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# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0047

Open to Public

Interr	nal Revenue	Service	▶ Information al	bout Form 990 and i	its instructions is	at www.ir.	s.gov/form990.		Inspection
AF	For the 2	013 calend	lar year, or tax year beginnin			ending			
В	Check if applicable		f organization				D Employer ide	ntifica	ation number
	Address	OPER	ATION UNDERGROU	IND RATIROA	D. INC.				
$\vdash$	Name change		Business As	/// Idizarion	2100		46	-36	14979
X	Initial		r and street (or P.O. box if mail i	is not delivered to street	t address)	Room/suite	E Telephone nu	mber	
一	Termin-		NORTH 1700 WES						30-5363
	Amended	City or 1	town, state or province, count	ry, and ZIP or foreign	postal code		G Gross receipts \$		925,400.
	Applica-		R CITY, UT 847				H(a) Is this a gro	up ret	
	pending	F Name a	and address of principal officer	rTIM BALLAR	RD		for subordir	nates?	Yes X No
			AS C ABOVE				H(b) Are all subordin		
			X 501(c)(3) 501(c) (	)◀ (insert no.	.) 4947(a)(1)	or 527	1		st (see instructions)
			OURRESCUE.ORG			<del>-  </del>	H(c) Group exen		
			X Corporation Trust	Association	Other >	L Year	of formation: 201	.3 M	State of legal domicile: UT
Pa		Summary			0222	3 MT ON	IBIDEDADAH	NTD	DATIDOAD
Ð	1 B	refly describ	oe the organization's mission of	or most significant ac	tivities. OPER	ATION	UNDERGROU	עע .	RAILKUAD
& Governance	<u>+</u>		N-PROFIT ORGANI						
Ë	2 CI		x large if the organization	-		sed of more	than 25% of its ne	1 1	ers 5
Š	3 N		ting members of the governing					3	5
<u>«</u>	4 N		dependent voting members of of individuals employed in cal	· ·				5	0
Activities	5 To		of volunteers (estimate if nece		it v, iiile zaj			6	0
Activit	6 To		d business revenue from Part		12			7a	0.
¥	/ a   N		business taxable income from					7b	0.
	- B 14	or universitied	Dasiness taxable intente non	11 0111 000 1, 1110 0 1	<del></del>		Prior Year	117	Current Year
	8 C	ontributions	and grants (Part VIII, line 1h)				$\neg$	925,378.	
ř	9 Pi		ice revenue (Part VIII, line 2g)						0.
Revenue	10 In	_	come (Part VIII, column (A), lin	nes 3. 4. and 7d)		,		$\neg$	22.
æ	11 0		e (Part VIII, column (A), lines 5,		I 11e)				0.
	1		- add lines 8 through 11 (mus						925,400.
	13 G	rants and si	milar amounts paid (Part IX, co	olumn (A), lines 1-3)					0.
	14 B	enefits paid	to or for members (Part 1X-00	lumn (A). line 4)					0.
Ś	15 9	alaries, othe	r compensation, employee be	nelits (Part IX) colum	ın (A), lines 5-10)				0.
nse	16a Pı	ofessional f	undraising fees (Part IX, colun	nn (A), line (F)				$\rightarrow$	0.
xpenses	. БТ	otal fundrais	ing expenses (Partilix), column	120) 1 fine \$20) 🕨 _	<del></del>	<u> 0 •   · </u>	£,		
ш	17 0	ther expens	es (Part IX, column (A), lines 1	11a-110, 10-544e)		<u> </u>		$\dashv$	82,930.
			es. Add lines 13:17 (must equa		, line 25)				82,930.
		evenue less	expenses-Subtract line 18 to	om line 12					842,470.
SOF						Be	ginning of Current Y	ear	End of Year 842,470.
Assets or	20 To	-	Part X, line 16)			-		-+	0.
et A	₹		s (Part X, line 26)	04 from line 00		-		_	842,470.
		Signatur	fund balances. Subtract line 2 e Block	21 Ironi line 20		<u>_</u>			042/4/00
			I declare that I have examined this	s return uncluding acco	mpanying schedule	s and stateme	ents, and to the best	of my k	cnowledge and belief, it is
			Declaration of preparer (other th					o, .	
1100	, 55.1.55.,	and doinprote	- Doddard on property (other th		$\sim$		11	-/(	1-14
Sig	<sub>n</sub>	Signatur	e of officer	- KA			Date	—	1 1
Her	Ι.	TIM	BALLARD, PRESID	ENT //	201 1				
_	]J	Type or	print name and title	17-		/			
	F	rınt/Type pre	parer's name	Preparer's su	nature		Date Che	<u> </u>	PTIN
Paid	ı <u>K</u>	ELLY B	. WILSON		www	1	.1/17/14 self		<del> </del>
Prep		ırm's name	▶ ALLRED JACKSC				Firm's Elf	<u> </u>	87-0406295
Use	Only F	ırm's address	135 NORTH 100						11   850 500
	I		AMERICAN FORK	C. UT 84003			Phone no	ູເຮດ	1) 756-7603

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 10-29-13

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes Form **990** (2013)

No

	1 990 (2013) OPERATION UNDERGROUND RAILROAD, INC. 40-30143/3 Page 2
Ра	rt 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
	USING CUTTING-EDGE COMPUTER TECHNOLOGY AND HUMAN INTELLIGENCE,
	OPERATION UNDERGROUND RAILROAD RESCUE TEAMS GO INTO THE DARKEST
	CORNERS OF THE WORLD TO HELP LOCAL LAW ENFORCEMENT LIBERATE ENSLAVED
	CHILDREN AND DISMANTLE THE CRIMINAL NETWORKS.
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 \$82,930 • Including grants of \$) (Revenue \$)
	OPERATION UNDERGROUND RAILROAD RESCUES KIDNAPPED CHILDREN FROM SLAVERY.
	RESCUE TEAMS ARE COMPRISED OF HIGHLY SKILLED EX-NAVY SEAL, CIA, AND
	OTHER OPERATIVES. THESE TEAMS WORK IN CONJUNCTION WITH AN IN FULL
	COOPERATION WITH LOCAL POLICE FORCES AND GOVERNMENTS TO LIBERATE
	CHILDREN AROUND THE WORLD.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
-	
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<b>4</b> e	Total program service expenses ► 82,930.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	İ		ļ
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ĺ		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
_	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?	9		х
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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_	X	
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 169 If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		1	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	,	40-		Х
<b>L</b>	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		1	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		- 1	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
13	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19	1	X_
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
	The state of the s		aan /	2013)

	1990 (2013) OPERATION UNDERGROUND RAILROAD, INC. 46-361	<u> 4979</u>	Р	age
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<del>  -</del> -	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			١.,
	Schedule J	23	<del> </del>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	İ	1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No", go to line 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		ł	
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			Х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	Λ
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		Х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	1	1 1	X
<b>~</b>	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		] [	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		X
28	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27	1	Λ
20				
_	Instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	$\vdash$	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	0.		
-	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
•	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2013)

orm	OPERATION UNDERGROUND RAILROAD, INC	• •	46-3614	<u>979</u>	F	age 5
Pa	Part V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			1'
b	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		'	17
c	c Did the organization comply with backup withholding rules for reportable payments to vendors a	and reportat	le gaming	,	إذا	ا د * د ا
	(gambling) winnings to prize winners?			1c	Ĺ	X
2a	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements	3,			'	1
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax	returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru	ctions)				2
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Sche	edule O		3b		
	4a At any time during the calendar year, did the organization have an interest in, or a signature or or		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other finan	icial accoun	t)?	4a		Х
b	b If "Yes," enter the name of the foreign country. ▶				,	2 1
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finan	icial Accour	ts.	l		
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye	ar?		5a_		X
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tr	ansaction?		5b		X
С	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and o	did the orgai	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	b If "Yes," did the organization include with every solicitation an express statement that such cont	ributions or	gifts			
	were not tax deductible?			6b		
7	7 Organizations that may receive deductible contributions under section 170(c).					
а	0.75	nd services p	ovided to the payor?	7a		X
		·		7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt was requ	ıred			
-	to file Form 8282?			7c		X
ď	d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		?	7e		X
f				7f		X
g			99 as required?	7g		X
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the org.			7h		X
8						
-	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holding			8		
9			<i>g</i> - <i>y</i> - ·			;
a	Diddle and another make and the didd to the second and 10000			9a	-	
b			• •	9b		
	10 Section 501(c)(7) organizations. Enter.					
а	the state of the state of the term of the	10a				!
b		10b			, ъ	Marx.
11						į
	Outside the second of the seco	11a				!
	b Gross income from other sources (Do not net amounts due or paid to other sources against	1.10				1
_	amounts due or received from them )	11b				1
2a	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of I			12a		
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126		0		, ,
		<u> </u>				1
	a Is the organization licensed to issue qualified health plans in more than one state?			13a		<u>'</u>
-	Note. See the instructions for additional information the organization must report on Schedule O	,		.50_		
h	b Enter the amount of reserves the organization is required to maintain by the states in which the	•		, ,	, ,	' .
J	organization is licensed to issue qualified health plans	13b		٠		. [
_	c Enter the amount of reserves on hand	13c			- {	!
	4a Did the organization receive any payments for indoor tanning services during the tax year?	[13C]		14a		<u> </u>
T (2	THE DISCUSSION OF THE LAW OF THE CONTRACT OF T			14a		43

b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O

46-3614979 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 5 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 in Schedule O. 5 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or 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 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 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 in 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶UT 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TIM BALLARD - 801-830-5363

UT

84721

5727 NORTH 1700 WEST, CEDAR CITY,

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E^	റററ	(2013)
	330	(2013)

## OPERATION UNDERGROUND RAILROAD, INC.

46-3614979

Page 7

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons.

X Check this box if neither the organiza (A)	(B)	T -	(C)					(D)	(E)	(F)
(A) Name and Title		Position				1		Reportable	Reportable	
ivaine and Title	Average hours per		(do not check more than one box, unless person is both an					compensation	compensation	Estimated amount of
	week	offi	officer and a direc			or/trus	tee)	from	from related	other
	(list any	ģ						the	organizations	compensation
	hours for	aje diec	1			, ,		•	(W-2/1099-MISC)	from the
	related	99	nstee			ensati	ļ	(W-2/1099-MISC)		organization
	organizations	Ę	nal tr		loyee	dwo:				and related
	below	Individual trustee or director	Institutional trustee	Officer	E E	Highest compensated employee	ë			organizations
	line)	<u> </u>	<u> </u>	통	ş	울등	Ē			
(1) JULIANNE BLAKE	10.00	ł.,		l	ł	l	1	1		_
DIRECTOR		X		L_	<u> </u>	_		0.	0.	0.
(2) STEPHEN FAIRBANKS	1.00	_						ļ.		
DIRECTOR		X				_		0.	0.	0.
(3) TODD REYNOLDS	1.00			ĺ	ĺ	1	ĺ			
DIRECTOR		X						0.	0.	0.
(4) MARK STOTT	4.00									=-
DIRECTOR		X						L 0.	0.	0.
(5) TIM BALLARD	1.00	Π								
PRESIDENT		1		х				0.	0.	0.
		$\Box$					<u> </u>			
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Forr	990 (2013) OPERATION	UNDERG	RC	UN	ID	RA	II	RC	DAD, INC.	46-3	614	<u>979</u>	F	age 8
Pa	Kt VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(do		Pos			one	Reportable	Reportable		l	stımat	
		hours per week				s person is both ar d a director/trustee			compensation	compensation		amount of		
		(list any	┝──				Ī	Ė	from the	from relate organization	-	CON	other pens:	
		hours for	dyrect				, E		organization	(W-2/1099-MI			rom th	
		related	tee or	ustee		l	ensate	l	(W-2/1099-MISC)	,	,		anıza	
		organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee						d rela	
					org	anızat	ions							
		line)	Ē	<u> </u>	Officer	- <del>2</del>	£ 5	Former	<del>-</del>	·				
	<del></del>													
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_			_		П						$\neg$			
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								$oxed{oxed}$						
			Щ							<del></del>				
								L						
	Sub-total .								0.	<del></del>	0.			0.
	Total from continuation sheets to Part VII	, Section A							0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but no	ot limited to the	ose I	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	Э			0
	compensation from the organization		_						<del></del>				Yes	0 No
2	Did the account of the control of th			1		1_					ſ		res	NO
3	Did the organization list any former officer,	=	stee	, ке	y em	ibio	yee,	or r	nignest compensated er	npioyee on	J		-	X
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the sui		2 00	mno	neat	hon	and	oth	or componentian from t	no organization	Ì	3_		<del>  ^</del> -
•	and related organizations greater than \$150	•		•					•	ie Organization		4		x
5	Did any person listed on line 1a receive or a									lual for services	ŀ			<del></del>
_	rendered to the organization? If "Yes." com								organization of marris			5		Х
Sec	tion B. Independent Contractors	one to the total of the total o		// SU	UII L	(01.0)	21)							
1	Complete this table for your five highest cor	npensated ind	eper	nder	nt co	ntra	ctor	s th	at received more than \$	100,000 of com	pensat	ion fro	m	
	the organization. Report compensation for the	-	-											
	(A)	_						П	(B)			(0	<del></del>	
	Name and business	address	NC	NE	<u> </u>			$\perp$	Description of s	ervices	C	ompe	nsatio	n
								- ]						
		<del></del>						4						
								- 1						
								$\dashv$	<del></del>					
										ľ				
								+						
								+	<del></del>					
2	Total number of independent contractors (in	cluding but no	t lım	ited	to ti	hose	e liet	ed:	ahove) who received mo	re than				
_	\$100,000 of compensation from the organization		- 11111			0				. Cultur				
				_										

Form 990 (2013) OPERATION

		Check if Schedule O conta	ıns a respon	se or note to any lin	e in this F	Part VIII			_	
,					Total	(A) revenue	(B Relate exempt f rever	ed or unction	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
29 99	1 a	Federated campaigns	1a		* ;	0.	/ , ****,	* , * , '		
Ea	b		1b		·, <sub>(*,</sub> )	* 3,1				
ច់ខ្ល	c	<b>c</b>	1c		١	* .				,
₽ŝ	d		1d		, ,,,,			,		}
2		0			* ' ;		`,*			
Sign	e f	All other contributions, gifts, grants	· —		1			i		;
흊	'	similar amounts not included above		925,378.	1 11	`				
뜮혀	_			32373.01	jaš , .	ا	· ·		•	!
Contributions, Gifts, Grants and Other Similar Amounts	9	Total. Add lines 1a-1f	a-11 \$		925	378.				· ·
0 8		Total. Add lines 14-11		Business Code			,			
.	۰.					Liter Julianis	undergon so bould to	·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ice	2 a				<u>.                                    </u>		<u> </u>			
Fe	b				_					<u> </u>
n S	C									
Pa Be	d						<u> </u>			-
Program Service Revenue	е			_	<del>                                     </del>					
۱ ۵	f	All other program service reven	iue	<u> </u>			W174	43,		
$\dashv$	g			<b>&gt;</b> _			, , , , , , , , , , , , , , , , , , ,			<u>'</u>
ı	3	Investment income (including d	lividends, in	erest, and		22.		22.		
		other similar amounts)				44.				
	4	Income from investment of tax-	exempt bon	d proceeds	<b>-</b>				<del></del>	<u> </u>
	5	Royalties								
		ŀ	(i) Real	(II) Personal	***	Water 1	Nis sa	*	•	i
	6 a				^** ·	170'XX	**	ν,		,
	b				, ,	*	1			
	С	` <i>'</i>	·				``		a	
		Net rental income or (loss)			<u> </u>		<u> </u>			
	7 a	Gross amount from sales of	(i) Securitie	es (ii) Other	, ŧ					
		assets other than inventory			,					
	b	Less cost or other basis			3.034	bog 1, h	: ; ;	*		•
		and sales expenses			* 1	,	·			
	С	Gain or (loss)			_ ' '					~~ ~~~~
	d	Net gain or (loss)								ļ
انه	8 a	Gross income from fundraising	events (not		***		,			
١į		ıncludıng \$	of		\$. ·					
Other Revenue		contributions reported on line 1	Ic). See		The state of the s	46 m2 <sub>ng</sub>	*** , 2,			<b>.</b>
<u>بر</u>		Part IV, line 18		а	3	*	s * ,			i
퇇	b	Less: direct expenses		b						
٥	C	Net income or (loss) from fundr	aising event	s			*35.			<u> </u>
	9 a	Gross income from gaming act	ivities. See		11	or roger	* * .			,
		Part IV, line 19		a	. ***	* ***	l .			
	b	Less: direct expenses		b		- Mag				
	С	Net income or (loss) from gamil	ng activities							
	10 a	Gross sales of inventory, less re	eturns		]					
		and allowances		a		20	****	,		
	b	Less: cost of goods sold		b			~ ~ <sub>vxw</sub> ,			
	c	Net income or (loss) from sales	of inventory	<u> </u>						
		Miscellaneous Revenue		Business Code		, 44 eA	mankathineer are on our		or shows what become and the state of	
	11 a									
	b						<u> </u>			ļ
	С									
	d	All other revenue								
	е	Total. Add lines 11a-11d		<b>•</b>			, .			
	12	Total revenue. See instructions.		<u> </u>	925	5,400.	<u></u>	22.	0.	0.

## Part IX Statement of Functional Expenses

oe <u>c</u>	Check if Schedule O contains a response			mpiete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			, , ,	,
	organizations in the United States. See Part IV, line 21				1
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				٠,
•	organizations, and individuals outside the			Ì	,
	United States. See Part IV, lines 15 and 16			,	
4	Benefits paid to or for members	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified	<del> · · ·</del>			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		ľ		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions		1		
9	Other employee benefits		<del></del>		
10	Payroll taxes		<del> </del>		
11	Fees for services (non-employees):				
	Management		İ		
a b	Legal	454.	454.		
C	Accounting		131.		<u> </u>
d					
e	D ( 1 ( 1		3		
f	Investment management fees	_			
g	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1,200.	1,200.		_
13	Office expenses	11,590.	11,590.		
	Information technology	11,3300	22/3301		
14	<del></del> -				<del> </del>
15	Royalties	<del> </del>	<del></del>		
16	Occupancy	1,154.	1,154.		
17	Travel		1,134.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	9,465.	9,465.	-	<del></del>
23	Insurance	975.	975.		
24	Other expenses. Itemize expenses not covered	* ***			
27	above. (List miscellaneous expenses in line 24e. If line			' "ř	
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	1 200	, , , , , , , , , , , , , , , , , , ,	,	
а	OUTSIDE SERVICES	30,000.	30,000.		
	OPERATION EXPENSE	15,627.	15,627.		
b c	CONTRACT LABOR	6,000.	6,000.		
d	TRAINING	5,176.	5,176.		<del></del>
	All other expenses	1,289.	1,289.		
25 25	Total functional expenses. Add lines 1 through 24e	82,930.	82,930.	0.	0.
<u> </u>	Joint costs. Complete this line only if the organization	02/3001	32,330.		<u>0.</u>
	reported in column (B) joint costs from a combined		[		
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 0. 51,162 Cash - non-interest-bearing 782,744. 0. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 18,029. basis, Complete Part VI of Schedule D 10a 465. 0. 8,564. b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 842,470. 0. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0. 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 0. 842,470. 32 Retained earnings, endowment, accumulated income, or other funds 32 0. 842,470. 33 Total net assets or fund balances 33 0. Total liabilities and net assets/fund balances 34 842,470. 34

	990 (2013) OPERATION UNDERGROUND RAILROAD, INC.	46-3614	979	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
	T. I		025	400
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,400.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,930.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	842	<u>,470.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		0.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		<del></del>
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	842	<u>,470.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			\	es No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		[	i
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	).		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis.		
	consolidated basis, or both:	<b>,</b>		
	Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit	. 1	
Ū	review, or compilation of its financial statements and selection of an independent accountant?	addit,	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	lula O	-20	_
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing			
Ja	Act and OMB Circular A-133?	iio Audit		<u> </u>
<b>L</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ad accept	_3a	<del>  ^</del>
D		o audit		1
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		_3b_  0	90 (2013)
			rorm 9	əu (2013)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Open to Public Inspection

Nan	ne of t	the organizat							ļE		ridentificati			
Б.		D	OPERATI	ON UNDERGROU	ND RA	ILROA	D, IN	<u>c.                                    </u>		4	6-3614	<u>.979</u>		
	rt I			rity Status (All organiz					ructions.		<del>_</del>			
The 1	organ			because it is (For lines tes, or association of church					<b>).</b>					
2	一			70(b)(1)(A)(ii). (Attach So				· / / / / /						
3	$\Box$			ital service organization of			170(b)(1)	(A)(iii).						
4	$\Box$	•	•	operated in conjunction					(b)(1)(A)(i	ii). Enter	the hospital	i's nam	ıe,	
	_	city, and stat	_							•	-			
5		•		benefit of a college or ur	niversity ov	wned or op	erated by	a governn	nental unit	describe	ed in			
		section 170	(b)(1)(A)(iv). (Comp	lete Part II.)	-			_						
6				nent or governmental unit	t described	d in sectio	n 170(b)(	1)(A)(v).						
7		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). (Comple	ete Part II.)										
8		A community	y trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)								
9	X	An organizat	on that normally red	ceives. (1) more than 33 1	1/3% of its	support fro	om contril	butions, m	embership	fees, an	d gross rece	∍ıpts fr	om	
		activities rela	ited to its exempt fu	nctions - subject to certa	ın exceptio	ons, and (2	) no more	than 33 1	/3% of its	support f	from gross ir	nvestm	ent	
		income and i	unrelated business t	axable income (less sect	ion 511 ta:	x) from bus	sinesses a	cquired by	the orgar	nization a	ıfter June 30	), 1975	<b>5</b> .	
		See section	509(a)(2). (Complet	e Part III.)										
10		An organizat	ion organized and o	perated exclusively to tes	st for publi	ic safety. S	ee <b>sect</b> io	on 509(a)(4	1).					
11		An organizat	ion organized and o	perated exclusively for th	e benefit d	of, to perfo	rm the fur	octions of,	or to carry	out the	purposes of	one o	r	
		more publicly	y supported organiza	ations described in section	on 509(a)(1	l) or section	n 509(a)(2	). See <b>se</b> e	ction 509(	( <b>a)(3).</b> Ch	eck the box	that		
		describes the	type of supporting	organization and comple	ete lines 11	1e through	11h.							
		a Type	I Ь <u></u> Т	ype II <b>c</b> T	ype III - Fu	inctionally i	integrated	•	<b>з</b> Тур	e III - No	n-functionall	y integ	grated	
е		By checking	this box, I certify tha	at the organization is not	controlled	directly or	ındırectiy	by one or	more disc	qualified p	persons othe	er than	1	
		foundation m	nanagers and other t	han one or more publicly	supporte	d organizat	tions desc	ribed in se	ction 509	(a)(1) or s	section 509(a	a)(2).		
f		If the organiz	ation received a writ	tten determination from t	he IRS tha	at it is a Typ	oe I, Type	II, or Type	III					
			rganızatıon, check tl										L	
g		Since Augus	t 17, 2006, has the o	organization accepted an	y gift or co	ontribution	from any	of the follo	wing pers	ions?				
		(i) A perso	n who directly or inc	lirectly controls, either al	one or tog	ether with	persons d	lescribed ii	n (II) and (i	ıı) below,		Yes	No	
		_		upported organization?							11g(i)	<b></b>	<u> </u>	
		(ii) A family	member of a person	n described in (i) above?							11g(ii)		_	
		• •	•	person described in (i) o							11g(iii)	L	<u> </u>	
h		Provide the f	ollowing information	about the supported org	ganization(	(s).								
			····	<del></del>	1		1		1 7 2 2 2	- 41	1			
(i)		of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did yo	u notify the		on in col.	(vii) Amount		netary	
	orga	nization		(described on lines 1-9 above or IRC section		sted in your document?		tion in col. r support?	(i) organiz U.S	zed in the	sup	port		
				(see instructions))	Yes	No	Yes	No	Yes	No				
					1	1			1.00	1				
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		-										<del></del>		
		<u> </u>			<u> </u>	ļ		<u> </u>						
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 OPERATION UNDERGROUND RAILROAD, INC. 46-3614979 Page 2

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

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

Se	ction A. Public Support	-		<del></del> -	<del>-</del>		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-			· · · · · · · · · · · · · · · · · · ·			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			·			
5	The portion of total contributions	,, , , , , , , , , , , , , , , , , , ,			·	11	
•	by each person (other than a				\$ (H ),	t	
	governmental unit or publicly	, ' ' ' ' ' ' ' ' '					
	supported organization) included					, , , , , , , , , , , , , , , , , , , ,	
	on line 1 that exceeds 2% of the		The state of the s	'. " \$# ' 'cak	ς.; . α.,.	·	
	amount shown on line 11,	, 'Shee		* * * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·	. "	
	column (f)			* 1	Same of the same o	. J. 197	
6	Public support. Subtract line 5 from line 4	king,	* X. * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·	¥ , ,		
Sec	ction B. Total Support	<u>S'</u>					
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	1-1-					
8	Gross income from interest,	-					
-	dividends, payments received on	l				}	
	securities loans, rents, royalties						
	and income from similar sources					ŀ	
9	Net income from unrelated business				<del>-</del>		
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					_	
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	**************************************			* , * * ******		
	Gross receipts from related activities,			**** * 13**1	*******	12	
	First five years. If the Form 990 is for		•	I fourth or fifth ta	) V vear as a section		
	organization, check this box and stop		mot, scoona, triin	, 1001111, 01 111111 102	x your as a scotton	301(0)(0)	▶ [
Sec	tion C. Computation of Publi		centage			<del></del>	
14	Public support percentage for 2013 (li	ne 6, column (f) div	vided by line 11. co	olumn (f))		14	%
	Public support percentage from 2012		=	.,,		15	%
16a	33 1/3% support test - 2013. If the o	organization did not	t check the box or	line 13, and line 1	4 is 33 1/3% or mi	ore, check this box	
	stop here. The organization qualifies a			•			▶ 🗀
b	33 1/3% support test - 2012. If the o		_	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization quali	_					▶□
17a	10% -facts-and-circumstances test				13, 16a, or 16b. a	nd line 14 is 10% or	more.
_	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t		·	•	•		▶□
ь	10% -facts-and-circumstances test				-	7a, and line 15 is 10	)% or
_	more, and if the organization meets th						
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization		-				
	The state of the s	s.c onoon a c	ori mio 10, 10a	,	C.IOOK MIO DOX AI	. L . A . CT	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	sion, picaso com	pioto i diving				
Cal	endar year (or tiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(1) Total
	Gifts, grants, contributions, and					_	
	membership fees received. (Do not						
	include any "unusual grants.")					925,378.	925,378.
2	Gross receipts from admissions,						
_	merchandise sold or services per-			İ			
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		<del>                                     </del>				
Ū	are not an unrelated trade or bus-		1	1		1	
	iness under section 513						
		<del></del>	<del> </del>		<del></del>		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to		1			1	
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5					925,378.	925,378.
7:	Amounts included on lines 1, 2, and					1	
	3 received from disqualified persons	<u></u>					0.
i	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			[			0.
	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	* x *	: 14 0	**************************************		925,378.
	ction B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6				1 1 1 1	925,378.	925,378.
	Gross income from interest,	<del></del>	<u> </u>			,	
	dividends, payments received on			-	1		
	securities loans, rents, royalties					22.	22.
	and income from similar sources		<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·	<del>                                  </del>		
	Unrelated business taxable income					1	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	<del></del>		ļ			
	Add lines 10a and 10b					22.	22.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is					] .	
	regularly carried on			ļ			
12	Other income. Do not include gain or loss from the sale of capital			]	1		
	assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>		<u> </u>	925,400.	925,400.
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	tion,
	check this box and stop here		<del></del>		· <del></del>		X
<u>Se</u>	ction C. Computation of Public	Support Per	rcentage		<u> </u>		
15	Public support percentage for 2013 (lii	ne 8, column (f) d	ivided by line 13, c	olumn (f))		15	100.00 %
	Public support percentage from 2012					16	%
Se	ction D. Computation of Invest	tment Income	e Percentage				
17	Investment income percentage for 20	<b>13</b> (line 10c, colur	mn (f) divided by lin	e 13, column (f))		17	%
18	Investment income percentage from 2	:012 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2013. If the			on line 14, and line	e 15 is more than 3	33 1/3%, and line 17	'is not
	more than 33 1/3%, check this box an	_					ightharpoonup
b	33 1/3% support tests - 2012. If the				- · · · -		nd
	line 18 is not more than 33 1/3%, chec	-				•	▶□
20	Private foundation. If the organization					_	

Also o	plemental In complete this pa	rt for any add	itional inform	ation. (Se	e instruction	ns).	<del> </del>				
								<del></del>	<del></del>		
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# **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

**Supplemental Financial Statements** 

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

<u> </u>	OPERATION UNDERGROUND RAILROAD, INC.	46-3614979
Pa		CCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	····
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	rıng
	impermissible private benefit?	Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	lly important land area
	Protection of natural habitat Preservation of a certified h	istonc structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
ď	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
-	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi	·
Ŭ	year	zation dating the tax
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
Ū	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
0	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
3	include, if applicable, the text of the footnote to the organization's financial statements that describes the org	•
		anization's accounting for
Par	conservation easements.  t III   Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	7,000,00
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an	d balance sheet works of art
Iq	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	public service, provide, in Fart XIII,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	planes sheet works of set between
u		·
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public services to those items:	vice, provide the following amounts
	relating to these items:	<b>•</b> •
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ ▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	orovide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	Revenues included in Form 990, Part VIII, line 1	<b>\$</b>
b	Assets included in Form 990, Part X	<b>▶</b> \$

	dule D (Form 990) 2013 OPERATI	ON UNDERGR					r Simila		14979 Continu	
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the t	following tha	at are a si	gnıficant	use of its o	ollection it	ems
	(check all that apply)									
a	Public exhibition		d 🗀	Loan or exc	hange progr	rams				
b	Scholarly research	(	e 🔲	Other			_			
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizati	on's exer	npt purp	ose in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical treas	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	llection?				Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comp	lete if the	e organizatio	n answered	"Yes" to	Form 990	0, Part IV, I	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.				·				
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contributions	s or other as	sets not	ıncluded			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table <sup>.</sup>						
								<u> </u>	Amount	
c	Beginning balance						1c	<u> </u>		
d	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance			•			1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.	•		n has been	provided in l	Part XIII			_	
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to For	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) F	nor year	(c) Two yea	ars back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
ь	Contributions						-			
c	Net investment earnings, gains, and losses									
ď	Grants or scholarships		j					_		
	Other expenditures for facilities		1		<del></del>					
•	·									
4	and programs		<del>                                     </del>		<del></del>					
	Administrative expenses		<del> </del>		<u> </u>	<del></del>				
_	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curr	ent year end balanc		g, column (a)	) neid as					
	Board designated or quasi-endowment	<del></del>	_%							
	Permanent endowment >	%								
C	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held an	id administe	red for th	e organiz	ation	_	
	by.								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	lule R?					3b	
4	Describe in Part XIII the intended uses of the		wment f	unds,				_	<del></del>	
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" to Form 990	, Part IV	, line 11a. Se	ee Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulat	ed	(d) Book	value
		basis (investr	nent)	basis	(other)		preciation	1		
1a	Land					. 4 4	' **			
b	Buildings									
c	Leasehold improvements									
þ	Equipment			1	8,029.		9,4	65.	8	,564.
e	Other									
Total.	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. colun	n (B). line 10	(c).)			<b>•</b>	8	,564.

	tion of security or category (including name of secur	es" to Form 990, Part IV, line	(c) Method of v	aluation. Cost or er	d-of-year market value
· ·	al derivatives	(4)	(-,	<u> </u>	<del></del>
-	held equity interests				···
3) Other	ned equity interests		-	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
			<u> </u>		
(A) (B)					··
(C)			·-·		
(D)					
(E)	- · · - · · · · · · · · · · · · · · · ·	- <del>-</del>			
(F)	-				<u> </u>
(G)					
(H)					
	o) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>	, , , , , , , , , , , , , , , , , , , ,	,	€
	Investments - Program Related				
	Complete if the organization answered "Y		e 11c. See Form 990. F	Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or er	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					<del>.</del>
(6)					
(7)					
(8)					
-				_	
(9)		1			
(9) <b>otal</b> (Col. (b	n) must equal Form 990. Part X. col. (B) line 13.)	<b>•</b>	5. ,	v	J 3
	o) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.	<b>&gt;</b>	5 ,	ν 	
otal. (Col. (t	Other Assets.	-	5 11d. See Form 990, F		, , , , , , , , , , , , , , , , , , , ,
otal. (Col. (t	o) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Y	-	9 11d. See Form 990, F		(b) Book value
otal. (Col. (t Part IX	Other Assets.	es" to Form 990, Part IV, line	a 11d. See Form 990, F		
otal. (Col. (t Part IX	Other Assets.	es" to Form 990, Part IV, line	5		
(1)	Other Assets.	es" to Form 990, Part IV, line	s 11d. See Form 990, f		
(1) (2) (3)	Other Assets.	es" to Form 990, Part IV, line	5 11d. See Form 990, F		
(1) (2) (3) (4)	Other Assets.	es" to Form 990, Part IV, line	s 11d. See Form 990, F		
(1) (2) (3) (4) (5)	Other Assets.	es" to Form 990, Part IV, line	5 11d. See Form 990, F		
(1) (2) (3) (4) (5) (6)	Other Assets.	es" to Form 990, Part IV, line	5 11d. See Form 990, F		
(1) (2) (3) (4) (5) (6) (7)	Other Assets.	es" to Form 990, Part IV, line	s 11d. See Form 990, F		
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	es" to Form 990, Part IV, line	s 11d. See Form 990, F		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Y	es" to Form 990, Part IV, line (a) Description	5 11d. See Form 990, F		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.	es" to Form 990, Part IV, line (a) Description	5 11d. See Form 990, F		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Y  mn (b) must equal Form 990, Part X. col. (B  Other Liabilities.	es" to Form 990, Part IV, line (a) Description		Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Colu)	Other Assets.  Complete if the organization answered "Y	es" to Form 990, Part IV, line (a) Description		Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Colu) Part X	Complete if the organization answered "Y  mn (b) must equal Form 990, Part X. col. (B  Other Liabilities.  Complete if the organization answered "Y  (a) Description of liability	es" to Form 990, Part IV, line (a) Description	e 11e or 11f, See Form	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu). Part X	Other Assets.  Complete if the organization answered "Y  mn (b) must equal Form 990. Part X. col. (B  Other Liabilities.  Complete if the organization answered "Y	es" to Form 990, Part IV, line (a) Description	e 11e or 11f, See Form	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columbia Y X )  (1) Fed (2)	Complete if the organization answered "Y  mn (b) must equal Form 990, Part X. col. (B  Other Liabilities.  Complete if the organization answered "Y  (a) Description of liability	es" to Form 990, Part IV, line (a) Description	e 11e or 11f, See Form	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Columnation X) (1) Fed (2) (3)	Complete if the organization answered "Y  mn (b) must equal Form 990, Part X. col. (B  Other Liabilities.  Complete if the organization answered "Y  (a) Description of liability	es" to Form 990, Part IV, line (a) Description	e 11e or 11f, See Form	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (A) (7) (A) (7) (A) (7) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	Complete if the organization answered "Y  mn (b) must equal Form 990, Part X. col. (B  Other Liabilities.  Complete if the organization answered "Y  (a) Description of liability	es" to Form 990, Part IV, line (a) Description	e 11e or 11f, See Form	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (7) (8) (9) (7) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Complete if the organization answered "Y  mn (b) must equal Form 990, Part X. col. (B  Other Liabilities.  Complete if the organization answered "Y  (a) Description of liability	es" to Form 990, Part IV, line (a) Description	e 11e or 11f, See Form	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) Fed (2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) (3) (4) (5) (6) (6) (6)	Complete if the organization answered "Y  mn (b) must equal Form 990, Part X. col. (B  Other Liabilities.  Complete if the organization answered "Y  (a) Description of liability	es" to Form 990, Part IV, line (a) Description	e 11e or 11f, See Form	Part X, line 15.	(b) Book value
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	dule D (Form 990) 2013 OPERATION UNDERGROUND RA		46-3614979 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	ıe per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities .	2b	^ 1
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	**************************************
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	tomonto With Evnon	5
Pai	t XII Reconciliation of Expenses per Audited Financial Sta		ses per Heturn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	.,,
а	Donated services and use of facilities	2a	we a
b	Prior year adjustments	2b	
C	Other losses	2c	. ,
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	· .
b	Other (Describe in Part XIII.)	4b	* * * * * * * * * * * * * * * * * * *
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18	.)	5
Par	t XIII Supplemental Information.		
rovi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, F	art V, line 4, Part X, line 2; Part XI,
nes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.	
	<del></del>		<del></del>
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### **SCHEDULE O**

(Form 990 or 990-EZ)

## 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 990-EZ.

Open to Public

**Employer identification number** 

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OPERATION UNDERGROUND RAILROAD. INC. 46-3614979 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RESCUE TEAMS ARE COMPRISED OF HIGHLY SKILLED EX-NAVY SEAL, SLAVERY. THESE TEAMS WORK IN CONJUNCTION WITH AND IN CIA, AND OTHER OPERATIVES. FULL COOPERATION WITH LOCAL POLICE FORCES AND GOVERNMENTS TO LIBERATE CHLDREN AROUND THE WORLD. FORM 990, PART VI, SECTION B, LINE 11: RETURN IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILIING. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

**Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

► See separate instructions.

Business or activity to which this form relates

990

Identifying number

OPI	ERATION 1	UNDERGROUND	RAILROAD,	INC.	FOR	M 9	90	PAGE	10			46-36	14979
Pa	rt   Election T	o Expense Certain Proper	ty Under Section 17	9 Note: If yo	u have any lis	ted pr	operty	, comple	ete Pa <u>rt</u>	V be	fore yo	ou complete P	art I
1 1		nt (see instructions)									1	50	0,000.
2	Total cost of sec	tion 179 property place	ed in service (see i	nstructions)							2		
3 7	Threshold cost of	of section 179 property	before reduction i	n limitation							3	2,00	0,000.
4 F	Reduction in limi	itation. Subtract line 3 f	from line 2. If zero	or less, ente	r -0-						4		
<b>5</b> c	Dollar limitation for tax	year_Subtract line 4 from line	1 If zero or less, enter -0	- If married filing	g separately, see ir	nstructio	ns				5		
6		(a) Description of pro	operty		(b) Cost (busine	ess use	only)		(c) Electe	d cost			
		<u> </u>											
					_								4
				l								1 ,	
<b>7</b> L	usted property.	Enter the amount from	line 29				_7_	<u> </u>					
8 7	Total elected cos	st of section 179 prope	rty. Add amounts	ın column (c)	, lines 6 and	7					8		
9 7	Tentative deduct	tion. Enter the smaller	of line 5 or line 8								9		
10 (	Carryover of disa	allowed deduction from	line 13 of your 20	12 Form 456	52						10		
11 E	Business income	e limitation. Enter the sr	maller of business	income (not	less than zero	o) or lu	ne 5				11		
12 5	Section 179 exp	ense deduction. Add lir	nes 9 and 10, but	do not enter	more than line	e 11		, <u>-</u>			12		
13 (	Carryover of disa	allowed deduction to 20	014. Add lines 9 ar	nd 10, less lii	ne 12	<u> </u>	13					*	
		rt II or Part III below for	listed property In	stead, use P	art V								
Pai	rt II Specia	l Depreciation Allowa	nce and Other De	preciation (	Do not inclu	de list	ed pro	perty.)					
14 8	Special deprecia	tion allowance for qual	ified property (othe	er than listed	l property) pla	ced in	servic	e during	}				
t	he tax year										14		<u>9,015.</u>
15 F	Property subject	to section 168(f)(1) elec	ction								15		
		on (including ACRS)									16		
Par	rt III MACRS	S Depreciation (Do no	t include listed pro	operty.) (See	instructions.)	١							
				Se	ction A								
17 N	MACRS deduction	ons for assets placed in	n service in tax yea	ırs beginning	before 2013					_	17		
18 <u>ı</u>	you are electing to gr	roup any assets placed in servi											<u></u>
		Section B - Assets	Placed in Service			Ising 1	the Ge	neral D	eprecia	tion	Syste	m	
	(a) Classifica	ation of property	(b) Month and year placed in service	(business/in	depreciation vestment use instructions)		Recovery period	y (e) C	onvention	(1) №	lethod	(g) Depreciatio	n deduction
19a	3-year prope	rty											
b	5-year prope			<del></del>	9,014.	5	YRS		MQ	20	0DB		450.
С	7-year prope		<b>-</b>				-						
	10-year prop									$\Box$			
e	15-year prop		1 '' '******I										
f	20-year prop		<b> </b>										
g	25-year prop		1 · · · · ·			2	5 yrs.	1		-	3/L		
			/			_	.5 yrs.		ММ		5/L		
h	Residential re	ental property	/				.5 yrs.		MM		S/L		
			/				9 yrs.	1 7	ММ		S/L		
i	Nonresidenti	al real property	7				<u> </u>		MM	_	S/L		
		Section C - Assets Pl	laced in Service [	Ouring 2013	Tax Year Us	ing th	e Alter	rnative I				em	
20a	Class life		, 1 (.mail. size)						•		S/L		
b	12-year	<del></del>	1, 1			1	2 yrs.			_	5/L		
Ç	40-year		/				0 yrs.		MM		5/L		<del></del>
Par		ry (See instructions.)	<del></del>				<u>- j.c.</u>				<u> </u>		
		Enter amount from line	28	·-···	<del></del>						21	<del></del>	
	· · · · -	nts from line 12, lines 1		s 19 and 20	in column (a)	and I	ine 91			ŀ			
		n the appropriate lines	=		_					}	22		9,465.
		above and placed in s	-	-	•		30 1113	···					- ,
		sis attributable to section	•	your,			23						•

43 Amortization of costs that began before your 2013 tax year

Total. Add amounts in column (f). See the instructions for where to report

43

44

Form 8868 (R	lev. 1-2014)				_	Page 2	
If you are fi	ling for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II and check this	box		▶ X	
	omplete Part II if you have already been granted an a				3868.	, <u> </u>	
-	ling for an Automatic 3-Month Extension, comple		-				
Part II	Additional (Not Automatic) 3-Month Ex			al (no c	opies need	ded).	
					<del>'</del>	see instructions	
Type or I N	lame of exempt organization or other files, see instru	ctions	Litter filer s		_	on number (EIN) or	
1	lame of exempt organization or other filer, see instru	Employe	rigentincatio	on number (CIIV) or			
print	ERATION UNDERGROUND RAILRO	NC	46-3614979				
—				Cassalas			
filing your return See 57	lumber, street, and room or suite no. If a P.O. box, so 27 NORTH 1700 WEST			Social se	curity numb	er (55N)	
	ity, town or post office, state, and ZIP code. For a for DAR CITY, UT 84721	oreign add	ress, see instructions.				
					<u> </u>		
Enter the Retu	urn code for the return that this application is for (file	e a separat	e application for each return)			0 1	
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or F	orm 990-EZ	01	·				
Form 990-BL		02	Form 1041-A			08	
Form 4720 (ın	dıvıdual)	03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (s	ec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (tr	rust other than above)	_ 06	Form 8870			12	
STOP! Do no	t complete Part II if you were not already granted	an autom	atic 3-month extension on a previous	ously file	d Form 8868	3.	
	TIM BALLARD						
The books	are in the care of ▶ 5727 NORTH 1700	) WEST	- CEDAR CITY, UT	84721			
	No. ► 801-830-5363		Fax No. ▶				
•	nization does not have an office or place of business	in the Un					
_	a Group Return, enter the organization's four digit 0			this is fo	r the whole o	roup check this	
	. If it is for part of the group, check this box		ch a list with the names and EINs of		_	-	
			BER 15, 2014.	an monio	ors tric exteri	13101113 101.	
•	endar year 2013 , or other tax year beginning	10 1 222	, and ending				
	x year entered in line 5 is for less than 12 months, ch			Final r	oturo.	<del></del>	
	hange in accounting period	IECK IEast	in. [22] Initial Tetatri		Clum		
7 State in	detail why you need the extension TIONAL TIME IS NEEDED DUE	TO IIN	AUOTDARIE ARCENCE	OF AN	<del></del>	<del></del>	
			EXECUTE THE RETURN				
TMDT	VIDUAL HAVING SOLE AUTHORI	11 10	EXECUTE THE RETURN				
	oplication is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less any			•	
nonrefu	ndable credits. See instructions.			8a	\$	0.	
<b>b</b> If this ap	oplication is for Forms 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and estimated				
tax payr	ments made. Include any prior year overpayment allo	owed as a	credit and any amount paid	<u> </u>			
previou	sly with Form 8868.			8b	\$		
c Balance	e due. Subtract line 8b from line 8a. Include your pay	yment with	n this form, if required, by using				
EFTPS (	Electronic Federal Tax Payment System). See instru			8c	\$	0.	
	Signature and Verificati	ion mus	t be completed for Part II or	ıly.			
Under penalties it is true, correct	of perjury, I declare that I have examined this form, includi t, and complete, and that I am authorized to prepare this fo	ing accomp irm.	anying schedules and statements, and to	the best of	my knowledg	e and belief,	
Signature >		PRESII	ENT	Date	_		
Jigilatul 6	11116			Dale	<u> </u>		