EXTENDED TO NOVEMBER 15, 2022

Form **990**

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

^ 1	or the	2021 calendar year, or tax year beginning and	a enaing		
В	Check if applicable:	C Name of organization		D Employer identific	ation number
	Address	VETERANS FOR CHILD RESCUE, INC.			
	Name change	Doing business as		82-12439	08
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	7320 N. LA CHOLLA BLVD. #154-302		520-210-	7499
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	730,669.
	Amende			H(a) Is this a group re	tum
	Application			for subordinates	
_	pending	/320 N. LA CHOLLA BLVD, TUCSON, AZ 6:	741	H(b) Are all subordinates in	
1	Tax-exe	mpt status: X 501(c)(3)) or 527		list. See instructions
		VETS4CHILDRESCUE.ORG		H(c) Group exemption	n number
		organization: X Corporation Trust Association Other	L Year	of formation: 201/	State of legal domicile: DE
P	art I	Summary		on gurra na	COLLE MY C
	1 E	Briefly describe the organization's mission or most significant activities: VET	RANS F	OK CHILD KE	CKING. OUR
a S	_	FOUNDED SPECIFICALLY TO HELP BRING AN EL			-
Ē		Check this box if the organization discontinued its operations or disp		than 25% of its net as	sets.
Š		Number of voting members of the governing body (Part VI, line 1a)		3	4
8		Number of independent voting members of the governing body (Part VI, line 1b			10
9		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			223
ž		Total number of volunteers (estimate if necessary)			1.
Act		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	ь	Net unrelated business taxable income from Form 990-T, Part I, line 11	***************	Prior Year	Current Year
				693,706.	709,645.
en	1	Contributions and grants (Part VIII, line 1h)		0.	0.
le)		Program service revenue (Part VIII, line 2g)		2.	1.
Ş.		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		41.077.	6,223.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		734,785.	715,869.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	********	0.	0.
	13 (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)))	254,073.	351,579.
Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		0.	0.
e	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 83,	471.	A CALL OF THE PARTY OF THE PART	
Š	ь	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		277,831.	317,913.
	17	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		531,904.	669,492.
		Revenue less expenses. Subtract line 18 from line 12		202,881.	46,377.
50		Revenue less expenses. Subtract into 10 months and	В	eginning of Current Year	End of Year
tso		Total assets (Part X, line 16)		336,235.	467,519.
SSE	20 21	Total liabilities (Part X, line 26)		655.	25,924.
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		335,580.	441,595.
	art II	Signature Block			
Ho	der nena	tties of perjury I declare that I have examined this return, including accompanying schedu	iles and staten	nents, and to the best of m	y knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare	r has any knowledge.	
_		Ling Dansh		/0/	15/2022
Si	gn	Signature of officer		Date	
	ere	CRAIG SAWYER, CEO AND FOUNDER			
		Type or print name and title		Date Check	II PTIN
_	1 1	Print/Type preparer's name Preparer's signature		11/15/22 self-employ	
Pa	aid	AMY CHAVEZ		T Sirm's CIN .	86-0550947
	eparer	Film S hame A FAO TO COMPANY COMPANY COMPANY	ORATIO	rum s Em	
U	e Only	Firm's address 4542 E. CAMP LOWELL STE. 100		Phone no (5	20) 881-4900
_		TUCSON, AZ 85712		T Hone not (o	X Yes No
M	ay the If	RS discuss this return with the preparer shown above? See instructions	rtions		Form 990 (2021)

	m 990 (2021) VETERANS FOR CHILD RESCUE, INC. 82-1243908	Page 2
Pai	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	VETERANS FOR CHILD RESCUE WAS FOUNDED SPECIFICALLY TO HELP BRING A	N
	END TO CHILD TRAFFICKING. OUR PRIMARY METHODS ARE TO WIDELY EXPOSE	THE
	THREAT THROUGH MULTIPLE MASS MEDIA PLATFORMS AND TO DIRECTLY COMBA	T
	THE PROBLEM BY RUNNING JOINT STING OPERATIONS AGAINST TRAFFICKERS	WITH
2	Did the organization undertake any significant program services during the year which were not listed on the	
		s X No
	If "Yes," describe these new services on Schedule O.	
3		s X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens	203
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	
	revenue if any far each program convice reported	s, and
4a	201 007	
T a	SEE SCHEDULE O	
41-		
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	201 007	
		990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10	21	
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٦,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			 ₩
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		_ <u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
				_

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Form 990 (2021) VETERANS FOR CHILD
Part IV Checklist of Required Schedules (continued)

	The state of the dame of the state of the st			·
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	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? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
·	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? If "Yes," complete	051-		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
50	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Fal	Tt 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			
	Officery if Octobusing Octobusing a response of flote 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 10			1.10
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

VETERANS FOR CHILD RESCUE, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.0			
	filed for the calendar year ending with or within the year covered by this return	2a 10	1	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions		0-		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3a 3b		1
	•		30		
44	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
h	If "Yes," enter the name of the foreign country		 a		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	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 th				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and cont	vices provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· · · · · · · · · · · · · · · · · · ·			
	to file Form 8282?	1	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 co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interior department of the property of the		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		•		
а	Did the area saints a superior time and the same transfer distributions and the saint 40000		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	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			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a		
	,	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
D		13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		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		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	$\textbf{Section 501(c)(21) organizations.} \ Did the trust, any disqualified person, or mine operator engage in a section of the person of the p$	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
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	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		Х
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		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			37
	on Schedule O how this was done	12c	37	X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Λ
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year?	16a		Λ
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4Ch		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17 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)	e only) avail	ahlo
10	for public inspection. Indicate how you made these available. Check all that apply.	o orny	, availe	aDIC.
	X Own website Another's website X 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, ar	d finar	ncial	
	statements available to the public during the tax year.	u midi	·Oiai	
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			

023900_1

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

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

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

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

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

Check this box if neither the organization n (A)	(B)			(((D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
Tidanio dino tino	hours per	per box, unles			more rson	than is bot	one h an	compensation	compensation	amount of
	week			nd a director/trustee)				from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	rustee			eu sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altru	onal ti		loyee	comp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
/1) CDATG CANWED	line) 40.00	프	<u> </u>	₩	Ş.	ijĘ.	굔			
(1) CRAIG SAWYER CEO AND FOUNDER	0.00			х				95,000.	0.	0
(2) JEANETTE CARLISLE	40.00			^				93,000.	0.	0
(2) JEANETTE CARLISLE COO	0.00			х				66,280.	0.	0
(3) FORREST SEALEY	40.00			^				00,200.	0.	0
EXECUTIVE DIRECTOR	0.00	-		х				33,115.	0.	0
(4) TOM IVASCANIN	0.00		\vdash	122				33,113.	0.	0
VICE CHAIRMAN	0.00	x						0.	0.	0
(5) BRAD THOMSON	0.00									
CHAIRMAN	0.00	x						0.	0.	0
(6) CLIFF BROWN	0.00									
SECRETARY	0.00	х						0.	0.	0
		ł								
			\vdash			\vdash				
		1								
	-	\vdash	-	\vdash						

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than box, unless person is bot officer and a director/trus					one h an	(D) Reportable compensation from the	Reportable compensation from related		Estimated amount of other compensation		
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	orgar and		rom th anizat d relat anizati	e ion ed
		iiile)	pul	sul	0#	Key	Hig	Por			+			
											\downarrow			
											\dashv			
											+			
											\Box			
	Subtotal							<u> </u>	194,395.	().			0
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A						>	0. 194,395.	Č).			0
	Total number of individuals (including but no compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable			Yes	(No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-		-		_	phest compensated emp	•	[3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," cometion B. Independent Contractors	•				•		elat	ed organization or indiv	idual for services		5		X
1	Complete this table for your five highest co										ensa	ation 1	from	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	Co	(C ompe	C) nsatio	n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lir	mite	d to		se lis)	stec	d above) who received n	nore than				

	rt VI	Ш	Statement of Re								
			Check if Schedule O	conta	ins a re	esponse	or note to any lin	e in this Part VIII			<u></u>
								(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
nts its	1 6	a F	ederated campaigns		-	la	1,043.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b	-				
S, G			Fundraising events			1c					
Sift lar,			Related organizations			1d					
imi			Government grants (conti			le					
rio S	f	f A	All other contributions, gifts,	grants	s, and						
		S	similar amounts not included	l abov	e 占	lf	708,602.				
d d	ç	g N	Noncash contributions included in	lines	1a-1f	1g \$					
<u>8 0</u>	ŀ	h 1	Total. Add lines 1a-1f					709,645.			
							Business Code				
<u>e</u>	2 8	a _									
ez re	ŀ	b _									
n S	(c _									
gra Re	(d _									
Program Service Revenue		e -									
-			All other program service								
$\overline{}$	3		Fotal. Add lines 2a-2f								
	3		nvestment income (includother similar amounts)	_			· ·	1.		1.	
	4		ncome from investment of				. Г				
	5		Royalties				· •				
	•	·				Real	(ii) Personal				
	6 a	a (Gross rents	6a							
			_ess: rental expenses	6b							
	(c F	Rental income or (loss)	6с							
	(d N	Net rental income or (loss	s) <u> </u>							
	7 a	a (Gross amount from sales of		(i) Sed	curities	(ii) Other				
		a	assets other than inventory	7a							
	ŀ	b L	_ess: cost or other basis								
une			and sales expenses								
Revenue			Gain or (loss)								
ğ.			Net gain or (loss)				>				
Othe	8 8		Gross income from fundraisi		-	- 1					
0			ncluding \$								
			contributions reported on								
			Part IV, line 18 Less: direct expenses								
			Net income or (loss) from				>				
			Gross income from gamin								
			Part IV, line 19								
	ŀ		_ess: direct expenses								
			Net income or (loss) from								
			Gross sales of inventory,								
		a	and allowances			10a	21,023.				
	ŀ		ess: cost of goods sold				14,800.				
		c N	Net income or (loss) from	sales	of inve	entory	>	6,223.	6,223.		
S.							Business Code				
ne ne	11 a	_									
lar ven		b _									
Miscellaneous Revenue		C _	NII adda ay yan yan ya								
Ξ			All other revenue								
	12		Fotal. Add lines 11a-11d Fotal revenue. See instruction					715.869.	6,223.	1.	0.

Part IX Statement of Functional Expenses

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

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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				
	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,				
	trustees, and key employees	161,280.	65,312.	74,197.	21,771.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4.65 0.55	110 000	20 405	4 4 64 4
7	Other salaries and wages	165,077.	112,368.	38,495.	14,214.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	25,222.	14,175.	8,056.	2,991.
11	Fees for services (nonemployees):				
а	Management	06 04 5		0.5 0.4 5	
b	Legal	86,917.		86,917.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	17 070		12 622	E 250
	column (A), amount, list line 11g expenses on Sch O.)	17,872. 15,079.	571.	12,622.	5,250.
12	Advertising and promotion	14,472.	3,447.	10,125.	10,009. 900.
13	Office expenses	14,4/2.	3,447.	10,123.	900•
14	Information technology				
15	Royalties	2,148.		1,469.	679.
16 17	Occupancy	63,095.	60,334.	1,151.	1,610.
18	Travel Payments of travel or entertainment expenses	0370331	00/0010	1,1314	1,010.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,006.		2,006.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) INTERNET, WEBSITE AND S	55,052.	46,315.	8,737.	
a b	MERCHANT FEES	26,094.	0.	47.	26,047.
b	DOCUMENTARY PRODUCTION	16,332.	16,332.	- T / •	20,047
d	STATE REGISTRATIONS	15,764.	0.	15,764.	
-	All other expenses	3,082.	2,953.	129.	
25	Total functional expenses. Add lines 1 through 24e	669,492.	321,807.	264,214.	83,471.
26	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)				
					F 000 (0004)

Га	IL A	Check if Schedule O contains a response or	note to ar	v line in this Part Y			
		oneon il soriedule o contains à response or	note to af	y 11110 111 11115 FAILA	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			295,327.	1	392,862.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr				6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			37,627.	8	25,032.
As	9	Prepaid expenses and deferred charges			976.	9	10,922.
	l	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		10,028.			
	ь	Less: accumulated depreciation		4,325.	2,305.	10c	5,703.
	11	Investments - publicly traded securities	<u> </u>	11	·		
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I	F		13		
	14	Intangible assets	0.	14	33,000.		
	15	Other assets. See Part IV, line 11		15	·		
	16	Total assets. Add lines 1 through 15 (must e			336,235.	16	467,519.
	17	Accounts payable and accrued expenses	_		-	17	21,856.
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ý	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, su					
api		controlled entity or family member of any of				22	
Ĩ	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li					
		of Schedule D			655.	25	4,068.
	26	Total liabilities. Add lines 17 through 25			655.	26	25,924.
		Organizations that follow FASB ASC 958,					
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			335,580.	27	432,564.
Ва	28	Net assets with donor restrictions				28	9,031.
pur		Organizations that do not follow FASB AS					
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds			29	
set	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulate				31	
Net	32	Total net assets or fund balances			335,580.	32	441,595.
	33	Total liabilities and net assets/fund balances			336,235.	33	467,519.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,8				
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,4				
3	Revenue less expenses. Subtract line 2 from line 1	3		6,3 5,5	77.			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	5	9,6	38.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	44	1,5	95.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2021)			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization VETERANS FOR CHILD RESCUE, 82-1243908 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	552,004.	638,597.	438,270.	740,944.	745,464.	3,115,279.
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	FF0 004	620 505	420 070	740 044	F45 464	
4	Total. Add lines 1 through 3	552,004.	638,597.	438,270.	740,944.	745,464.	3,115,279.
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)						2 115 270
6	Public support. Subtract line 5 from line 4.						3,115,279.
	ndar year (or fiscal year beginning in)	/s\ 0017	(h) 0010	(-) 0010	(4) 0000	(=) 0001	(f) Total
		(a) 2017 552,004.	(b) 2018 638, 597.	(c) 2019 438, 270.	(d) 2020 740,944.	(e) 2021 745,464.	(f) Total 3,115,279.
	Amounts from line 4 Gross income from interest,	332,004.	030,3371	450,270.	740,544.	743,404.	3,113,273.
8	,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,115,279.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi				501(c)(3)	
	organization, check this box and stop	here					<u>▼X</u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (line 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	•		,		*	and
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2020. If the o	•		•		•	s box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact			=	•	VI how the organiza	ition
	meets the facts-and-circumstances to	-	•	* * * * * * * * * * * * * * * * * * * *	-		
b	10% -facts-and-circumstances tes	-					0% or
	more, and if the organization meets the		•		•		
	organization meets the facts-and-circ						>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	<u></u> ▶∟⊥

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	siow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	<u> </u>	, ,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5		-	-	-		
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	L	<u>l</u>	1	<u> </u>
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
-	check this box and stop here						_
	ction C. Computation of Publ					1 1	
	Public support percentage for 2021 (I						%
	Public support percentage from 2020 ction D. Computation of Inves					16	%
						47	0/
17							%
18	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						i / is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	organization did ı	not check a box or	n line 14 or line 19a	a, and line 16 is m	nore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	hox on line 14 10	a or 19h check t	his hox and see ir	nstructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
44.		
10b		

Schedule A (Form 990) 2021

023900 1

		1000	О Ра	age 3
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	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			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
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.		1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structioi		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990) 2021

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021	VETERANS FO	OR CHILD	RESCUE,	INC.	82-1243908 Page
Part V Type III Non-Fund	tionally Integrated	509(a)(3) Su	pporting Org	anizations	

All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances 1 th 1 Tall a a service of the formon-exempt-use assets 1 to 1 Total (add lines 1a, th, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Southract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use, Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 A dijusted net income for prior year (from Section A, line 8, column A) 7 Agjusted net income for prior year (from Section B, line 8, column A) 8 Hinimum asset amount for prior year (from Section B, line 8, column A) 9 Letter greater of line 2 or line 3. 9 Letter greater of line 2 or line 3. 9 Letter greater of line 2 or line 3. 9 Letter greater of line 2 or line 3. 9 Letter greater of line 2 or line 3. 9 Letter greater of line 2 or line 3. 9 Lette	1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instructions.
1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Recoveries of prior-year distributions 2 Recoveries of prior-year (from Section B, line 8, column A) 1 Recoveries of prior-year (from Section B, line 8, column A) 1 Recoveries of prior-year distributions 3 Recoveries of prior-year (from Section B, line 8, column A) 1 Recoveries of prior-year distributions 3 Recoveries of prior-year distributions 3 Recoveries of prior-year distributions from the 2 Recoveries of prior-year distributions for short tax year or assets held for part of year): a Average monthly value of securities 1 Recoveries 1 Recoveries of prior-year other factors (explain in detail in Part VI); 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Recoveries of prior-year distributions 2 Recoveries of prior-year distributions 3 Recoveries of prior-year distributions 3 Recoveries of prior-year distributions 3 Recoveries of prior-year distributions 4 Recoveries of prior-year distributions 5 Recoveries of prior-year distributions 5 Recoveries of prior-year distributions 5 Recoveries of prior-year distributions 6 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Recoveries of prior-year distributions 8 Recoveries of prior-year distributions 6 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Recoveries of prior-year distributions 9 Recov		All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
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Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): A Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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emergency temporary reduction (see instructions).		· · · · · ·			
	-	•	6		
7 Lul Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	7			ed Type III supporting org	anization (see
instructions).	-	• • • • • • • • • • • • • • • • • • • •	,g.a	· , ₋ - - - - - - -	,

Schedule A (Form 990) 2021

9

10

Distributable amount for 2021 from Section C, line 6

10 Line 8 amount divided by line 9 amount

<u></u>	Line of amount divided by line 9 amount		. 10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
<u>e</u>	Excess from 2021			

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

VETERANS FOR CHILD RESCUE, INC. 82-1243908

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

Check if your organization is covered by the General Rule or a Special Rule.

527 political organization

501(c)(3) exempt private foundation

501(c)(3) taxable private foundation

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.

4947(a)(1) nonexempt charitable trust treated as a private foundation

General Rule

Form 990-PF

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.

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;

Special Rules

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 \bigcup \$

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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

VETERANS FOR CHILD RESCUE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TYLER MASON 1541 OGDEN RD. MONTROSE, CO 81401	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SCOTT BROGI 1644 NORTH LYNCH MESA, AZ 85207	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BRAD BASSHAM 1515 STONY TRAIL SAINTE GENEVIEVE, MO 63670	\$\$, 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CARL CARPENTER 1022 HEATHERWOOD STREET SAN TAN VALLEY, AZ 85140	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GOFF FAMILY INC 19821 MEDLEY LANE OAKLAND, IL 61943	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	AMAZON SMILE FOUNDTION 410 TERRY AVE N. SEATTLE, WA 98109	\$6,103.	Person X Payroll
123452 11-1			Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

VETERANS FOR CHILD RESCUE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7	GE APPLIANCES CAMPAIGN PO BOX 7907 PRINCETON, NJ 08540	\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8	FOREVER FAMILY RESCUE FOUNDATION 211 N ERVAY ST FL5 DALLAS , TX 75001	\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9	GT FOUNDATION 1684 S. BROAD LANSDALE, PA 19446	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
10	RHODA B. CAHILL 1109 RAMSTAN DR. STROUDSBURG, PA 18360	\$ 8,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11	RUCKS FAMILY FOUNDATION PO BOX 51967 LAFAYETTE, LA 70505	\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
123452 11-1	JOE & MICHELLE SKELDON 8067 TERRAZA COURT RIVERSIDE, CA 92508	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

VETERANS FOR CHILD RESCUE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	KELSIE BIESER 8920 KENAMAR DRIVE SAN DIEGO, CA 92121	\$8,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	LIZA LYNN NOT AVAILABLE TUCSON, AZ 85713	\$5,516.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	STEPHANIE WENDELL NOT AVAILABLE TUCSON, AZ 85713	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page

Name of organization

Employer identification number

VETERANS FOR CHILD RESCUE, INC.

	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(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. rom 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
		<u> </u>	

Schedule B (Form 990) (2021) Page **4**

Name of organization **Employer identification number** 82-1243908 VETERANS FOR CHILD RESCUE, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VETERANS FOR CHILD RESCUE, INC.

Employer identification number 82-1243908

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the			
		(a) Donor advise	ed funds	(b) Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in		eld in donor advise	d funds			
	are the organization's property, subject to the organization's	-			□No		
6		ntees, donors, and donor advisors in writing that grant funds can be used only					
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
	impermissible private benefit?						
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, P	art IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply	<u>).</u>				
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area			
	Protection of natural habitat		☐ Preservation of a	certified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contril	oution in the form o				
	day of the tax year.			Held at the End of the Ta	x Year		
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements						
	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired			re			
	listed in the National Register			2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization during the tax			
	year ▶						
4	Number of states where property subject to conservation ea		 				
5	Does the organization have a written policy regarding the per				٦		
_	violations, and enforcement of the conservation easements i				_ No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing cons	ervation easements during the year	•		
7	Amount of auropean insuranced in manufacturer insuranting boson	dlina afrijalatiana and a					
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	aling of violations, and e	morcing conservati	on easements during the year			
8	Does each conservation easement reported on line 2(d) above	o eatiefy the requireme	nts of saction 170/h	5)(4)(P)(i)			
0					No		
9	and section 170(h)(4)(B)(ii)?				140		
3	balance sheet, and include, if applicable, the text of the foot		=				
	organization's accounting for conservation easements.	lote to the organization	3 III lai Iciai Statei ile	nts that describes the			
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tr	easures, or Ot	her Similar Assets.			
	Complete if the organization answered "Yes" on Form	•	,				
1a	If the organization elected, as permitted under FASB ASC 95		venue statement ar	nd balance sheet works			
	of art, historical treasures, or other similar assets held for pul	•					
	service, provide in Part XIII the text of the footnote to its final	·	•	•			
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1			> \$			
				k 4			
2	If the organization received or held works of art, historical tre						
	the following amounts required to be reported under FASB A			<u>-</u>			
а	Revenue included on Form 990, Part VIII, line 1			> \$			
	Assets included in Form 990, Part X				000.		

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

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 VETERANS	FOR CHILI	O RESCUE,	INC.	8	2-12	43908	3 P	age 2
Par	t III Organizations Maintaining Co	llections of Ar	t, Historical Tr	easures, or Oth	ner Simila	r Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that make	significant u	se of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	n how they further t	ne organization's ex	empt purpos	e in Parl	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 the	he organization's co	ollection?			Yes		No
Par	t IV Escrow and Custodial Arrang						line 9, or		
	reported an amount on Form 990, Part	-	· ·		ŕ	,			
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for contribution	s or other assets no	ot included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
			g				Amount		
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on For						Yes		No
	If "Yes," explain the arrangement in Part XIII. C								j
Par								-	
		(a) Current year	(b) Prior year	(c) Two years back		ars back	(e) Four	years	back
1a	Beginning of year balance	11,200.	1,000.	1,000.	1	1,000.	. ,		0.
	Contributions	, -	9,036.	,				1	000.
	Net investment earnings, gains, and losses		1,164.						
	Grants or scholarships								
	Other expenditures for facilities								
·		2,166.							
f	Administrative expenses								
g	The state of the s	9,034.	11,200.	1,000.		1,000.		1	000
2		of year balance 9,034. 11,200. 1,000. 1,000. 1,000. 1,000. ide the estimated percentage of the current year end balance (line 1g, column (a)) held as:							
	Board designated or quasi-endowment	Tit year end balance	e (iirie 19, columii (a %	ij) rielu as.					
b	Permanent endowment	%							
	Term endowment > %								
·	The percentages on lines 2a, 2b, and 2c should								
32	Are there endowment funds not in the possess		ation that are held a	nd administered for	the organiza	tion			
oa	by:	Sion of the organize	tion that are ned a	na administered for	inc organiza	LIOIT	Γ	Yes	No
	-						3a(i)		X
							3a(ii)		X
h	(ii) Related organizations	one listed as requir	ad an Cahadula D2				 ` ' 		
⊿							3b		
Par	t VI Land, Buildings, and Equipme		willetti turius.						
ı al	Complete if the organization answered		Part IV line 11a 9	See Form 900 Part \	(line 10				
	-						(d) Daci	, ,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	Description of property	(a) Cost or ot basis (investm	1 ' '	' '	Accumulated epreciation		(d) Book	valu	е
4-	Lond	- '	Dasis	(Other) ut	opi eciatioi i				
	Land								

5,703. Schedule D (Form 990) 2021

5,703.

4,325.

e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

b Buildingsc Leasehold improvementsd Equipment

10,028.

Schedule D (Form 990) 2021 VETERANS FO	R CHILD RESCU	JE, INC.	82-1243908 Page 3
Part VII Investments - Other Securities.		-	
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X,	
(a) [Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See Form 990. F	Part X. line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SALES TAXES PAYABLE	120.
(3)	ACCRUED PAYROLL	3,648.
(4)	ACCRUED PAYROLL TAXES	300.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,068.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

· u	Tresonation of flevende per Addition 1 maneral etateme	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	novende per m	ota		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•			717 160	
1				1	717,469.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1				
а	5 , , ,					
b	Donated services and use of facilities					
С	Recoveries of prior year grants		1 600			
d	Other (Describe in Part XIII.)	2d	1,600.		4 600	
е	Add lines 2a through 2d			2e	1,600.	
3	Subtract line 2e from line 1			3	715,869.	
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	715,869.	
Pai	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per	Return) .	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	671,092.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	- · ·					
	Other (Describe in Part XIII.)		1,600.			
	Add lines 2a through 2d			2e	1,600.	
3	Subtract line 2e from line 1			3	669,492.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				<u> </u>	
-		4a				
	Other (Describe in Part XIII.)					
				4c	0.	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	669,492.	
	rt XIII Supplemental Information.				005,151	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lines 1h a	and 2h: Part V line	<u>4</u> · Part X	line 2: Part XI	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			τ, ι αι <i>ι</i> Λ,	iiic z, i ait Xi,	
111163	20 and 45, and Fart Air, lines 20 and 45. Also complete this part to provide any add	iilionai iinom	iation.			
PAT	RT III, LINE 4:					
	TII, DIND 4.					
ΔR	r FOR AUCTION					
	1 1011 110011011					
PAT	RT X, LINE 2:					
тні	E ORGANIZATION IS EXEMPT FROM FEDERAL INCO	ме тах	AS A NOT-	FOR-F	PROFTT	
		1111	110 11 1101	1010 1		
ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM						
	SINTENTION ONDER DECITOR SUITE (S) OF THE	<u> </u>	THE THE PLANT	CODI	I IND I ROH	
STATE INCOME TAXES UNDER THE ARIZONA REVISED STATUTES. ACCORDINGLY, THERE						
ARI	E NO INCOME TAXES REFLECTED IN THESE FINAN	CIAL S'	PATEMENTS.			
		-				

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA CLARIFY THE ACCOUNTING UNCERTAINTY IN INCOME TAXES BY CREATING A FRAMEWORK TO RECOGNIZE, MEASURE, PRESENT, AND DISCLOSE IN FINANCIAL STATEMENTS

Schedule D (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Open to Public

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

Name of the organization

VETERANS FOR CHILD RESCUE, INC.

Employer identification number 82-1243908

OMB No. 1545-0047

Inspection

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 - FIRST ACCOMPLISHMENT

FIRST ACCOMPLISHMENT:

PROTECT OUR CHILDREN: THE V4CR NATIONWIDE VOLUNTEER TEAM PROVIDES FREE

EDUCATIONAL OUTREACH ORIGRAMS TO ARM CITIZENS WITH THE NECESSARY TOOLS

TO PROTECT THEIR CHILDREN AND MAINTAIN SAFE COMMUNITIES. IN 2021, THE

V4CR STAFF AND VOLUNTEERS CARRIED OUT 35 OUTREACH EVENTS.

NATIONWIDE ALERT: PROVIDE NATIONWIDE ATTENTION TO THE PREVALENCE OF

CHILD SEX TRAFFICKING THROUGH TRADITIONAL MEDIA AND THE CREATION OF A

FILM SERIES EXPOSING CHILD PREDATORS. THE FOUNDER, STAFF. AND

VOLUNTEERS CONDUCTED OVER 150 MEDIC INTERVIEWS IN 2021.

ARREST PEDOFILES: A VIPR INVESTIGATION TEAM USES THEIR MILITARY AND LAW

ENFORCEMENT EXPERIENCE TO RUN OPERATIONS IN CONJUNCTION WITH LOCAL

POLICE AND DISTRICT ATTORNEYS TO ARREST PEDOPHILES AND SEE THE CASE

THROUGH TO CONVICTION. UNFORTUNATELY, IN 2021 V4CR DID NOT RUN STING

OPERATIONS DUE TO THE ONGOING PANDEMIC.

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

Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Page 2

 Employer identification number 82-1243908

MUCH OF THESE OPERATIONS ARE FILMED BY CREW THAT IS ENGAGED IN

DOCUMENTARIES, WITH THE PURPOSE OF EVENTUAL RELEASE TO CREATE AWARENESS

AND EDUCATION SURROUNDING THE GLOBAL CRISIS OF HUMAN TRAFFICKING.

FORM 990, PART VI:

UPON REQUEST, THE ORGANIZATION WILL MAKE GOVERNING DOCUMENTS AVAILABLE AT

NO COST TO THE REQUESTER.

FORM 990, PART VI, SECTION A, LINE 2:

CRAIG SAWYER - PRESIDENT, FAMILY RELATIONSHIP

TRESSA SAWYER - MEMBER

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

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

ORGANIZATION WILL REVIEW THE RETURN PRIOR TO FILING.

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

CRAIG SAWYER

7320 N LA CHOLLA BLVD

TUCSON, AZ 85742

(520)210-7499

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CORRECTION TO PRIOR PERIOD A/D

5,404.

CORRECTIONS TO PRIOR PERIOD WAGES

21,058.

CORRECTION TO PRIOR PERIOD CONTRIBUTIONS

41,471.

Schedule O (Form 990) 2021

132212 11-11-21

Schedule O (Form 990) 2021 Page 2 **Employer identification number** Name of the organization VETERANS FOR CHILD RESCUE, INC. 82-1243908 CORRECTION TO PRIOR PERIOD SOFTWARE AND WEBSITE EXPENSES 5,609. CORRECTION TO PRIOR PERIOD LEGAL AND ACCOUNTING -7,654. CORRECTION TO PRIOR PERIOD CONTRACT SERVICES -6,250. TOTAL TO FORM 990, PART XI, LINE 9 59,638.