

# Return of Organization Exempt From Income Tax

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

**2020**

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

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2020 calendar year, or tax year beginning		, 2020, and ending		, 20	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> Name of organization <b>RESCUED NOT ARRESTED INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 90606</b> City or town, state or province, country, and ZIP or foreign postal code <b>Phoenix, AZ 85066</b>		<b>D</b> Employer identification number <b>81-3743861</b> <b>E</b> Telephone number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>F</b> Name and address of principal officer:		<b>G</b> Gross receipts \$ <b>334,185</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.RESCUEDNOTARRESTED.ORG</b>		<b>L</b> Year of formation: <b>2016</b>		<b>M</b> State of legal domicile: <b>AZ</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					

Part I Summary			
<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO REACH THE INCARCERATED AND THEIR LOVED ONES WITH THE GOOD NEWS OF THE GOSPEL, THE GREAT COMMISSION. TO EDUCATE CHURCHES TO EFFECTIVELY EMBRACE THE FORMERLY INCARCERATED. TO PROVIDE INMATES AND CHAPLAINS NIV BIBLES FREE OF CHARGE.</b>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>200</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>161,033</b>	<b>334,185</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>0</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>161,033</b>	<b>334,185</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>162,694</b>	<b>275,119</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,799</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>21,161</b>	<b>37,754</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>183,855</b>	<b>312,873</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>(22,822)</b>	<b>21,312</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>88,934</b>	<b>110,246</b>
	<b>21</b> Total liabilities (Part X, line 26)		<b>0</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>88,934</b>	<b>110,246</b>

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<b>HRACH R MUNCHIAN</b> Signature of officer	Date
	<b>HRACH R MUNCHIAN, DIRECTOR</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Michael Eagan</b>	Preparer's signature <b>Michael Eagan</b>	Date <b>04-22-2021</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01352349</b>
	Firm's name ▶ <b>Compass Tax Services</b>			Firm's EIN ▶	
	Firm's address ▶ <b>1855 E Southern Ave Ste 104 Mesa AZ 85204</b>			Phone no. <b>480-545-9825</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III 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:

**TO REACH THE INCARCERATED AND THEIR LOVED ONES WITH THE GOOD NEWS OF THE GOSPEL, THE GREAT COMMISSION. TO EDUCATE CHURCHES TO EFFECTIVELY EMBRACE THE FORMERLY INCARCERATED. TO PROVIDE INMATES AND CHAPLAINS NIV BIBLES FREE OF CHARGE.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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?  Yes  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 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 \$ 275,375 including grants of \$ ) (Revenue \$ )

**RESCUED NOT ARRESTED DISTRIBUTED TENS OF THOUSANDS OF ENGLISH AND SPANISH NIV BIBLES AND RESCUED NOT ARRESTED TESTIMONY BOOKS TO THE INCARCERATED HOUSED IN 5,000 PRISONS IN ALL 50 STATES, AS WELL AS TO CHAPLAINS NATIONWIDE AND MISSIONARIES WHO CARRIED THEM AROUND THE WORLD. THE ORGANIZATION PAID ALL POSTAGE COSTS ALLOWING THE RECEIPIENTS TO RECEIVE THESE RESOURCES AT NO COST. RESCUED NOT ARRESTED PARTNERED WITH THE ARIZONA SECOND CHANCE PROGRAM, PROVIDING VIRTUAL RE-ENTRY TALKS AT LOCAL PRISONS. RNA ALSO PROVIDED THESE INMATES WITH SOLID JOB, HOUSING, AND ACCOUNTABILITY RESOURCES. THE ORGANIZATION ALSO WORKS WITH ALL THREE FEDERAL, STATE AND COUNTY PRISONS IN ARIZONA.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 275,375