990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

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

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

Open to Public Inspection

Α	For the	2023 calend	dar year, or tax year beginning	g 01/01/2023	and ending	l	12/31/2	023					
В	Check if a	pplicable:	C Name of organization SPECIA	D Employer identification number									
	Address of	hange	Doing business as					81-2874951					
П	Name cha	ange	Number and street (or P.O. box	if mail is not delivered to street	address)	Room/s	suite	E Telephone number					
$\overline{\Box}$	Initial retu	Ĭ	PO Box 1395										
$\overline{\Box}$		n/terminated	City or town, state or province, o										
$\overline{\Box}$	Amended		Los Altos, CA 94023	,,				G Gross	s receipts \$	665,849			
$\overline{\Box}$		n pending	F Name and address of principal of	fficer: Isabelle Finnev		ŀ	H(a) Is this a gro	up return fo	or subordinates? Y	es V No			
			10 Mt Hood Court, San Rafae			1		Il subordinates included? Yes No					
ī	Tax-exem	pt status:	✓ 501(c)(3) 501(c) (17(a)(1) or 52				ee instructions.				
		findingki		, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·			exemption number					
			Corporation Trust Associ	iation Other	L Year of for		· · · · ·		of legal domicile:	CA			
_	art I	Summa					2017						
_			scribe the organization's miss	sion or most significant a	activities: The	missini	n of the oro	anizati	on is to (a)deplo				
ø	l .	contracted private investigators to find and recover minors who have been commercially exploited for sex ("sex trafficked") in											
Activities & Governance	-		d on Schedule O, Statement 1)		200 20011 001111		<u>J. ovbioliou</u>	101 307	i (sox tramono.	2.7			
err	-		s box if the organization of		ns or disposed	d of mo	re than 25	5% of its net assets					
Š			f voting members of the gove	•	=			3		8			
<u>ಹ</u>	l .		f independent voting membe	• • •	•			4		8			
es			ber of individuals employed i		•	•		5		7			
ξ	l .		ber of volunteers (estimate if					6					
√ cti			lated business revenue from	= :				7a		25			
1			ted business taxable income					7b		0			
	D	vet uniterat	ted business taxable income	e iloili Follii 990-1, Fait	i, iii e i i		Prior Year		Current Ye	0			
	8 (Our ent 1				
Revenue			contributions and grants (Part VIII, line 1h)							642,851			
ven		-	nt income (Part VIII, column (A), lines 3, 4, and 7d)							0			
Be										22,998			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)								0			
				-			1,1	10,476		665,849			
	l .		and similar amounts paid (Part IX, column (A), lines 1–3)						0 0				
	l .	-	aid to or for members (Part I					0		0			
es	l .		ther compensation, employee	·			3	58,280		474,606			
ens	l .		nal fundraising fees (Part IX, o					0		0			
Expenses	l .		raising expenses (Part IX, co		92,532	-							
ш		-	enses (Part IX, column (A), lir					32,833		276,999			
			enses. Add lines 13–17 (must				6	91,113		751,605			
		Revenue le	ess expenses. Subtract line	18 from line 12			4	19,363		-85,756			
Net Assets or Fund Balances						Begin	nning of Curre	ent Year	End of Ye	ar			
sset	20		ts (Part X, line 16)				9	49,778		856,322			
nd E	21		ities (Part X, line 26)					39,506		31,806			
			s or fund balances. Subtract	line 21 from line 20 .			9	10,272		824,516			
Pá	art II	Signatu	ıre Block										
			 I declare that I have examined this te. Declaration of preparer (other than 						my knowledge and	belief, it is			
iiu	e, correct,	and complete	e. Decidiation of preparer (other than	in officer) is based on all linoring	ation of which prep	Jai ei Tias	arry Kriowied	ge.					
O: .													
Sign		Signature	of officer				Date	9					
He	ere		undberg, CFO										
			rint name and title										
Pa	id	Print/Type	e preparer's name	Preparer's signature		Date		Check	_				
	eparer							self-emp	ployed				
	e Only	L Lives's see	me				Firm's	EIN					
		Firm's add					Phone	ne no.					
Ма	v the IRS	S discuss t	this return with the preparer	shown above? See instr	ructions				. Tyes	No			

Cat. No. 11282Y

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	The specific purpose of this corporation is to (a) raise awareness and educate the public on the sex trafficking industry; (b) assist
	law enforcement, individuals and other organizations in targeting and capturing sex traffickers; (c) provide services and recourses
	to victims of sex trafficking; (d) solicit, receive and accept donations, gifts, bequests, grants, income and other items of value; and
	(Continued on Schedule O, Statement 2)
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 593,651 including grants of \$ 0) (Revenue \$ 665,849)
	Several missing and exploited children were recovered and returned home or placed in safe houses. They were provided with
	educational materials, clothes and personal items and counseling as needed. Special Operations has worked closely with local
	law enforcement to arrest and prosecute adult predators and to close illegal operations that are used for sex trafficking.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	(O I) (F) (D)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
44	Other program services (Describe on Schedule O.)
4d	
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses 593,651
	. J.a. p. J. g. a J. a

Form 99	0 (2023)	
Part	V Checklist of Required Schedules	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation))? [

			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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
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		٧
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		\ \ \
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			
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	5		✓
7	"Yes," complete Schedule D, Part I	6		~
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	7		~
	complete 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? <i>If "Yes," complete Schedule D, Part IV</i>	9		>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		٧
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		\ \ \
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
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		·
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		\ \ \
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		\ \ \
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		'
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		٧
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		· ·
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		· ·
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		<i>'</i>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Part	Checklist of Required Schedules (continued)			
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		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b c	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 any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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		,
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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		•
35a	or IV, and Part V, line 1	34 35a		V
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 18		162	INO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 7			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	١.		
L		4a		~
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
A	·	7c		
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	104		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
_ b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	4-		
		15		~
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
.0	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 8 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b 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 Section 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 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 **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 ~ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Susan Lundberg, (650)704-1696

Part VI

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization n	or any relate	d org	aniz			ompe	nsa	ated any current	otticer, director,	or trustee.
			(C)							
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average					e tnan d is both		Reportable	Reportable	Estimated amount
	hours	office	er an			or/trust		compensation	compensation from related	of other
	per week (list any	Individual trustee or director	Ins	Officer	<u>8</u>	em em	For	from the organization (W-2/	organizations (W-2/	compensation from the
	hours for	dire	l titut	icer	Key employee	ploy	Former	1099-MISC/	1099-MISC/	organization and
	related organizations	ct or	iona		old	ee t co	,	1099-NEC)	1099-NEC)	related organizations
	below	rust	=		yee	npe				
	dotted line)	9	Institutional trustee			Highest compensated employee				
						ed				
Isabelle Finney	40.00									
CEO	0.00			~	~	~		182,000	0	0
John Hallman	40.00									
Director of Investigations	0.00				~		~	93,798	0	0
Susan Lundberg	30.00	1								
CFO, Treasurer, Secretary and Director	0.00	~		~	~			30,000	0	0
Sharmin Bock	1.00	1								
Director	0.00	~						0	0	0
Katie Beers	1.00									
Chairman of the Board, Founder and Director	0.00	~						0	0	0
Steve Wagstaff	1.00									
Director	0.00	~						0	0	0
Blair Maus	1.00	-								
Director	0.00	~						0	0	0
Scott Vermeer	1.00	-								
Director	0.00	~						0	0	0
Lyn Matejczyk	5.00									
Director	0.00	~						0	0	0
Runa Magowan	1.00									
Director	0.00	~						0	0	0
		-								
				-						
		-								
				-						
		-								
	1	1	1	1	1	1	1	1	I	I

Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (continued)
						C)						
	(A)	(B)	(do not check more than						(D)	(E)	(F)	
	Name and title	Average hours					is both or/trust		Reportable compensation	Reporta compensa		Estimated amount of other
		per week (list any	_	_		_		r –	from the organization (W-2/	from rela		compensation from the
		hours for	Individual t or director	Institutional	Officer	Key employee	ghes nploy	Former	1099-MISC/	1099-MI	SC/	organization and
		related organizations	ual ti	iona		Cold	t con	,	1099-NEC)	1099-NE	=C)	related organizations
		below dotted line)	Individual trustee or director	trustee		ee	npen					
		dottod iii loj	Ф	tee			Highest compensated employee					
1b	Subtotal								305,798		0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)								205 700			
	Total number of individuals (including	but not		ed 1	o t	hos	e list	ted	305,798 above) who re	eceived m	ore t	<u>0</u> han \$100.000 of
	reportable compensation from the organi								1			
•	Diel the consciention list and forman	efficacionalism		4		- 1			lavaa ay bisbaa			Yes No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> s							-	loyee, or nignes	-		3 1
4	For any individual listed on line 1a, is the							n a	and other compe	nsation fro	m the	
	organization and related organizations	greater th	an \$1	150,	,000)? <i>I</i> :	f "Ye	s, "	complete Sched	dule J for	such	
5	individual	or accrue co	 ompe	nsa	tion	froi	· · m anv	, un	 related organizat	ion or indi	 ividual	4 /
	for services rendered to the organization											5 🗸
	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Repo											
	(A)							Ĺ	(B)			(C)
None	Name and business add	ress							Description of serv	rices		Compensation
										+		
2	Total number of independent contractor received more than \$100,000 of compens						ed to	th	nose listed abov	e) who		

Page 8

	•
Part VIII	Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII									
					•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaign	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
عَ ق	С	Fundraising events			1c	0				
fts,	d	Related organization	ns .		1d	0				
ੜੂ ਵੂ∣	е	Government grants	(conti	ributions)	1e	0				
ns,	f	All other contribution								
er e		and similar amounts no	and similar amounts not included above			642,851				
혈된	g	Noncash contribution								
ם פ		lines 1a-1f			1g	\$ 0				
a C	h	Total. Add lines 1a-	-1f .				642,851			
						Business Code				
Program Service Revenue	2a									
e ⊊	b									
S T	С									
gram Ser Revenue	d									
99 E	е									
<u>r</u>	f	All other program se								
	g	Total. Add lines 2a-					0			
	3	Investment income								
	_	other similar amoun					22,998	22,998	0	0
	4	Income from investn	nent c	of tax-exem	npt bo	and proceeds	0	0	0	0
	5	Royalties	· ·				0	0	0	0
	_			(i) Rea	l	(ii) Personal	_			
	6a	Gross rents	6a				-			
	b	Less: rental expenses	6b			_				
	C	Rental income or (loss)		.\	0					
	d 7-	Net rental income o	r (loss	(i) Securit	· ·	(ii) Other				
	7a	Gross amount from sales of assets		(i) Securi	lies	(ii) Other	-			
		other than inventory	7a							
	h	Less: cost or other basis	1 a				-			
Revenue	b	and sales expenses .	7b							
Ş	С	Gain or (loss)	7c		0	0	-			
		Net gain or (loss)								
Other	8a	Gross income from				<u> </u>				
₹	oa	events (not including		nuraising 0						
		of contributions rep		d on line	-					
		1c). See Part IV, line			8a					
	b	Less: direct expense	es .		8b		1			
	С	Net income or (loss)) from	fundraisin	g eve	ents				
	9a	Gross income f	rom	gaming						
		activities. See Part I	IV, line	e 19 .	9a					
	b	Less: direct expense	es .		9b					
	С	Net income or (loss)) from	gaming a	ctiviti	es				
	10a	Gross sales of ir		ory, less						
		returns and allowan			10a					
	b	Less: cost of goods			10b	1				
	С	Net income or (loss)) from	sales of in	vent					
Sn						Business Code				
e e	11a									
scellaneo Revenue	b									
Se Se	C									
Miscellaneous Revenue	d									
		Total. Add lines 11a					0			
	12	Total revenue. See	instru	uctions			665.849	22.998	0	0

Part IX Statement of Functional Expenses

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

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

	Check if Schedule O contains a response or note to any line in this Part IX								
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)				
8b, 9b	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21 .	0	0						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0						
3	Grants and other assistance to foreign organizations, foreign governments, and		·						
	foreign individuals. See Part IV, lines 15 and 16	0	0						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	212,000	163,800	24,000	24,200				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0				
7	Other salaries and wages	231,246	201,336	10,371	19,539				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)								
•	· · · · · · · · · · · · · · · · · · ·	0	0	0	0				
9 10	Other employee benefits	1,078	12.444	1,078	44.001				
10	Payroll taxes	30,282	13,446	2,540	14,296				
11	Fees for services (nonemployees):	ء ا			-				
a	Management	0	0	0	0				
b	Legal	1,745	425	1,320	0				
C	Accounting	0	0	0	0				
d	Lobbying	0	0	0	0				
e	Professional fundraising services. See Part IV, line 17	0			0				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	0				
	(A), amount, list line 11g expenses on Schedule O.) .	194,994	183,205	362	11,427				
12	Advertising and promotion	9,659	0	0	9,659				
13	Office expenses	11,361	5,169	2,403	3,789				
14	Information technology	14,124	609	11,850	1,665				
15	Royalties	0	0	0	0				
16	Occupancy	0	0	0	0				
17	Travel	37,121	23,261	7,051	6,809				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0	0	0	0				
19	Conferences, conventions, and meetings .	0	0	0	0				
20	Interest	0	0	0	0				
21	Payments to affiliates	2,400	2,400	0	0				
22	Depreciation, depletion, and amortization .	0	0	0	0				
23	Insurance	2,372	0	2,372	0				
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 O.)								
а	State and Federal filing fees	286	0	286	0				
b	Bank fees	254	0	254	0				
С	Credit Card fees	2,683	0	1,535	1,148				
d									
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	751,605	593,651	65,422	92,532				
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)								
					Form 990 (2023)				

Savings and temporary cash investments 3 Pledges and grants receivable, net 0 3 0 0 0 0 0 0 0 0	Р	art X	Balance Sheet			91
1			Check if Schedule O contains a response or note to any line in this Par	t X		
Page 2 Savings and temporary cash investments						(B) End of year
3 Pledges and grants receivable, net 211,000 4 15,826		1	Cash—non-interest-bearing	78,925	1	46,591
A Accounts receivable, net 211,000 4 15,826		2	Savings and temporary cash investments	659,853	2	793,905
Turstee, key employee, creator or former, officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10 B Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intagible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other prayables to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 10 Total liabilities, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 10 Organizations that follow FASB ASC 958, check here 10 Organizations that follow FASB ASC 958, check here 11 Organizations that follow FASB ASC 958, check here 12 Organizations that follow FASB ASC 958, check here 13 Organizations that follow FASB ASC 958, check here 14 Organizations that follow FASB ASC 958, check here 15 Organizations that follow FASB ASC 958, check here 16 Organizations that follow FASB ASC 958, check here 17 Accounted the particular or other organizations that follow fasb ASC 958, check here 17 Accounted the particular or organizations that follow fasb ASC 958, check here 18 Organizations that follow fasb ASC 958, check here 19 Organizations that follow fasb ASC 958, check here 20 Organizations that follow fasb ASC 958, check here 21 Organizatio		3	Pledges and grants receivable, net	0	3	0
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		4	Accounts receivable, net	211,000	4	15,826
6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net		5	trustee, key employee, creator or founder, substantial contributor, or 35%	0	5	0
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net		6		<u> </u>	J	U
7 Notes and loans receivable, net 0 7 0 0 7 0 0 8 1 1 1 1 1 1 1 1 1				0	6	0
8 Inventories for sale or use	w	7				
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ěţ					
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ASS		-		_	
b Less: accumulated depreciation			· · ·	0	9	U
b Less: accumulated depreciation 10b 10c 11 Investments—publicity traded securities 0 111 0 0 12 0 0 113 12 Investments—other securities. See Part IV, line 11 0 12 0 0 13 0 0 13 13 Investments—program-related. See Part IV, line 11 0 13 0 0 14 14 Intangible assets 0 14 0 0 15 0 15 0 0 15 15 Other assets. See Part IV, line 11 0 15 0 15 0 0 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 949,778 16 856,322 17 Accounts payable and accrued expenses 39,506 17 31,806 18 Grants payable 0 18 0 0 18 0 0 18 0 0 19 0 0 19 Deferred revenue 0 19 0 0 0 0 0 0 0 20 Tax-exempt bond liabilities 0 19 0 0 0 0 0 0 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 20 0 0 0 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		IVa				
11 Investments—publicly traded securities 0 11 0 12 10 12 10 13 10 12 10 13 10 14 10 13 10 14 10 15 10 15 10 15 10 15 10 15 10 15 10 15 10 15 10 15 10 15 10 15 10 15 16 15 16 15 16 16 16		h			100	
12 Investments – other securities. See Part IV, line 11					_	
13 Investments — program-related. See Part IV, line 11 0 13 0 0 14 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 0 15 0 0 0 0 0 0 0 0 0					_	
14 Intangible assets			-			
15 Other assets. See Part IV, line 11.		_	· -		_	
16						
17 Accounts payable and accrued expenses			<u> </u>			
18 Grants payable 0 18 0 0 19 0 0 19 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 0 19 0 0 10 0 10 0 10 0 10 0		_				•
19 Deferred revenue 0 19 0 0 20 0 0 20 0 0 20 0				•	_	·
Tax-exempt bond liabilities					_	
21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		_	F			
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		_	· · · · · · · · · · · · · · · · · · ·			
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	w			<u> </u>		U
Unsecured notes and loans payable to unrelated third parties	litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Unsecured notes and loans payable to unrelated third parties	abi		controlled entity or family member of any of these persons	0	22	0
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	Ξ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		24		0	24	0
of Schedule D		25				
26 Total liabilities. Add lines 17 through 25						
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions					25	
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		26		39,506	26	31,806
Net assets without donor restrictions	Ses					
Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances 910,272 27 824,516 928 00 28 00 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds Total liabilities and net assets/fund balances Total liabilities and net assets/fund balances 910,272 32 824,516	auc		-		07	
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds	3al		Fig. 1. The second of the seco		_	·
Total liabilities and net assets/fund balances	Þ	28		0	28	0
29 Capital stock or trust principal, or current funds	Fun					
87 88 8030Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances910,27232824,51633Total liabilities and net assets/fund balances949,77833856,322	ō	29	Capital stock or trust principal, or current funds		29	
31 Retained earnings, endowment, accumulated income, or other funds 31	ets					
Total net assets or fund balances 910,272 32 824,516 33 Total liabilities and net assets/fund balances 949,778 33 856,322	SSI				31	
Ž33Total liabilities and net assets/fund balances949,77833856,322	χA	32	, ,	910,272	32	824,516
	ž	33	Total liabilities and net assets/fund balances			856,322

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)			665	5,849
2	Total expenses (must equal Part IX, column (A), line 25)			75 1	1,605
3	Revenue less expenses. Subtract line 2 from line 1			-85	5,756
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			910	0,272
5	Net unrealized gains (losses) on investments				0
6	Donated services and use of facilities				0
7	Investment expenses				0
8	Prior period adjustments				0
9	Other changes in net assets or fund balances (explain on Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))			824	4,516
Part	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: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain	<u></u>			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. [2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or			
	reviewed on a separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	. [2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or	n a 📗			
	separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	on			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	200	

Form **990** (2023)

SCHEDULE A (Form 990)

(D)

(E) **Total** **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. Employer identification number Name of the organization SPECIAL OPERATIONS-FINDING KIDS 81-2874951 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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). 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% 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 33½% 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.) 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 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C)

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2023 Page **3**

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

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

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	159,897	181,705	714,634	1,110,476	642,851	2,809,563
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						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	159,897	181,705	714,634	1,110,476	642,851	2,809,563
<i>1</i> a	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from line 6.)						0.000 5/0
Secti	on B. Total Support						2,809,563
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	159,897	181,705	714,634	1,110,476	642,851	2,809,563
10a	Gross income from interest, dividends,		,				· · ·
	payments received on securities loans, rents,						
	royalties, and income from similar sources	22	14	21	46	22,998	23,101
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	22	14	21	46	22,998	23,101
11	Net income from unrelated business	22	14	21	40	22,770	23,101
• •	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
10	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	159,919	181,719	714,655	1,110,522	665,849	2,832,664
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he	•			-		. , . ,
Secti	on C. Computation of Public Suppor	rt Percentage	е				
15	Public support percentage for 2023 (line		•			15	99.18 %
16	Public support percentage from 2022 Sch					16	100 %
	on D. Computation of Investment In				(0)	1.=	
17	Investment income percentage for 2023 (-	* * * *	17	0.82 %
18 19a		22 Schedule A, Part III, line 17 <u>18 0 % anization did not check the box on line 14, and line 15 is more than 331/3%, and line</u>					0 % and line
ıyd	17 is not more than 33 ¹ / ₃ %, check this box						
b	331/3% support tests—2022. If the organiz	_	_	-		=	_
_	line 18 is not more than 33 ¹ / ₃ %, check this						
20	Private foundation. If the organization di	_	_	•			

Schedule A (Form 990) 2023 Page 4

Supporting Organizations Part IV

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

S

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination 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.	1-		
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).	4c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)	10a		

10b

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section 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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section 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 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023

				. 490 -		
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying					
	instructions. All other Type III non-functionally integrated supporting organ	nızat	ions must complete Sect			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
_2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C—Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	☐ Check here if the current year is the organization's first as a non-functional	ally	integrated Type III suppor	ting organization		
	(see instructions).	-				

Schedule A (Form 990) 2023 Page **7**

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

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

SPECIAL OPERATIONS-FINDING KIDS

Employer identification number 81-2874951

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	✓ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		~
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		~
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		1
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		~
b	Any related organization?	5b		~
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		~
b	Any related organization?	6b		~
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		~
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		~
_				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title			nd/or 1099-MISC and/or 1		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation			other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
Isabelle Finney, CEO	(i)	180,000	2,000	0	0	0	182,000	0	
_ 1	(ii)	0	0	0	0	0	0	0	
John Hallman, Director of	(i)	93,798	0	0	0	0	93,798	0	
Investigations 2	(ii)	0	0	0	0	0	0	0	
Susan Lundberg, CFO,	(i)	30,000	0	0	0	0	30,000	0	
Treasurer, Secretary and	(ii)	0	0	0	0	0	0	0	
3 Director Sharmin Bock, Director	(i)	0	0	0	0	0	0	0	
4	(ii)	0	0	0	0	0	0	0	
Katie Beers, Chairman of the	(i)	0	0	0	0	0	0	0	
Board, Founder and Director	(ii)	0	0	0	0	0	0	0	
Steve Wagstaff, Director	(i)	0	0	0	0	0	0	0	
6	(ii)	0	0	0	0	0	0	0	
Blair Maus, Director	(i)	0	0	0	0	0	0	0	
7	(ii)	0	0	0	0	0	0	0	
Scott Vermeer, Director	(i)	0	0	0	0	0	0	0	
8	(ii)	0	0	0	0	0	0	0	
Lyn Matejczyk, Director	(i)	0	0	0	0	0	0	0	
9	(ii)	0	0	0	0	0	0	0	
Runa Magowan, Director	(i)	0	0	0	0	0	0	0	
10	(ii)	0	0	0	0	0	0	0	
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
_16	(ii)								

chedule J (Form 990) 2023	Page 5
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Por any additional information.	art II. Also complete this par
or any additional information.	

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

SPECIAL OPERATIONS-FINDING KIDS 81-2874951 Form 990, Part VI, Section B, Line 11b - The tax returns are prepared by the CFO and reviewed by the CEO and Chairman of the Board of **Directors** Form 990, Part VI, Section B, Line 12c - All Directors and key employees are required to disclose any conflict to the Board and the CEO. Form 990, Part VI, Section B, Line 15 - Compensation for the CEO was determined in 2021 by noting comparable salaries in similar organizations. The CEO's salary is reviewed annually by a Compensation Committee, which is a sub-committee of the Board of Directors, and a review and salary adjustments are presented. Other position salary rates are determined by comparison of local organizations with similar positions. Form 990, Part VI, Section C, Line 18 - The Form 990 is available on several public sites for exempt organizations, such as Guidestar and Charity Navigator. Form 990, Part VI, Section C, Line 19 - Financial Statements are posted on the organization's website and included in the Annual Report. Other policies are not available to the general public. Form 990, Part IX, Line 11g - Payments to Private Investigators and Counselors\$183,405 Writers and other consultants \$11,589

Cat. No. 51056K

Schedule O, Statement 1

SPECIAL OPERATIONS-FINDING KIDS

Form: Form 990 (2023) EIN: 81-2874951

Page: 1 Part I, Line 1

Activity Or Mission Description

Description

the San Francisco Bay Area, and eventually in other hot spots in the United States, (b)provide them with the emergency support services they need to feel protected and safe and (c)provide local law enforcement with the necessary evidence to assist them in the criminal investigations.

Schedule O, Statement 2

SPECIAL OPERATIONS-FINDING KIDS

Form: Form 990 (2023)

Page: 2

Part III, Line 1

Mission Description

Description

(e) engage in any other lawful act or activity for which corporations may be organized under the Nonprofit Public Benefit Corporation Law of the State of California, except for express limitations, if any, contained in these Articles of Incorporation