u></u>	<u></u>	<u></u>	44			