

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

OMB No. 1545-0047 2022

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

Department of the Treasury

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

**Open to Public** 

Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the	latest info			Inspection		
Α	For the	e 2022 calen	dar year, or tax year beginning ${\tt Oct}~1$ , 2022, and	l ending	Se	p 30	<b>, 20</b> 2 3		
в	Check it	f applicable:	<b>C</b> Name of organization Victims First Inc			D Employ	er identification number		
	Address	s change	Doing business as			32-0656956			
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room	n/suite	E Telephone number			
	Initial re	turn	4195 Chino Hills Parkway	593		(213)	440-1771		
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amende	ed return	Chino Hills, CA 91709			<b>G</b> Gross r	eceipts \$1,591,333.		
	Applicat	tion pending	F Name and address of principal officer:		., .		subordinates? 🗌 Yes 🛛 No		
			Anita Busch, 4195 Chino Hills, Chino Hills, CA	A 91709	H(b) Are all su	ubordinates	s included? Yes No		
I	Tax-exe	empt status:	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	If "No," a	ittach a list	. See instructions.		
	Website				H(c) Group ex	emption n	umber		
-		organization: 🔀		of formation	: 2021	M State o	f legal domicile: CA		
Pa	art I	Summa							
	1		cribe the organization's mission or most significant activities: $\underline{y}$			ted to sup	port, empower and protect		
ЭС			and survivors by providing financial assi						
'nai			ty preparedness education, and policy advo						
vel	2		box if the organization discontinued its operations or disponent voting members of the governing body (Part VI, line 1a).			1 1			
ğ	3			3 5					
ς δ	4	Number of		4					
itie	5		per of individuals employed in calendar year 2022 (Part V, line 2			5	0		
Activities & Governance	6		per of volunteers (estimate if necessary)			6	0		
Ā	7a					7a	0.		
	b	Net unrela	ted business taxable income from Form 990-T, Part I, line 11	<u></u>		7b	0.		
					Prior Year		Current Year		
ne	8		ons and grants (Part VIII, line 1h)		9,164,	686.	1,590,558.		
Revenue	9	-	ervice revenue (Part VIII, line 2g)	1.0.5					
Be	10		t income (Part VIII, column (A), lines 3, 4, and 7d)			126.			
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).			01.0	775.		
	12 13		ue-add lines 8 through 11 (must equal Part VIII, column (A), line		9,164,		1,591,333.		
	13		d similar amounts paid (Part IX, column (A), lines 1–3)		8,898,	/89.	1,303,167.		
	14	-							
ses	16a		her compensation, employee benefits (Part IX, column (A), lines 5- al fundraising fees (Part IX, column (A), line 11e)	· ·					
Expenses	b		relation over a reason (Dout IV, and when (D) line (C)						
Ă	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	0.	264	119.	102,418.		
	18	•	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,162,		1,405,585.			
	19	-	ess expenses. Subtract line 18 from line 12	908.	185,748.				
۲ %					, ⊥ inning of Curre		End of Year		
ets c ance	20	Total asset	ts (Part X, line 16)	Deg		407.	224,281.		
Asse	21		ties (Part X, line 26)	· ·	J4,	125.	1,895.		
Net Assets or Fund Balances	22		or fund balances. Subtract line 21 from line 20		32	282.	222,386.		
_	art II		re Block	•••	541		222,500.		

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.

	ORGA	NIZATION COPY	/   Original	E-filed		01	/23/2024		
Sign	Signature of officer		1 0			Date			
Here	Anita B	Busch, President							
	Type or print name	and title							
Paid	Print/Type prepa	rer's name	Preparer's signatu	re	Date		Check if	PTIN	
Preparer	Carl Hebe	ler	Carl Hebeler 01/19/2				self-employed	P00234726	
Use Only		HEBELER ACCOUNT		Firm's EIN 71-0923209					
	Firm's address	4223 GLENCOE AVE,	SUITE B129,	MARINA DEL REY,	CA 90292	Phone	eno. (310)3	312-8700	
May the IRS discuss this return with the preparer shown above? See instructions									
Fer Dener	aule Daduation A	at Nation and the comore	te instructions		DEV/05/47/001			Farma 000 (0000)	

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Form 99	0 (2022) Page <b>2</b>
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:
	Victims First is organized to support, empower and protect
	victims and survivors by providing financial assistance,
	community preparedness education, and policy advocacy.
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. 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 \$ 1,303,167. including grants of \$ 1,590,558.) (Revenue \$ 1,590,558.)
	See Attached.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
τc	
	Other pressure consistent (Decesible on Cohedule C.)
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     1, 202, 167
4e	Total program service expenses     1,303,167.

Form 99	0 (2022)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
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? <i>If "Yes," complete Schedule C, Part I</i>	3		×
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		×
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? <i>If "Yes," complete Schedule C, Part III</i> .	5		×
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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 "Yes," complete Schedule D, Part V</i> .	10		×
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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	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		×
14a	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			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		×
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		×
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
	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 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	20b	×	

Form 99	90 (2022)		I	Page <b>4</b>
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i> .	00		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		×
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part III</i>	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):	21		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
c	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 non-cash 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? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		×
33	complete Schedule N, Part II	32		×
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
	or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35a		×
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	35b		
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	36 37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part				
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 0	-		
b C	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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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 <b>2a</b> 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
- 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	3a 3b		×					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×					
b	If "Yes," enter the name of the foreign country	44							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		×					
5a									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×					
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
Ua	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	Vu							
	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	_							
		7a		×					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		├					
С	required to file Form 8282?	7-		~					
А	If "Yes," indicate the number of Forms 8282 filed during the year	7c		×					
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×					
e f	Did the organization receive any funds, directly of indirectly, to pay premiums of a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		×					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>					
8									
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
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 . 10b								
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								
40-	against amounts due or received from them.)	10-							
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a							
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-							
a	Is the organization licensed to issue qualified health plans in more than one state?	13a							
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	Tea							
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? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			ĺ					
	excess parachute payment(s) during the year?	15							
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16							
47	If "Yes," complete Form 4720, Schedule O.								
17	<b>Section 501(c)(21) organizations.</b> 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?			1					
		17							
	If "Yes," complete Form 6069.								

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	nstruc	tions.
<del></del>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		×
Secti	ion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year   <b>1a</b>   5		Yes	No
Ia	If there are material differences in voting rights among members of the governing body, or	-		
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b 2	Enter the number of voting members included on line 1a, above, who are independent . <b>1b</b> 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		×
3	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	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 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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	iue C	<u> </u>	
10-	Did the eventiation have lead charters branches or efficience	10-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		×
N N	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	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	<u> </u>
14	Did the organization have a written document retention and destruction policy?	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?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	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
	with a taxable entity during the year?
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?

## Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
- **18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - ☑ Own website □ Another's website □ Upon request □ Other (*explain on Schedule O*)
- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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. Zachary Blair, 4195 Chino Hills Pkwy #593, Chino Hills, CA 91709 (310)312-8700

16a

16b

×

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

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 nor any related organization compensated any current officer, director, or trustee.

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average			heck more than one				Reportable	Reportable	Estimated amount
	hours	box, unless person is both an officer and a director/trustee)						compensation	compensation	of other
	per week (list any	9 5	-	-					from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	nplc	Former	organization (W-2/ 1099-MISC/	1099-MISC/	organization and
	related	dual	Itior	Ť	mp	st c	9	1099-NEC)	1099-NEC)	related organizations
	organizations below	r tru	lal t		oye	duc				
	dotted line)	stee	ust		œ	ens				
			e			Highest compensated employee				
(1) Anita Busch	40.00									
President/Director		×		×						
(2) Zachary Blair	40.00									
Vice President / Director		×		×				12,000.		
(3) Mary Amanda Bean	2.00									
Secr / Treas / Director		×								
(4) Tiara Parker	2.00									
Director		×								
(5) Javier Nava	2.00									
Director		×								
(6)										
(7)										
(8)										
(9)		-								
<u>(10)</u>		-								
<u>(11)</u>		-								
(12)		-								
(4.0)										
(13)		-								
(14)										
(14)										
			L	I	L		L			Form <b>000</b> (0000)

Part	VI Section A. Officers, Directors, 1	rustees,	Keyl	Em			s, an	d F	lighest Compe	nsated	Emplo	yees (d	contin	ued)
					•	C)								
	(A)	(B)	(do n	ot cł		ition more	e than d	one	(D)	(E)			(F)	
	Name and title	Average	box,	oox, unless person is both ar				n an	Reportable	Reportable			ted amo f other	ount
		hours per week		-		-	or/trust	<u> </u>	compensation from the	compen from re			pensatio	on
		(list any	or di	Insti	Officer	Key employee	High	Former	organization (W-2/	organizatio		fro	om the	
		hours for related	rect	tic	ěř	emp	est i loye	ner	1099-MISC/ 1099-NEC)	1099-N 1099-1		related o	ization a organiza	
		organizations	ior all	onal		oloy	e				- /		<b>J</b>	
		below dotted line)	Individual trustee or director	Institutional trustee		ee	pen							
			Ø	fee			Highest compensated employee							
(15)							<u>a</u>							
(10)		+	-											
(16)														
<u></u>		+	1											
(17)														
			1											
(18)														
(19)			_											
(20)			-											
(04)														
(21)		+	-											
(00)														
(22)		+	-											
(23)														
(20)		+	-											
(24)														
<u></u>			1											
(25)														
			1											
1b	Subtotal			•					12,000.					
С	Total from continuation sheets to Part	VII, Sectio	n A											
d	Total (add lines 1b and 1c)								12,000.					
2	Total number of individuals (including but		d to th	iose	e list	ted	above	e) w	ho received more	e than \$1	00,000	of		
	reportable compensation from the organi	ization												
-													Yes	No
3	Did the organization list any <b>former</b> of									-	ensated			
	employee on line 1a? If "Yes," complete										· ·	3		
4	For any individual listed on line 1a, is the organization and related organizations													
		greater th	απ φ		.000		1 10.	5,	complete Sched		n such			
5	Did any person listed on line 1a receive c		· ·				 m.anv	 	· · · · · · · ·	tion or in	· ·	4		×
5	for services rendered to the organization								0			5		×
Secti	on B. Independent Contractors		pi	2.0	201							5		
1	Complete this table for your five high	nest comp	ensate	ed	inde	epe	ndent	co	ontractors that r	eceived	more 1	than \$	100.00	0 of
-	compensation from the organization. Rep													
	(A)	•							(B)			(C)		
	* 7								()			(-)		

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization	those listed above) who	

Part VIII Statement of Revenue Check if Schedule O contain

Check if Schedule O contains a response or note to any line in this Part VIII.         Check if Schedule O contains a response or note to any line in this Part VIII.           Table Technic Response         Table Technic Response         Description of the contributions of the control of the con	Part	: VIII	Statement of Rev Check if Schedule			snor	se or note to a	ny line in this P	art VIII		
Business Code         Business Code           a				0.00					(B) Related or exempt	<b>(C)</b> Unrelated	(D) Revenue excluded from tax under
Business Code         Business Code           a	ts, s	1a	Federated campaig	ns .		1a					
Business Code         Business Code           a	ant	b				1b					
Business Code         Business Code           a	ΩĔ	с	Fundraising events			1c					
Business Code         Business Code           a	ifts ar A	d				1d		_			
Business Code         Business Code           a	niis G					1e		_			
Business Code         Business Code           a	ons	f									
Business Code         Business Code           a	her					1f	1,590,558.	-			
Business Code         Business Code           a	itrib I Ot	y y				1.0	¢ 16 500				
Business Code         Business Code           a	Con	h						1 590 558			
Sector         2a	<u> </u>			-11 .				1,390,338.			
g       Total. Add lines 2a-2f.	e	2a									
g       Total. Add lines 2a-2f.	ωŽ										
g       Total. Add lines 2a-2f.	Se	с									
g       Total. Add lines 2a-2f.	am	d									
g       Total. Add lines 2a-2f.	- Bo	е									
3         Investment income (including dividends, interest, and other similar amounts).	Pr	f									
a         income from investment of tax-exempt bond proceeds		-	Total. Add lines 2a-	<u>-2f</u> .	<u> </u>		<u></u>				
4         Income from investment of tax-exempt bond proceeds           5         Royatties         Image: Construction of the second of		3									
5         Royalties         Image: Construction of the set											
Ga         Gross rents         Ga         (i) Real         (ii) Personal           b         Less: rental expenses         Go											
Ga         Gross rents         Ga         D           b         Less: rental expenses         Gb		5	noyallies								
B         Less: rental expenses         6b         6c           c         Rental income or (loss)         6c         6c           d         Net rental income or (loss)         7a         7a           d         See sonot or other basis and sales expenses         7b         7c           c         Gain or (loss)         7c         7c           c         Gain or (loss)         7c         7c           d         Net gain or (loss) from fundraising events (not including \$         8a         8a           g         Gross income from garning activities. See Part IV, line 19         8a         9a           g         Gross income from garning activities         10a         10b           10a         Gross sales of i		6a	Gross rents	6a	() 1.64	_	(	-			
C         Rental income or (loss)         6c								-			
d         Net rental income or (loss)		-						1			
and sales of assets other than inventory       7a         year       7b         b       Less: cost or other basis and sales expenses       7b         c       Gain or (loss)       7c       7c         d       Net income or (loss) from fundraising events       8a       8a         g       Gross income from gaming activities. See Part IV, line 18       8a       8b       7c         g       Gross income from gaming activities       9b       9c       7c         g       Gross sets of inventory, less returns and allowances       7b       7c       7c         g       Less: cost of goods sold       10b       7c       7c       7c         g       Less: cost of goods sold       7c       7c       7c       7c         g       Less: cost of goods sold       7c       7c       7c       7c         g       Less: cost of goods sold       7c       7c <th></th> <th>d</th> <td></td> <td></td> <td>s)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		d			s)						
Page of the than inventory b       7a       7a         b       Less: cost or other basis and sales expenses .       7b       7b         c       Gain or (loss) .       7c		7a	Gross amount from		1						
Bit Less: cost or other basis and sales expenses       Tb       Tb         c       Gain or (loss)       .       .         c       Gain or (loss)       .       .         d       Net gain or (loss)       .       .         d       Net gain or (loss)       .       .         d       Net gain or (loss)       .       .         of contributions reported on line 10; See Part IV, line 18       .       .         b       Less: direct expenses       .       .         c       Net income or (loss) from fundraising events (not including \$       .       .         ga       Gross income from gaming activities. See Part IV, line 19       .       .       .         ga       Gross income from gaming activities       .       .       .         ic       Net income or (loss) from gaming activities       .       .       .         ia       Gross sales of inventory, less returns and allowances       .       .       .       .         b       Less: cost of goods sold       .       .       .       .       .         c       Net income or (loss) from sales of inventory .       .       .       .       .       .         b       Less: cost of goods s											
and sales expenses       7b         c       Gain or (loss)       7c         d       Net gain or (loss)       7c         d       Net gain or (loss)       7c         d       Net gain or (loss)       7c         of contributions reported on line 10. See Part IV, line 18       8a         c       Net income or (loss) from fundraising events       8b         c       Net income or (loss) from gaming activities. See Part IV, line 19       9a         9a       Gross income from gaming activities. See Part IV, line 19       9a         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities.       9b         c       Net income or (loss) from gaming activities       9a         fl0a       Gross sales of inventory, less returns and allowances       10a         10a       Iob       10b       10b         c       Net income or (loss) from sales of inventory       .         b       Less: cost of goods sold       10b       10a         c       Net income or (loss) from sales of inventory       .       .         c       Net income or (loss) from sales of inventory       .       .         c       Met income or (loss) from sales of inventory       . <th></th> <th></th> <td></td> <td>7a</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>				7a							
Base       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       Base       Base <t< td=""><th>ne</th><th>b</th><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	ne	b									
Base       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       Base       Base <t< td=""><th>ven</th><th></th><td>•</td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></t<>	ven		•					-			
Serverts (not including 3 of contributions reported on line 1c). See Part IV, line 18       8a         b       Less: direct expenses       8b         c       Net income or (loss) from fundraising events       9a         9a       Gross income from gaming activities. See Part IV, line 19       9a         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities		C L	Gain or (loss)								
Serverts (not including 3 of contributions reported on line 1c). See Part IV, line 18       8a         b       Less: direct expenses       8b         c       Net income or (loss) from fundraising events       9a         9a       Gross income from gaming activities. See Part IV, line 19       9a         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities	Jer		- · ·								
of contributions reported on line 1c). See Part IV, line 18       8a         b       Less: direct expenses       8b         c       Net income or (loss) from fundraising events       9a         9a       Gross income from gaming activities. See Part IV, line 19       9a         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       9a         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       0         tiona       10a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b       0         c       Net income or (loss) from sales of inventory.       0       0         b       Less: cost of goods sold       10b       0         c       0       0       0       0         d       11a       Other income       999999       775.       775.       0.       0.         c	đ	oa			nuraising						
1c). See Part IV, line 18       8a         b       Less: direct expenses       8b         c       Net income or (loss) from fundraising events          9a       Gross income from gaming activities. See Part IV, line 19       9a         9a       Gross income from gaming activities. See Part IV, line 19       9b         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities          10a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold          b       Less: cost of goods sold          c       Net income or (loss) from sales of inventory.          c       Net income       999999       775.         0       Other income       999999       999999         c       All other revenue          d       All other revenue        775.         e       Total revenue. See instructions       1,591,333.       775.       0.					d on line						
c       Net income or (loss) from fundraising events            9a       Gross income from gaming activities. See Part IV, line 19            b       Less: direct expenses             10a       Gross sales of inventory, less returns and allowances            b       Less: cost of goods sold        10a           b       Less: cost of goods sold        10b           c       Net income or (loss) from sales of inventory             b       Less: cost of goods sold        10b            c                b       Less: cost of goods sold               c                 c                c						8a					
9a       Gross income from gaming activities. See Part IV, line 19 .       9a       9a         b       Less: direct expenses       9b		b	Less: direct expense	es.		8b					
activities. See Part IV, line 19 .       9a       9b       9b         b       Less: direct expenses       9b       9b       0         c       Net income or (loss) from gaming activities       0       0       0         10a       Gross sales of inventory, less returns and allowances       10a       10a       0         b       Less: cost of goods sold       10b       0       0       0         c       Net income or (loss) from sales of inventory       0       0       0         c       Net income or (loss) from sales of inventory       0       0       0         f       0ther income       999999       775.       775.       0.       0.         c		с	Net income or (loss)	) from	n fundraisin	g eve	ents				
b       Less: direct expenses 9b       Image: state of the state		9a									
c       Net income or (loss) from gaming activities       .											
10a       Gross sales of inventory, less returns and allowances		-									
returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       .         s       0ther income       999999         b       0ther revenue       .         c       All other revenue       .         e       Total. Add lines 11a-11d       .       .         12       Total revenue. See instructions       1,591,333.       775.							es				
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 11a Other income 999999 775. 775. 0. 0. 0. c		TUa				10-					
c       Net income or (loss) from sales of inventory       .       .       .       Business Code       . <th></th> <th>h</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td>		h						-			
Business Code         Business Code           b         999999         775.         775.         0.         0.           c			_								
Ina       Other income       999999       775.       775.       0.       0.         b	ŝ			,	. 50,00 01 11		1				
Image: Total revenue. See instructions         Image:	e son	11a	Other income					775.	775.	0.	0.
Image: Total revenue. See instructions         Image:	ane										
Image: Total revenue. See instructions         Image:	ëve	с									
Image: Total revenue. See instructions         Image:	lisc B. G	d	All other revenue								
	2										
		12	Total revenue. See	instru	uctions				775.	0.	0. Eorm <b>990</b> (2022)

Sectic	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All	other organizations	must complete colun	nn (A).
	Check if Schedule O contains a response	or note to any line			
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,303,167.	1,303,167.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11	Other employee benefits				
a b	Management				
c d	Accounting				
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	15,100.	0.	15,100.	(
13	Office expenses	8,039.	0.	8,039.	(
14	Information technology	2,353.	0.	2,353.	(
15	Royalties				
16	Occupancy				
17 18	Travel	15,698.	0.	15,698.	(
19 20	Conferences, conventions, and meetings . Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		2,697.	0.	2,697.	(
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	Dues and Subscriptions	150.	0.	150.	(
b	Professional Fees	22,743.	0.	22,743.	(
c	Boimburgomonta	6,543.	0.	6,543.	(
d	Merchant Account Fees	29,095.	0.	29,095.	(
e	All other expenses	,0/01	· ·		<b>`</b>
25	Total functional expenses. Add lines 1 through 24e	1,405,585.	1,303,167.	102,418.	
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)	1,100,000.	1,303,107.	102,110.	

Form 990 (2022)

	n 990 (2				Page <b>11</b>
Ρ	art X				
		Check if Schedule O contains a response or note to any line in this Pa	<b>t X</b>		 (B) End of year
	1	Cash-non-interest-bearing	32,407.	1	224,281.
	2	Savings and temporary cash investments	02,10,1	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	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)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	22 407	15	204 201
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	32,407.	16 17	224,281.
	17 18	Accounts payable and accrued expenses	125.	17	1,895.
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
s	22	Loans and other payables to any current or former officer, director,			
itie	trustee, key employee, creator or founder, substa	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	
	26	Total liabilities. Add lines 17 through 25	125.	26	1,895.
es		Organizations that follow FASB ASC 958, check here 🔀			
nc		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	30,782.	27	222,386.
Б	28	Net assets with donor restrictions	1,500.	28	
Ľ.		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances	00	and complete lines 29 through 33.		00	
ts c	29 20	Capital stock or trust principal, or current funds		29	
Se	30 21	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31 32	Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances.	22 202	31 32	222 200
Net	32 33	Total liabilities and net assets/fund balances	32,282. 32,407.	32	222,386. 224,281.
_	33		54,40/.	33	224,201.

REV 05/17/23 PRO

Form **990** (2022)

	1	
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1       1         2       Total expenses (must equal Part IX, column (A), line 25)       2       1         3       Revenue less expenses. Subtract line 2 from line 1       3       3         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       4         5       6       Donated services and use of facilities       5       6         7       Investment expenses       6       7         8       9       Other changes in net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10         Part XII       Financial Statements and Reporting       10         Check if Schedule O contains a response or note to any line in this Part XII       10         9       Check if Schedule O contains a response or note to any line in this Part XII       1         1       Accounting method used to prepare the Form 990: 🖾 Cash 🗌 Accrual 🗌 Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a		
2       Total expenses (must equal Part IX, column (A), line 25)       2       1         3       Revenue less expenses. Subtract line 2 from line 1       3       3         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       4         5       Net unrealized gains (losses) on investments       5       6         6       Donated services and use of facilities       6       7         7       8       Prior period adjustments       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       10         10       Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       10         1       Accounting method used to prepare the Form 990: X Cash       Accrual       Other         1       Accounting method used to prepare the Form 990: X Cash       Accrual       Other         1       Accounting method used to prepare the Form 990: X Cash       Accrual       Other         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a <th>• •</th> <th></th>	• •	
<ul> <li>3 Revenue less expenses. Subtract line 2 from line 1</li></ul>	591,3	333.
<ul> <li>4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).</li> <li>5 Net unrealized gains (losses) on investments</li> <li>6 Donated services and use of facilities</li> <li>7 Investment expenses</li> <li>8 Prior period adjustments</li> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>10 Net assets and Reporting</li> <li>11 Accounting method used to prepare the Form 990: Cash Accrual Other</li> <li>11 Accounting method used to prepare the Form 990: Cash Accrual Other</li> <li>12 Accounting method used to prepare the Form 990: Accrual Other</li> <li>13 Accounting method used to prepare the Form 990: Accrual Other</li> <li>14 Accounting method used to prepare the Form 990: Accrual Other</li> <li>14 Accounting method used to prepare the Form 990: Accrual Other</li> <li>15 Accrual Other</li> <li>16 Accrual Other</li> <li>17 Accounting method used to prepare the Form 990: Accrual Other</li> <li>18 Accrual Other</li> <li>19 Accounting method used to prepare the Form 990: Accrual Other</li> <li>10 Accounting from a prior year or checked "Other," explain on Schedule O.</li> <li>21 Accounting from a prior year or checked "Other," explain on Schedule O.</li> <li>22 Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>23 Accrual Other</li> </ul>	405,	585.
<ul> <li>Net unrealized gains (losses) on investments</li> <li>Donated services and use of facilities</li> <li>Investment expenses</li> <li>Investment expenses<!--</td--><td>185,</td><td>748.</td></li></ul>	185,	748.
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9         10       Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       10         1       Accounting method used to prepare the Form 990: I Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2	32,2	282.
<ul> <li>7 Investment expenses</li></ul>		
<ul> <li>8 Prior period adjustments</li></ul>		
9       Other changes in net assets or fund balances (explain on Schedule O)		
<ul> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li></ul>		
32, column (B))       10         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990: I Cash         1       Accounting method used to prepare the Form 990: I Cash         1       Accounting method used to prepare the Form 990: I Cash         1       Accounting method used to prepare the Form 990: I Cash         2       Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?		
Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       .       .         1       Accounting method used to prepare the Form 990: ∑ Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       Schedule O.         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a		
Check if Schedule O contains a response or note to any line in this Part XII	218,0	030.
<ol> <li>Accounting method used to prepare the Form 990: ∑ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.</li> <li>Were the organization's financial statements compiled or reviewed by an independent accountant? 2a</li> </ol>		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?		. [
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?	Yes	No
	1	×
reviewed on a separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
<b>b</b> Were the organization's financial statements audited by an independent accountant?	>	×
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:		
Separate basis Consolidated basis Both consolidated and separate basis		
<ul> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> </ul>	;	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b> 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?	4	×
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . 3		
	orm <b>99(</b>	) (2022

SCHEDULE A (Form 990)

(D)

(E) Total

# **Public Charity Status and Public Support**

OMB No. 1545-0047 2022

**Open to Public** 

Department of the Treasur
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.

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

ation.		Inspection		
	Employer identificat	ion number		

Vict	tims	First	t Inc					32-0656956	
Par	tl	Reas	on for Public Cha	rity Status. (All	l organizations mus	t comple	ete this p	bart.) See instruction	ons.
The o	•				s: (For lines 1 through		-	,	
1					on of churches descri			′0(b)(1)(A)(i).	
2					(Attach Schedule E (F		-		
3		•	•		anization described in				(III) Enter the
4	ho	ospital's	s name, city, and stat	e:	onjunction with a hosp				
5			ization operated for I <b>70(b)(1)(A)(iv)</b> . (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7									
8	🗌 A	commu	inity trust described i	n <b>section 170(b)</b>	(1)(A)(vi). (Complete I	Part II.)			
9	or ur	r univers niversity	sity or a non-land-gra /:	nt college of agr	d in <b>section 170(b)(1)</b> iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or
10	si ac	upport fi cquired	rom gross investmen by the organization a	t income and uni fter June 30, 197	than 33 <sup>1</sup> / <sub>3</sub> % of its su nctions, subject to ce related business taxal 75. See <b>section 509(</b> a	ole incom <b>a)(2)</b> . (Cor	ne (less se nplete Pa	ection 511 tax) from art III.)	fees, and gross 33 <sup>1</sup> /3% of its businesses
11		-	•	•	sively to test for public				
12	or	ne or mo	ore publicly supported	d organizations d	vely for the benefit of, escribed in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> o	r section	509(a)(2). See secti	on 509(a)(3). Check
а		the su	upported organization	n(s) the power to	l, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	jority of t		
b		contro	ol or management of	the supporting o	eed or controlled in co rganization vested in <b>V, Sections A and C</b> .	the same			
С					ting organization oper ns). <b>You must comp</b>				ally integrated with,
d		that is	s not functionally inte	grated. The orga	pporting organization nization generally mus omplete Part IV, Sec	st satisfy	a distribu	ution requirement an	
е					a written determination tionally integrated sup				e II, Type III
f			umber of supported of	•					
g	Pro	vide the	e following information	n about the supp	ported organization(s).				
	(i) Name of supported organization(ii) EIN(iii) Type of organization (described on lines 1–10 above (see instructions))(iv) Is the organization listed in your governing document?(v) Amount of monetary support (see instructions)(vi) Amount of other support (see instructions)								
						Yes	No	1	
(A)									
(B)									
(C)									

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

Schedu	le A (Form 990) 2022						Page <b>2</b>
Part	II Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			66,159.	9,164,812.	1,590,558.	10,821,529.
2	Tax revenues levied for the organization'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			66,159.	9,164,812.	1,590,558.	10,821,529.
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)						
6	Public support. Subtract line 5 from line 4						10,821,529.
	on B. Total Support					1	
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4			66,159.	9,164,812.	1,590,558.	10,821,529.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						10,821,529.
12 13	Gross receipts from related activities, etc First 5 years. If the Form 990 is for the organization, check this box and stop he	e organization'		, third, fourth,	, or fifth tax ye		
Secti	on C. Computation of Public Support						
14	Public support percentage for 2022 (line	-		11, column (f))		14	%
15	Public support percentage from 2021 Scl					15	%
16a	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> — <b>2022.</b> If the organ box and <b>stop here</b> . The organization qua	llifies as a publ	licly supported	organization			🗆
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization						
17a	<b>10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	<b>10%-facts-and-circumstances test</b> — <b>2</b> 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circur cumstances te	mstances test est. The organ	, check this bo ization qualifie	ox and <b>stop he</b> s as a publicly	re. Explain supported
18	Private foundation. If the organization instructions						

#### 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support		•				
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization	's first, second	, third, fourth,	or fifth tax ye	ar as a sect	tion 501(c)(3)
	organization, check this box and stop he	re					[
Secti	on C. Computation of Public Suppor	rt Percentag	je				
15	Public support percentage for 2022 (line	8, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2021 Scl	hedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2022 (	line 10c, colur	nn (f), divided l	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 202			-			%
19a	331/3% support tests-2022. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2021. If the organiz	zation did not o	check a box on	line 14 or line	19a, and line 16	is more than	n 33 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this	box and <b>stop l</b>	<b>here</b> . The organ	ization qualifies	s as a publicly s	upported org	anization .
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see inst	ructions .

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part **VI** how providing such benefit carried out the purposes of the supported organization(s) that operated. supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

#### 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 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 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). 1
- а 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.* b
- 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.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b

Yes No

Yes No

1

2

1

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ				
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	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):				
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
-		<u> </u>			

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

REV 05/17/23 PRO

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022			Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	1
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish of	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted 2	
3	Administrative expenses paid to accomplish exempt purp	nizations 3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in <b>Part</b>	VI) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive 8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		1(	D
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI</b> . See instructions.			
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

REV 05/17/23 PRO

Schedule A (Form 990) 2022

Daut V/I	
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	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.)

REV 05/17/23 PRO

	DULE D	Supplemental Financial Statements			OMB No. 1545-0047
(Form	n 990)	Complete if the organization answered "Yes" on Form 990,			2022
Deventor			Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	Attach to Form 990. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.			Open to Public Inspection	
Name o	f the organizatio	n	Emplo	yer id	entification number
	tims First		32-0		
Par		nizations Maintaining Donor Advised Funds or Other Similar Fund	ls or A	Acco	ounts.
	Comp	blete if the organization answered "Yes" on Form 990, Part IV, line 6.	T	(b) E	unds and other accounts
1	Total numbe	r at end of year		(0) 1	
2		alue of contributions to (during year) .			
3	Aggregate va	alue of grants from (during year)			
4		alue at end of year			
5		nization inform all donors and donor advisors in writing that the assets he			
6		e organization's property, subject to the organization's exclusive legal contro nization inform all grantees, donors, and donor advisors in writing that gran			
0		itable purposes and not for the benefit of the donor or donor advisor, or fo			
		permissible private benefit?			
Par	II Cons	ervation Easements.			
	Comp	blete if the organization answered "Yes" on Form 990, Part IV, line 7.			
1	• • • •	f conservation easements held by the organization (check all that apply).			
					lly important land area
		—	t a cerl	tified	historic structure
2		ion of open space es 2a through 2d if the organization held a qualified conservation contributio	n in the	form	of a conservation
-		the last day of the tax year.			Held at the End of the Tax Year
а	Total numbe	r of conservation easements		2a	
b	Total acreage	e restricted by conservation easements	.	2b	
с		onservation easements on a certified historic structure included in (a)		2c	
d		onservation easements included in (c) acquired after July 25, 2006, and not			
2		ture listed in the National Register		2d	be execution during the
3	tax year	onservation easements modified, transferred, released, extinguished, or terr	ninated	збуі	ne organization during the
4		ates where property subject to conservation easement is located			
5	Does the or	ganization have a written policy regarding the periodic monitoring, insp			ndling of
	violations, ar	nd enforcement of the conservation easements it holds?		•	· · 🗌 Yes 🗌 No
6	Staff and volu	nteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	g conse	ervatio	on easements during the year
_					
7	Amount of ex	penses incurred in monitoring, inspecting, handling of violations, and enforcing	conser	vatior	easements during the year
8	Does each co	ponservation easement reported on line 2(d) above satisfy the requirements of	section	170	'h)(4)(B)(i)
-		170(h)(4)(B)(ii)?			
9		escribe how the organization reports conservation easements in its revenue			
		et, and include, if applicable, the text of the footnote to the organization's fina	ancial s	tater	nents that describes the
D. 1	-	s accounting for conservation easements.	<u></u>	0.	1 A I .
Part		<b>nizations Maintaining Collections of Art, Historical Treasures, or</b> blete if the organization answered "Yes" on Form 990, Part IV, line 8.	Other	SIM	llar Assets.
1a		ration elected, as permitted under FASB ASC 958, not to report in its revenu	le state	emen	t and balance sheet works
, a		ical treasures, or other similar assets held for public exhibition, education			
	service, prov	ide in Part XIII the text of the footnote to its financial statements that describ	es thes	se ite	ns.
b		zation elected, as permitted under FASB ASC 958, to report in its revenue s			
		treasures, or other similar assets held for public exhibition, education, or re-	search	in fur	therance of public service,
	•	ollowing amounts relating to these items:			¢
	(i) Revenue	included on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . . . .	• •	•	ቅ ድ
2	If the organi	zation received or held works of art, historical treasures, or other similar	 assets	for	φ financial gain, provide the
-		ounts required to be reported under FASB ASC 958 relating to these items:		.01	and gain, provide the
а	•	uded on Form 990, Part VIII, line 1			\$
b	Assets includ	ded in Form 990, Part X			\$

Schedu	le D (Form 990) 2022							Page <b>2</b>
Part	t III Organizations Maintaining	<b>Collections of</b>	Art, Historica	al Treasures	, or Ot	her Similar As	sets (contil	nued)
3	Using the organization's acquisition, collection items (check all that apply):		her records, ch	neck any of th	e follov	ving that make si	gnificant us	e of its
а	Public exhibition		d 🗌 Lo	an or exchang	ie proar	am		
b	Scholarly research							
c	Preservation for future generations	6						
4	Provide a description of the organizat		and explain ho	w they further	the org	anization's exem	ipt purpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather							—
David			aneu as part oi	the organizat		ollection?	Yes	
Part		•	" an Earna 00		- 0		aunt an Ea	
	Complete if the organization 990, Part X, line 21.					•		
1a	included on Form 990, Part X?						t	🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the followin	g table:				
						Ar	nount	
С	Beginning balance				10	;		
d	Additions during the year				10	1		
е	Distributions during the year				1e	•		
f	Ending balance				1f			
2a	Did the organization include an amoun							
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the explana	tion has been	provide	ed on Part XIII .		
Par			" <b>F</b> 000		- 10			
	Complete if the organization					· · · ·		
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three years back	(e) Four year	rs back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	the current year er	nd balance (line	1g, column (a	a)) held	as:		
а	Board designated or quasi-endowmen	nt	%					
b	Permanent endowment	%						
С	Term endowment%							
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of th	ne organization	that are held	and ad	ministered for the		
	organization by:						Yes	s No
	(i) Unrelated organizations						3a(i)	
	.,						3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	-			• •		3b	
4 Dort	Describe in Part XIII the intended uses		on's endowmer	it funds.				
Part			" on Form 00	Dort IV lin	0 1 1 0	Saa Earm 000	Dort V line	10
	Complete if the organization				-			
	Description of property	(a) Cost or of (investm		ost or other basis (other)		Accumulated epreciation	(d) Book val	iue
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, colu	ımn (B), line 10	)c.) .			

#### Schedule D (Form 990) 2022 Part VII Investments-Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives . . . (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Part XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.          1       Total revenue, gains, and other support per audited financial statements         Amounts included on line 1 but not on Form 990, Part VIII, line 12: <ul> <li>a Net unrealized gains (losses) on investments</li> <li>bonated services and use of facilities</li> <li>bonated services and use of facilities</li> <li>c Recoveries of prior year grants</li> <li>d Other (Describe in Part XIII).</li> <li>Add lines 2a through 2d</li> <li>2d</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>d Add lines 4a and 4b</li> <li>c Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.</li> </ul> 1 <ul> <li>1, 565, 5</li> <li>Amounts included on Form 990, Part VIII, line 7b</li> <li>data</li> <li>data</li> <li>data</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>data</li> <li>a Investment expenses and losses per Audited Financial Statements With Expenses per Return.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.</li> </ul> <li>1 Total expenses and losses per audited financial statements</li> <li>2a</li> <ul> <li>Prior year adjustments</li> <li>2a</li> <li>2b</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.</li> </ul> <li>2a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>4a<!--</th--><th>Page <b>4</b></th></li>	Page <b>4</b>
1       Total revenue, gains, and other support per audited financial statements       1       1,565,5         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       1       1,565,5         a       Net unrealized gains (losses) on investments       2a       2b       2c         a       Donated services and use of facilities       2c       2d       2d         c       Recoveries of prior year grants       2c       2d       2d         d       Other (Describe in Part XIII.)       2d       2d       3       1,565,5         4       Amounts included on Form 990, Part VIII, line 7b       4a       4c       3       1,565,5         4       Amounts included on Form 990, Part VIII, line 7b       4b       4c       4c       4c         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       1,565,5         Part XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       1,377,4         4       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2       2       2         a       Donated services and use of facilities       2c       2       2       3       1,377,4         4       Amounts included on line 1 but	
2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       a         a       Net unrealized gains (losses) on investments       2a         b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2d         3       Subtract line 2e from line 1       4a         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4c         c       Add lines 4a and 4b       5         c       Add lines 4a and 4b       4c         c       Total expense. Add lines 3 and 4c. ( <i>This must equal Form 990, Part IV</i> , line 12a.       1         1       Total expenses and losses per audited financial statements       1       1, 377, 4         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2b       2c       2c         3       Subtract line 2e from line 1       2a       2a       2a       2a       2a         4       Amounts included on line 1 but not on Form 990, Part IX	
2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       a         a       Net unrealized gains (losses) on investments       2a         b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2d         3       Subtract line 2e from line 1       4a         a       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         c       Total evenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part II, line 12.</i> )       5       1,565,5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       1,377,4         1       Total expenses and losses per audited financial statements       2a       2a       2a         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a <t< td=""><td>574.</td></t<>	574.
a       Net unrealized gains (losses) on investments       2a         b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2d         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       3         f       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 7b       4a         f       Total expenses and losses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       1, 377, 4         f       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       1       1, 377, 4         g       And lines 2a through 2d       2a       2a       2a       2a       2a         f       Total expenses and losses per audited financial statements       2a       1       1, 377, 4         g       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a       2a       2a         g	
b       Donated services and use of facilities       2b       2c         c       Recoveries of prior year grants       2d       2d         d       Other (Describe in Part XIII.)       2d       2d         a       Subtract line 2e from line 1       2a       2a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b         b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       1,565,5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       1,565,5         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       1,377,4         Total expenses and losses per audited financial statements       2       2       2         a       Donated services and use of facilities       2       2       2       2         a       Donated services in Part XIII.)       2d       2       2       2       2         a       Donated services and use of facilities       2       2       2       2       2       2       2       2       2       3       1,377,4         b       Prior	
c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3       1,565,5         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       1         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       1,565,5         Part XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       1,377,4         1       Total expenses and losses per audited financial statements       2a       2a       2a         1       Total expenses and losses per audited financial statements       2a       2a       2a       2a         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a       2a       2a         3       Uher (Describe in Part XIII.)       2a       2a       3       1, 377, 4         4       Amounts included on Form 990, Part	
d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3 1,565,5         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3 1,565,5         a 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 revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12</i> )       5 1,565,5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1 Total expenses and losses per audited financial statements       1 1,377,4         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       a Donated services and use of facilities         a Donated services and use of facilities       2a         b Prior year adjustments       2b         c Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3 1,377,4         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3 1,377,4         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)	
e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3       1,565,5         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       4a         b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 4a and 4b       5       1,565,5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       1,377,4         1       Total expenses and losses per audited financial statements       1       1,377,4         c       Other (Describe in Part XIII.)       2a       2a         1       Total expenses and losses per audited financial statements       1       1,377,4         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         2       Donated services and use of facilities       2b       2c       2a         3       1,377,4       3       1,377,4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       1,377,4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       1,377,4         5       Subtract l	
3       Subtract line 2e from line 1       3       1,565,5         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4b       4c         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       1,565,5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       1,377,4         1       Total expenses and losses per audited financial statements       1       1,377,4         2       Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities       2a       2a         2       Other (Describe in Part XIII.)       2d       2d       2d         4       Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b       4a         4       Amounts included on Form 990, Part VIII, line 7b       4a       4a       4c         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.       5       1,377,4         5       Total expen	
4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a         a       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 revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.)</i> 5       1,565,5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       1,377,4         1       Total expenses and losses per audited financial statements       2a       2a       2a         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       1,377,4         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2b       2c       2d         3       Donated services and use of facilities       2c       2d       2d       2d         4       Athoughts included on Form 990, Part IX, line 25, but not on line 1:       3       1,377,4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       1,377,4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4b       4c <td></td>	
a       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 revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1       1,377,4         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         a       Donated services and use of facilities       2b       2c       2d         c       Other (Describe in Part XIII.)       2d       2b       2c       3       1,377,4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       2a       3       1,377,4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       1,377,4         5       Total expenses not included on Form 990, Part IX, line 7b       4a       4a       4a         b       Other (Describe in Part XIII.)       4a       4a       4a       4a         c       Add lines 4a a	<u>)/4.</u>
b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       1,565,5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1       1,377,4         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       1         a       Donated services and use of facilities       2a       2b       2c         c       Other (Describe in Part XIII.)       2d       2d       2e         3       Subtract line 2e from line 1       25, but not on line 1:       2d       2e         3       Subtract line 2e from line 1       4d       4d       4d         c       Other (Describe in Part XIII.)       4a       4d       4d         b       Other (Describe in Part XIII.)       4d       4d       4d         c       Add lines 4a and 4b       4d       4d       4d         c       Add lines 4a and 4b       5       1,377,4         b       Other (Describe	
c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       1,565,5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       1,377,4         1       Total expenses and losses per audited financial statements       1       1,377,4         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       1         a       Donated services and use of facilities       2a       2b       2c         b       Prior year adjustments       2b       2c       2d       2d         c       Other losses       2a       2d       2d       2e       3       1,377,4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       2d       2e       3       1,377,4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       1,377,4       4         5       Total expenses not included on Form 990, Part VIII, line 7b       4a       4b       4c       5       1,377,4         6       Other (Describe in Part XIII.)       4b       5       1,377,4       4       4b	
5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       1,565,5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       1,377,4         1       Total expenses and losses per audited financial statements       1       1,377,4         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       1         a       Donated services and use of facilities       2a       2b       2c         b       Prior year adjustments       2b       2c       2d         c       Other losses       .       .       2d       2e         d       Other Obscribe in Part XIII.)       .       .       .       .       .         e       Add lines 2e from line 1       .       .       .       .       .       .         a       Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:       .	
Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1       1,377,4         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1       1,377,4         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a       2a         3       Donated services and use of facilities       2a       2b       2c       2d         4       Other (Describe in Part XIII.)       2a       2d       2e       3       3       1,377,4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       1,377,4       3       1,377,4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       1,377,4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a       4a       4a         b       Other (Describe in Part XIII.)       4a       4b       4c       5       1,377,4         5       Total expenses not included on Form 990, Part VIII, line 7b       4a       4b       4c       5       1,377,4         6       Other (Describe in Part XIII.)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         a       Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         d       Investment expenses not included on Form 990, Part VIII, line 7b         d       Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         f       Interview 10, line 4; Part XIII	)/4.
1       Total expenses and losses per audited financial statements       1       1,377,4         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         a       Donated services and use of facilities       2a       2b       2c         c       Other losses       .       .       2c       2d         d       Other (Describe in Part XIII.)       .       .       .       .         e       Add lines 2a through 2d       .       .       .       .       .         3       Subtract line 2e from line 1       .       .       .       .       .       .         a       Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:       a       .       .       .       .         b       Other (Describe in Part XIII.)       .       <	
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         a       Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)      <	
a Donated services and use of facilities       2a         b Prior year adjustments       2b         c Other losses       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2d         3 Subtract line 2e from line 1       3         1 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a 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         f Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )       5         f Total expenses required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	<u>159.</u>
b       Prior year adjustments       2b       2c         c       Other losses       2c       2d         d       Other (Describe in Part XIII.)       2d       2d         e       Add lines 2a through 2d       2d       2d         3       Subtract line 2e from line 1       3       1,377,4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       1,377,4         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b         b       Other (Describe in Part XIII.)       4b       4c         f       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       1,377,4         Part XIII       Supplemental Information.       Forvide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	
c       Other losses       2c       2d         d       Other (Describe in Part XIII.)       2d       2d         e       Add lines 2a through 2d       2c       3         3       Subtract line 2e from line 1       3       1,377,4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       1,377,4         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 4a and 4b       4c       5       1,377,4         Fort XIII       Supplemental Information.       5       1,377,4	
d       Other (Describe in Part XIII.)       2d       2e         e       Add lines 2a through 2d       3       1,377,4         3       Subtract line 2e from line 1       3       1,377,4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       1,377,4         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 4a and 4b       5       1,377,4         5       Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )       5       1,377,4         Part XIII         Supplemental Information.         Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	
e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3       1,377,4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       1,377,4         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 4a and 4b       4c       5         5       Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )       5       1,377,4         Part XIII       Supplemental Information.       5       1,377,4         Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	
3       Subtract line 2e from line 1       3       1,377,4         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4       4         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4a       4b       4c         c       Add lines 4a and 4b       4c       4c         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5       1,377,4         Part XIII       Supplemental Information.       5       1,377,4         Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	
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b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )       5         7       Part XIII       Supplemental Information.         Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	
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Part XIII         Supplemental Information.           Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X	159.

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ		OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.	1	2022
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to <i>www.irs.gov/Form990</i> for the latest information.		Open to Public Inspection
Name of the organization		Employer ider	tification number
Victims First 1	Inc	32-06569	56
Pt VI, Line 11k	: 990 was distributed by email to all board members	prior to	
filing			
Pt VI, Line 120	: The conflict of interest policy is monitored through	gh writte	en
and/or oral que	estionnaire		
Pt VI, Line 19	The governing documents, policies, and financial st	atements	
are available o	on our website		

# Additional Information From 2022 Federal Exempt Tax Return

## Form 990: Return of Organization Exempt from Income Tax Line 13 col (C)

Itemization Statement

Description	Amount
Supplies expense	5,724.
Bank service fee	375.
Postage and Shipping	1,315.
Miscellanous expense	625.
Total	8,039.