efil	e Pu	ıblic Visı	al Render ObjectId: 202323139349306077 - Submissio	n: 2023-11	-09	TJ	N: 92-0152268
	n	20	Return of Organization Exempt From	Income	Тах	(OMB No. 1545-0047
Form	ອະ	00	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it may	e (except priv	ate foundations	;)	2022
		f the Treasury nue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the la	atest inform	ation.		Open to Public Inspection
A F	or th	ne 2022 ca	lendar year, or tax year beginning 01-01-2022 , and ending 12-31	-2022			
⊖ Ad	dress	-	C Name of organization TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS INC		D Employer id 92-0152268		ication number
		-	Doing business as				
			Number and short (an D.O. boy if and it is not delivered to store to delayer). Desce (avit		E Telephone nu	nber	
			Number and street (or P.O. box if mail is not delivered to street address) Room/suit 3033 WILSON BOULEVARD 300	e	(800) 959-8	277	
			City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22201		G Gross receipt	5 \$ 1	5,787,764
		ſ	F Name and address of principal officer:	H(a) Is this	a group return	for	
			3033 WILSON BOULEVARD 300		dinates? I subordinates		🗆 Yes 🗹 No
T Tay	(-exer	mnt status:		includ	ed?		□ Yes □No
					attach a list. ! exemption nun		
K Forr	n of o	organization:	Corporation Trust Association Other	L Year of forma	tion: 1994 M S	itate	of legal domicile: AK
Pa							
			24/7 TRAGEDY ASSISTANCE TO ANYONE WHO HAS SUFFERED THE LOSS (OF A MILITARY	LOVED ONE.		
ě							
Шa							
ovel	2						
	3		f voting members of the governing body (Part VI, line 1a) \ldots .		_	3	17
es e	4		f independent voting members of the governing body (Part VI, line 1b) .		•	4	17
MIL			ber of individuals employed in calendar year 2022 (Part V, line 2a)		·	5	122
CI			ber of volunteers (estimate if necessary)		•	6	2,594
đ					-	7a 7b	0
	b	Net unrel	ated business taxable income from Form 990-1, Part 1, line 11	 Duio		7b	0
		Contribut	and arouts (Dart)/III line 1b)	Pric	or Year		Current Year
ent					14,584,140 35,928		15,417,921 33,420
Net		2			8,181		51,995
å					-68,130		-420,583
			nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,560,119		15,082,753
			d similar amounts paid (Part IX, column (A), lines 1–3)		328,353		372,732
			aid to or for members (Part IX, column (A), line 4)		0		0
ŝ			other compensation, employee benefits (Part IX, column (A), lines 5–10)		5,377,933		5,807,882
Ise			nal fundraising fees (Part IX, column (A), line 11e)		318,500		330,000
рeк	b	Total fundra	ising expenses (Part IX, column (D), line 25) 1,009,291				<u> </u>
ă			enses (Part IX, column (A), lines 11a–11d, 11f–24e)		6,439,399		9,180,118
	18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,464,185		15,690,732
	19	Revenue	ess expenses. Subtract line 18 from line 12		2,095,934		
ts or nces				1			-607,979
set	1			Beginning o	of Current Year		-607,979 End of Year
Okadress change SURVIVORS INC Name change Doing business as Initial return Doing business as Final return/terminated Number and street (or P.O. box if mail is not 3033 WILSON BOULEVARD 300 Application pending Number and address of principal office BONNIE CARROLL 3033 WILSON BOULEVARD 300 ARLINGTON, VA 22201 I Tax-exempt status: Sol(c)(3) Sol(c)(()) (insert r J Website: WWW.TAPS.ORG K Form of organization: Corporation Trust Association Part Summary 1 Briefly describe the organization's mission or most OFFERING 24/7 TRAGEDY ASSISTANCE TO ANYON 2 Check this box ▶ 3 Number of independent voting members of the governing bod? 4 Number of independent voting members of the governing bod? Number of individuals employed in calendar 6 Total number of volunteers (estimate if necessary Ta Total unrelated business revenue from Part VIII, c 9 Program service revenue (Part VIII, column (A), lines 3, 11 Other revenue (Part VIII, column (A), lines 3, 11 9 Program service revenue (Part VIII, column (A), lines 5, 6d, 12 Total revenue-add lines 8 through 11 (must equil 13 13 Garants and simi		Total asse	ts (Part X, line 16)	Beginning o	of Current Year 8,714,309		
ot As nd B				Beginning o			End of Year
Net As Fund B	21	Total liabi		Beginning o	8,714,309		End of Year 10,721,930

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.

		gnature of officer			2023-11-06 Date	
Sign Here	вс	- DNNIE CARROLL PRESIDENT			Date	
	Ту	pe or print name and title				
Paid	1	Print/Type preparer's name	Preparer's signature	Date 2023-11-06	Check if self-employed	PTIN P01345960
Prep	barer	Firm's name FCLIFTONLARSONALL	EN LLP		Firm's EIN 🅨 4	
Use	Only	Firm's address > 901 NORTH GLEBE R	OAD SUITE 200		Phone no. (571	.) 227-9500
		ARLINGTON, VA 222	203			
,		cuss this return with the preparer sh				. 🗹 Yes 🗌 No
For Pa	aperwork	Reduction Act Notice, see the se	eparate instructions.	Cat. I	No. 11282Y	Form 990 (2022)
			Page 2			
-		N N				_
Par	990 (2022)) atement of Program Service	Accomplishments			Page 2
i ai		eck if Schedule O contains a respons	-	art III		
1		scribe the organization's mission:				
LOVED GRIEV REGAN TIME (SURVI NATIO	D ONES OF /E ALONE / RDLESS OF OF DEATH IVOR PROG	SSISTANCE PROGRAM FOR SURVIVO COUR NATION'S FALLEN HEROES SII AND HAVE RESOURCES THAT EXTEN THEIR RELATIONSHIP TO THE DEC HAVE A PLACE AT TAPS. IN 2022 AL GRAMS, CONNECTIONS TO GRIEF RE VIVOR HELPLINE. THE NEED FOR TAF	NCE 1994. TAPS ENSURES THE D FAR BEYOND WHAT THE GO EASED, THE CIRCUMSTANCES ONE, 8,849 NEW SURVIVORS SOURCES AND COMMUNITY-E	SE LIVING LEGACIES VERNMENT CAN PROV OF THE DEATH, OR T SOUGHT THE COMFOF ASED CARE, EXPERT	OF SERVICE A IDE. ALL MILI HE SERVICE M RT OF OUR PEE CASEWORK AS	ND SACRIFICE DO NOT FARY SURVIVORS EMBER'S DUTY STATUS AT THE R-BASED SUPPORT NETWORK, SISTANCE, AND THE 24/7
3	the prior F If "Yes," d Did the or services? If "Yes," d Describe t	ganization undertake any significant Form 990 or 990-EZ? lescribe these new services on Scheo ganization cease conducting, or mak lescribe these changes on Schedule (the organization's program service at 01(c)(3) and 501(c)(4) organizations	dule O. ke significant changes in how if O. ccomplishments for each of its	conducts, any progra three largest program	im 	
		ue, if any, for each program service				
4a	(Code:) (Expenses \$	6,899,979 including grants of) (Revenue \$	127,075)
	HEALTHY CO THAN 1,000 CARE GROU AND ENTER AND TRAUM TO MEET SU OF REACH I	IVOR PROGRAMS: TAPS SURVIVOR PROG OPING TOOLS, INCREASE OVERALL WELL- D EVENTS FOR SURVIVORS OF ALL AGES A JPS, TAPS TOGETHERS, YOUTH PROGRAM RTAINMENT, ARE DESIGNED AND IMPLEME MATICALLY BEREAVED ACROSS GENERATIO URVIVORS WHERE THEY ARE GEOGRAPHIC FOR ANY SURVIVOR OF MILITARY LOSS.[C GRAM, TAPS OUTDOORS, SPORTS AND EN	BEING AND SELF-CONFIDENCE, AN ND AT ALL PLACES IN THEIR JOUR S, A YOUNG ADULT PROGRAM, WOI NTED FROM EVIDENCE- AND RESE, DNS. IN-PERSON AND VIRTUAL TAP CALLY AND EMOTIONALLY. WE ENSI CARE GROUPS, TAPS TOGETHERS, Y	D EXPERIENCE HOPE FOR NEY THROUGH GRIEF. TAI AEN'S EMPOWERMENT, A ARCH-BASED PRACTICES S PROGRAMS ARE HELD / JRE THAT TAPS' COMPASE	ELIFE AFTER LOS PS PROGRAMS, I MEN'S PROGRAM FOR SUPPORTIN ACROSS THE COU SIONATE CARE AI	S. IN 2022, TAPS HOSTED MORE NCLUDING SEMINARS, CAMPS, , TAPS OUTDOORS, AND SPORTS G THE SUDDEN, UNEXPECTED, JNTRY, THROUGHOUT THE YEAR ND PEER SUPPORT IS NEVER OUT
4b	(Code:) (Expenses \$	3,819,221 including grants of	f \$ 127,531) (Revenue \$)
	AND 24/7 L COMPASSIG PROVIDE IN JOURNEY, C SURVIVORS EACH SURV DECEASED; MORE THAN RESOURCE: BENEFITS.[CONNECTIO EMPOWERS EDUCATION FEATURES J SURVIVORS DIRECTORS AND DELIV SUICIDE PP SUDDEN, U	FOUNDED ON THE PRINCIPLE OF PEER-BA IVE-ANSWER NATIONAL MILITARY SURVIN ON AND UNDERSTANDING THAT CAN ONLY ON AND UNDERSTANDING THAT CAN ONLY OCLUSIVE AND PROFESSIONAL PEER-BASE OUR HELPLINE IS ANSWERED ANY TIME, D 5 TO THE SERVICES THEY SEEK. THE SUPP (IVOR. WE ENSURE THAT THEY ARE: APPR ; EFFECTIVE GUIDES FOR HEALTHY GRIEV N 17,867 CALLS FROM SURVIVORS - EACH S. OUR CASEWORK TEAM RESOLVED MOR (24/7 NATIONAL MILITARY SURVIVOR HEL DNS, CASEWORK ASSISTANCE, EDUCATIO S THE BEREAVED AND BRIDGES THE GAP E 4. IN 2022, OVER 6,390 INDIVIDUALS REG INSIGHTFUL PROGRAMS AND TRAINING D S ACROSS GENERATIONS. TAPS INSTITUTI 5, CASUALTY OFFICERS, CHAPLAINS, GRIE ERY HAS SOLIDIFED TAPS AS A SUBJECT RE- AND POSTVENTION INTIATIVES. TAPS INEXPECTED, AND TRAUMATICALLY BEREA , AND THE NEEDS OF THE MILITARY SURV	/OR HELPLINE, WE CONTINUE OUR / COME FROM A TEAM OF PEERS. O ED EMOTIONAL SUPPORT TO EMBR/ AY OR NIGHT, BY A KNOWLEDGEAE PORT AND RESOURCES TAPS PROVI OPRIATE TO THE SURVIVOR'S AGE ING; AND PROVEN TO ENHANCE TH I CALL IS AN OPPORTUNITY TO PRO E THAN 6,397 CASES AND CONNEC PLINE, SURVIVOR CARE TEAM, PEE N SERVICES]BEREAVEMENT EDUC/ BETWEEN EXPERTS AND THE BERE/ BISTERED FOR TAPS INSTITUTE CO ILIVERED BY EXPERTS IN THE FIEL E PROVIDES COURSES AND CONTIL F PROFESSIONALS, TRAUMA COUN MATTER EXPERT FOR BOTH NATIO C HAS SET THE STANDARD OF DESI VED, AND WE WILL CONTINUE TO	29-YEAR LEGACY OF SER UR SURVIVOR CARE TEAM ACE, ENGAGE, AND EMPO BLE, EMPATHETIC PEER W IDES TO MILITARY SURVIT , PHASE OF GRIEF, MANNI HE SURVIVOR'S QUALITY VIDE EMOTIONAL SUPPO TED MILITARY SURVIVOR R MENTORS, RESOURCE H TITON AND TRAINING: TH WED THROUGH GRIEF, RE UNSES. A SOUGHT-AFTER LD OF GRIEF, TRAUMA, AN VUING EDUCATION TO SU SELORS, AND MANY OTHI NAL AND INTERNATIONAL GN AND IMPLEMENTATIO	VING SURVIVOR A IS THIS TEAM (WER SURVIVORS HO IS READY TO VORS ARE CUST(ER OF LOSS, ANL OF LIFE. IN 2022 RT AND CONNEC IS WITH MORE TI (ITS, COMMUNIT E TAPS INSTITUT ESILIENCE, AND RESOURCE ARC ID SUICIDE APPL IRVIVORS, SOCI INTITATIVES SU N OF PEER-BASE	S OF MILITARY LOSS WITH DF MILITARY SURVIVORS; THEY G AT EVERY PHASE OF THEIR GRIEF LISTEN AND CONNECT DMIZED TO MEET THE NEEDS OF D RELATIONSHIP TO THE C, OUR HELPLINE ANSWERED T SURVIVORS TO VITAL TAPS HAN \$215 MILLION IN EDUCATION Y RESOURCES, COUNSELING TE FOR HOPE AND HEALING MENTAL HEALTH AND WELLNESS UND THE WORLD, THE INSTITUTE ICABLE TO SUPPORTING AL WORKERS, NURSES, FUNERAL DUR UNIQUE PROGRAM DESIGN PPORTING THE BEREAVED AND D EMOTIONAL SUPPORT FOR THE

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Tragedy Assistance Program For Survivors - Full Filing- Nonprofit Explorer - ProPublica

,		0	2	0			0		1	1			
 (0000.) (Expenses #		5,251,555	including	granca	ψιυ) (i.e.	cnuc ψ			,
TAPS NATIONAL MILITARY SU	JRVIVOR SEMINARS: TAP	SН	OSTS TWO N	ATIONAL	EVENTS	ANNUALLY:	THE NATI	ONA	L MILI	TARY SUF	VIVOR SEMI	NAR AND	GOOD GRIEF
CAMP AND THE NATIONAL MI	ILITARY SUICIDE SURVIV	OR	SEMINAR AN	ID GOOD (GRIEF C	AMP. THESE	TWO, MU	LTI-D	DAY EV	ENTS BR	ING SURVIVO	ORS TOG	THER WITH
LEADING AUTHORITIES ON G	GRIEF AND TRAUMA WHE	RE 1	THEY CAN LEA	ARN COPI	NG SKI	LS AND HEA	ALTHY GRI	EVIN	IG TEC	HNIQUES	6. THESE EVE	NTS PRO	VIDE SAFE
SPACES FOR GROWTH, THE (OPPORTUNITY FOR SURV	IVO	RS TO HONO	R THE LIV	ES AND	SERVICE O	F THEIR L	OVE	O ONES	5, CONNE	CTIONS TO A	A VITAL, I	_ONG-TERM
SUPPORT NETWORK, AND TH	IE FOUNDATION FOR HEA	LTH	IY GRIEVING	AND RESI	LIENCE	FOR THEIR	FUTURE.	THE	NATIO	VAL MILI	TARY SURVIV	OR SEMI	NAR AND
GOOD GRIEF CAMP TAKE PLA	CE OVER MEMORIAL DAY	' WI	EEKEND IN W	ASHINGT	ON, D.C	., AND THE	NATIONAL	MIL	ITARY	SUICIDE	SURVIVOR S	EMINAR	AND GOOD
GRIEF CAMP ARE HELD IN TH	IE FALL WITH CAREFULLY	DE	SIGNED PRO	GRAMMIN	G AND	EXPERT SPE	AKERS TH	AT A	DDRES	S THE SI	PECIFIC GRIE	F A SUR	/IVOR OF
SUICIDE LOSS MIGHT FACE.	TO REACH AS MANY MILI	TAF	RY SURVIVOR	S THROU	GH THE	YEAR, TAPS	ALSO HO	STS	A SERI	ES OF RE	GIONAL SEM	IINARS, 1	TAPS
TOGETHERS, CARE GROUPS	AND OTHER LOCAL EVEN	TS /	AROUND THE	COUNTRY	THAT	BRING THE I	HOPE, HEA	LING	G, AND	CONNEC	TION OF THE	E NATION	AL MILITARY
SURVIVOR SEMINAR CLOSER	TO HOME.												

4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 13,950,759	,		
		F	orm 99	0 (2022)
	Page 3			
Form	990 (2022)			Page 3
Pa	tiv 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	Yes	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🗐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
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 "Yes," complete Schedule D</i> , Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
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? If "Yes," complete Schedule D, Part IV 🗐	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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	Yes	
	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		No
	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> 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😒	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🐨	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🕲	12a	Yes	
	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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	Yes	

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Vec." complete Schedule F. Parte II and IV

No

	ivieign organization: 11 res, comprete schedure i, raits 11 and 17			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	21		No

------ Page 4 ---

Did the organization re ort more than \$5,000 of grants or other assistance to any dome tic organization or c government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form	990	(2022)

Form 990 (2022)

Page **4**

Pai	t IV 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,	22	Vaa	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III 😼		Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
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		
	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
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</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔒 🕺	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
h	If 'Vec' to line 352. did the organization receive any narment from or engage in any transaction with a controlled entity			

	4, 10:07 PM Tragedy Assistance Program For Survivors - Full Filing- Nonprofit Explorer - ProPub	lica		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pai				\square
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 77		163	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		F	orm 99	0 (2022
	Page 5			
Form	990 (2022)			Page .
Par				ruge .
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
Zđ	Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	70 7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		110
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	. 9		
	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b 10		50		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Image: Comparison of the state			
	Gross income from members or shareholders	I	l	I

b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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? \ldots \ldots	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 99	0 (2022)
	Page 6			
Form	990 (2022)			Page 6
	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" rest	onse to	-
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-	• •	
Se	ction A. Governing Body and Management	1	Yes	Na
15	Enter the number of voting members of the governing body at the end of the tax year 1a		Yes	No
10	If there are material differences in voting rights among members of the governing body at the end of the day year and the day year a			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\ .$	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	L
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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с	Did the organization regularly and consist										Vec	
13	Schedule O how this was done Did the organization have a written whist									12c	Yes Yes	
13	Did the organization have a written docu	• •								. 13	Yes	
15	Did the process for determining compens persons, comparability data, and contem	ation of the foll	owing	persons includ	eaı	revie	ew an	d ap	proval by indepe		165	
а	The organization's CEO, Executive Directo									. 15a	Yes	
	Other officers or key employees of the or		-							. 15b	Yes	
	If "Yes" to line 15a or 15b, describe the p	-										
16a	Did the organization invest in, contribute taxable entity during the year?									a 16 a		No
b	If "Yes," did the organization follow a wri in joint venture arrangements under appl status with respect to such arrangements	ten policy or pr icable federal ta	ocedu ax law,	re requiring th , and take step	e org s to	gani safe	zation	to e	evaluate its partio	cipation		110
			• •		•	•	•			16b		
	ction C. Disclosure	000 :		- I 61 1 1 -								
17	List the states with which a copy of this F				NC WI	, N⊦ , W\	I, NJ /	, NV	,FL,GA,IL,K ',NY,OK,OR,	PA, RI, SC,		
18	Section 6104 requires an organization to $501(c)(3)s$ only) available for public inspectively.									section		
	🗸 Own website 🛛 Another's website	e 🔽 Upon re	quest	🗌 Other (e	xpla	in ir	n Sche	edule	e O)			
19	Describe in Schedule O whether (and if spolicy, and financial statements available				veri	ning	docu	men	ts, conflict of inte	erest		
20	State the name, address, and telephone		5	,	s the	e ord	aniza	tion	's books and reco	ords:		
	BILL SATHER 3033 WILSON BOULEVAR	D THIRD FLOOF	R AR	RLINGTON, VA 2	2220)1 (5	571) 3	85-2	2517		- 00	e (2022)
											Form 99	0 (2022)
				Page 7 —								
				5								
Form	990 (2022)											Page 7
Par	t VII Compensation of Officers, and Independent Contract		ustee	es, Key Emp	loye	ees	, Hig	hes	t Compensate	ed Employe	es,	
	Check if Schedule O contains a re		to anv	line in this Pa	t VII							
Se	ction A. Officers, Directors, Trust											
	omplete this table for all persons required	to be listed. Rep	oort co	mpensation fo	r the	e cal	endar	· yea	r ending with or	within the org	nizatior	's tax
year.												o can
,	List all of the organization's current office	rs, directors, tri	ustees	(whether indiv	/idua	als o	r oraz	aniza	ations), regardles	s of amount		e can
· •	List all of the organization's current office npensation. Enter -0- in columns (D), (E),					als o	r orga	aniza	ations), regardles	s of amount		
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TREASURER	-							-	-	-
(4) JOE ANDERSON	2.00									
DIRECTOR		Х						0	0	0
(5) STEPHEN CANNON	1.00									
DIRECTOR		Х						0	0	0
(6) BRANDON CARTER	1.00									
DIRECTOR		Х						0	0	0
(7) MILES CORTEZ	1.00									
DIRECTOR		Х						0	0	0
(8) GENERAL MARTIN DEMPSEY	1.00									
DIRECTOR		Х						0	0	0
(9) RON GREEN	1.00							_		
DIRECTOR		Х						0	0	0
(10) ML HEFTI	1.00							_	_	
DIRECTOR		Х						0	0	0
(11) BRADLEY JACBOS	2.00							_	_	
DIRECTOR		Х						0	0	0
(12) MARK JONES	1.00									
DIRECTOR		Х						0	0	0
(13) GEORGE KRIVO	1.00	v								
DIRECTOR	•	Х						0	0	0
(14) EDWARD MCNALLY	1.00	Ň								
DIRECTOR	•	Х						0	0	0
(15) AARON NEWMAN	1.00	v								_
DIRECTOR	•	Х						0	0	0
(16) KYRA PHILLIPS	1.00	V								_
DIRECTOR	•	Х						0	0	0
(17) ANDY SULLIVAN	1.00	v							0	0
DIRECTOR	•	Х						0	U	U

Form **990** (2022)

----- Page 8 ------

Form 990 (2022)

Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list	one	(C) sition (do not ch box, unless pe fficer and a dire	rsor	n is	both ai		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)		Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(18) LEWIS VON THAER DIRECTOR (THRU 03/22)	1.00	х						0	0	0
(19) BONNIE CARROLL PRESIDENT	70.00			х				146,500	0	874
(20) WILLIAM SATHER DIRECTOR OF FINANCE	50.00			х				105,388	0	8,878
(21) AUDRI BEUGELSDIJK	50.00					v		101 740	0	1 107

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		i i	I Č		 ^	Ē	101,743	U U	1,107
VICE PRESIDENT									
(22) DIANA HOSFORD	50.00				х		123,031	0	8,544
VICE PRESIDENT		••••			~		120,001	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0,011
1b Sub-Total			•)				· [•
d Total (add lines 1b and 1c)				i			506,662	0	19,403

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 4

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
THE MANESS GROUP	FUNDRAISING	300,000
1536 BROOKHAVEN DRIVE MCLEAN, VA 22101		
CCR SOLUTIONS	PRODUCTION SERVICES - EVENTS	168,743
6171 MCLEOD DRIVE LAS VEGAS, NV 89120		
SIMPLEX DESIGN	PRINTING AND DESIGN	132,128
PO BOX 116 YOUNG, AZ 85554		
NANCY KAPLAN	HUMAN RESOURCES	127,613
9208 PAVONIA COURT POTOMAC, MD 20854		
2 Total number of independent contractors (including but not limited to those listed above) who r compensation from the organization ► 4	eceived more than \$100,000 of	

Form 990 (2022)

Part VIII	Statement of Rev	venue					
	Check if Schedule O	contains a respo	se or note to an	ny line in this Part VII			🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federate Contribution Sifts, Grants and Member DtherAmt Similar	śhip dues	1a 1b					

Page 9

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NITIC	Junis
	1,552,965
d	Related organizations
е	Government grants (contributions)

e Government grants (contributions)	1e
1,091,100	
 f All other contributions, gifts, grants, and similar amounts not included above 	1f

12,773,856

g	Noncash contributions included in
	lines 1a - 1f:\$

h Total. Add lines 1a-1f	•	•	•	•	•	•	·	►.	15,417,9

1d

1g

, ⁶⁸⁶ h Total. Add				. • 15,417,921			
				Business Code			
	R REGISTRATI	ONS		624100	33,420	33,420	
Program Service Revenue							
m Sei							
, , ,							
	er program s			22.420			
				33,420			
			uding dividends, int	erest, and other	51,995		51,995
4 Income	from investr	nent	of tax-exempt bon	d proceeds 🛛 🕨			
5 Royaltie	s			►	153		153
		.	(i) Real	(ii) Personal			
6a Gross	rents	6a	24,154				
b Less: r expense	ses	6b	0				
c Rental or (los		6c	24,154				
	ental income	or (l	oss)		24,154		24,154
	Γ	[(i) Securities	(ii) Other			
7a Gross a from sa assets o than inv	les of other	7a					
Less: cc other bi sales ex Gain or d Net ga	asis and	7b					
Gain or	(loss)	7c					
🗳 d Net ga	ain or (loss)		'				
O a Gross in	come from fur	draic	ing events				

10aGross sales of inventory, less

a Gross income from fundraising events

contributions reported on line 1c). See Part IV, line 18 . .

b Less: direct expenses . .

9a Gross income from gaming activities. See Part IV, line 19 .

b Less: direct expenses . .

(not including \$

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.

1,552,965 of

.

c Net income or (loss) from fundraising events .

. .

 ${\bf c}$ Net income or (loss) from gaming activities . .

.

.

8a 8b

9a

9b

157,500

704,971

►

. ► -547,471

-547,471

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returns and allowances • • 10a	93,695				
b Less: cost of goods sold 10b	40				
c Net income or (loss) from sales of invent	tory 🕨	93,655	93,655		
	Business Code				
11a OTHER ADMINISTRATION INCOME	561000	8,926			8,926
b					
OtherRevenueMiscAmt					
d All other revenue					
e Total. Add lines 11a-11d	· ·	8,926			
12 Total revenue. See instructions	· · •	15,082,753	127,075	0	-462,243
					Form 990 (2022)

Page 10 -

Form 990 (2022) Page 10 Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . (B) (D) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses 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 372,732 372,732 Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 261,640 110,531 129,003 22,106 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 Other salaries and wages 4,867,329 4,546,088 202,200 119,041 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 304,457 268,078 36,379 **9** Other employee benefits . . . **10** Payroll taxes 374,456 341,583 22,498 10,375 . . 11 Fees for services (non-employees): **a** Management **b**Legal **c** Accounting **d** Lobbying 330,000 330,000 e Professional fundraising services. See Part IV, line 17 74 f Investment management fees . . . 74

2,201,813

503,650

38,729

930.984

3,312,595

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

14 Information technology15 Royalties

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

1,022,209

1,964,521

409,607

25,685

872,498

3,260,121

19 Conferences. conventions. and meetings
 1,354,968

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7,613

218,807

27,904

13,044

33,348

4,194

18,485

66,139

25,138

48,280

325,146

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		un i mig i temprente zin		-
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	208,701	177,396	14,609	16,696
23 Insurance	34,961	29,717	2,447	2,797
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a PRINTING/DESIGN/PRODUCT	330,130	320,959	4,779	4,392
b OTHER EXPENSES	202,237	179,200	10,388	12,649
c DUES & SUBSCRIPTIONS	61,276	49,834	3,395	8,047
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,690,732	13,950,759	730,682	1,009,291
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

Form 990 (2022)

------ Page 11 ----

Form 990 (2022)

Page 11

Balance Sheet Part X

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,492,823	1	1,298,671
	2	Savings and temporary cash investments .		[5,371,785	2	3,610,279
	3	Pledges and grants receivable, net			242,553	3	212,800
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section				6	
\$	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use			88,682	8	91,282
Ass	9	Prepaid expenses and deferred charges		· · [81,500	9	19,760
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,062,373			
	b	Less: accumulated depreciation	10b	1,122,132	1,116,847	10c	940,241
	11	Investments—publicly traded securities .			220,449	11	241,432
	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	•	[99,670	15	4,307,465
	16	Total assets. Add lines 1 through 15 (must equ	ual line	. 33)	8,714,309	16	10,721,930
	17	Accounts payable and accrued expenses			781,557	17	622,597
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		· · [20	
s	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons	or 35% controlled entity		22		
Ë	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated		· –	1,091,100	24	
	25	Other liabilities (including federal income tax, pa	avahle	s to related third parties.	2.222.324	25	6.137.047

https://projects.propublica.org/nonprofits/organizations/920152268/202323139349306077/full

Tragedy Assistance Program For Survivors - Full Filing- Nonprofit Explorer - ProPublica

Total liabilities. Add lines 17 through 25	4,094,981	26	
		20	6,759,644
Drganizations that follow FASB ASC 958, check here > ' and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	851,743	27	933,569
let assets with donor restrictions	3,767,585	28	3,028,717
Drganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
Paid-in or capital surplus, or land, building or equipment fund		30	
Retained earnings, endowment, accumulated income, or other funds		31	
otal net assets or fund balances	4,619,328	32	3,962,286
otal liabilities and net assets/fund balances	8,714,309	33	10,721,930
	et assets with donor restrictions	et assets with donor restrictions	et assets with donor restrictions 3,767,585 28 arganizations that do not follow FASB ASC 958, check here and and omplete lines 29 through 33. apital stock or trust principal, or current funds 29 aid-in or capital surplus, or land, building or equipment fund 30 31 etained earnings, endowment, accumulated income, or other funds 4,619,328 32

— Page 12 —

Form	990 (2022)				Page 12
Pa	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,082,753
2	Total expenses (must equal Part IX, column (A), line 25)	2			,690,732
3	Revenue less expenses. Subtract line 2 from line 1	3			-607,979
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		4	,619,328
5	Net unrealized gains (losses) on investments	5			-49,063
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		3	,962,286
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			 Yes	No
	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. Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both: □ Separate basis □ Consolidated basis	on a	2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
5	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: If Separate basis Consolidated basis	basis,			
с	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? If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Ur Guidance, 2 C.F.R. Part 200, Subpart F?	iiform	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	Зb		

Form 990 (2022)

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

efil	e Pul	olic Visual	Render	ObjectId: 2	20232313934930	5077 - Subn	nission: 2023-	11-09	TIN: 92-0152268	
Department of the Treasury				nplete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form 9 5.gov/Form990 for in	ion 501(c)(3) mpt charitabl 990 or Form 9	organization or le trust. 90-EZ.	a section	OMB No. 1545-0047	
		he organiza SISTANCE PRO						Employer identifi		
	IVORS I		ONAPTOR					92-0152268		
	rt I				us (All organization e it is: (For lines 1 thro			See instructions.		
1e c 1					ssociation of churches			(A)(i)		
2								(A)(I).		
					1)(A)(ii). (Attach Sch					
3 4		•		•	vice organization desci			-		
-	\cup		and state:	anization operate	ed in conjunction with	a nospital desc	inded in section .	L/U(D)(1)(A)(III).	enter the hospital's	
5				ed for the benefi omplete Part II.)	t of a college or univer)	sity owned or o	operated by a gov	ernmental unit descr	ibed in section	
6		•	,	5	governmental unit de					
7				rmally receives ((vi). (Complete	a substantial part of it Part II.)	s support from	a governmental u	nit or from the gene	ral public described in	
8					n 170(b)(1)(A)(vi).	(Complete Part	II.)			
9		An agricult	ural research	organization de	escribed in 170(b)(1)	(A)(ix) operat	ed in conjunction	with a land-grant co	llege or university or a	
L O					ee instructions. Enter (1) more than $33_{1/3}$ %					
		from activition investment	ties related t income and	o its exempt fun unrelated busin	nctions—subject to cert ness taxable income (le pomplete Part III.)	ain exceptions	, and (2) no more	than 33 1/3% of its s	support from gross	
1		An organiz	ation organiz	ed and operated	d exclusively to test for	- public safety.	See section 509	(a)(4).		
.2		more publi	cly supported	d organizations o	d exclusively for the be described in section 5 s the type of supportin	09(a)(1) or s	ection 509(a)(2)). See section 509(
а		Type I. A solution organization	supporting or n(s) the pow	rganization oper	ated, supervised, or component or elect a majo	ontrolled by its	supported organiz	zation(s), typically by		
b		Type II. A manageme	supporting on the sup	organization sup	pervised or controlled in ation vested in the same					
с		Type III f	unctionally	nctionally integrated. A supporting organization operated in connection with, and functionally integrated with, its ganization(s) (see instructions). You must complete Part IV, Sections A, D, and E.						
d e f		Type III r functionally instructions Check this integrated, the number	on-function integrated. s). You mus box if the or or Type III r of supporte	hally integrate The organizatio t complete Par ganization receive non-functionally d organizations	d. A supporting organi n generally must satis rt IV, Sections A and ved a written determir integrated supporting	zation operated y a distribution D, and Part V ation from the organization.	d in connection with requirement and I. IRS that it is a Ty	th its supported orga an attentiveness rec pe I, Type II, Type II	quirement (see	
g		de the follow Name of supp		ion about the su (ii) EIN	upported organization((iii) Type of		ganization listed	(v) Amount of	(vi) Amount of	
	(1)	organizatio			(described on lines 1- 10 above (see instructions))		ning document?	monetary support (see instructions)	other support (see instructions)	
						Yes	No			
ota	I				<u> </u>			<u> </u>		
		work Reduc or 990-EZ.	tion Act No	tice, see the Ir	nstructions for	Cat. No. 1128	35F	Schedule	A (Form 990) 2022	
					Pa	ge 2 ———				
che	dule A	(Form 990)							Page 2	
Pa	rt II	(Compl	ete only if y	ou checked th	zations Described ne box on line 5, 7, ify under the tests l	or 8 of Part I	or if the organi	zation failed to qu		
Se	ection	A. Public		Taneu to qual	iny under the tests I		sease complete	i art 111.j		
	ndar	VABR		l	I 152268/20232313934930	I		Ι	I	

	/24, 10:07 PM	Tragedy As	ssistance Program Fo	or Survivors - Full F	iling- Nonprofit Exp	lorer - ProPublica										
	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total									
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	17,873,495	16,055,752	9,985,793	12,584,202	15,417,921	71,917,163									
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															
4	the organization without charge Total. Add lines 1 through 3	17,873,495	16,055,752	9,985,793	12,584,202	15,417,921	71,917,163									
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)		10,000,02							10,035,732	,155 10,055,752					12,618,900
-	Public support. Subtract line 5 from line 4.						59,298,263									
	ection B. Total Support															
	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total									
7	Amounts from line 4.	17,873,495	16,055,752	9,985,793	12,584,202	15,417,921	71,917,163									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	7,731	5,993	26,905	14,478	76,302	131,409									
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.).	36,438	19,599	3,966	93,428	8,926	162,357									
11	Total support. Add lines 7 through						72,210,929									
12	10 Gross receipts from related activities, e	etc. (see instructi	ons)			12	1,337,677									
13	First 5 years. If the Form 990 is for the	ne organization's	first, second, third	l. fourth, or fifth ta	ax vear as a sectio	on 501(c)(3) organ										
	this box and stop here															
S	ection C. Computation of Public															
14	Public support percentage for 2022 (lin		-	column (f))		14	82.120 %									
14	Public support percentage for 2022 (in Public support percentage for 2021 Sci					15	76.190 %									
	33 1/3% support test—2022. If the															
106	and stop here. The organization quali															
h	33 1/3% support test-2021. If the															
~	box and stop here. The organization					,										
17a	10%-facts-and-circumstances test	— 2022. If the or	ganization did not	check a box on li	ne 13, 16a, or 16b), and line 14 is 10	% or more,									
	and if the organization meets the "fact meets the "facts-and-circumstances" to			-	-	-										
h	10%-facts-and-circumstances tes															
	more, and if the organization meets the															
	meets the "facts-and-circumstances"						🕨 🗆									
18	Private foundation. If the organization	on did not check a	a box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	k and see	_									
	instructions															
						Schedule A (Form 990) 2022									
			Page 3													
Sch	edule A (Form 990) 2022						Page 3									
	Part III Support Schedule for	or Organizatio	ns Described i	n Section 509	(a)(2)											
	(Complete only if you						er Part II. If									
	the organization fails	to qualify unde	r the tests listed	below, please of	complete Part II	.)										
	ection A. Public Support					т	Т									
	lendar year 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.") .					1										
2	Gross receipts from admissions,		1		1	1	1									
	merchandise sold or services performed, or facilities furnished in															
	any activity that is related to the															
~	organization's tax-exempt purpose															
3	not an unrelated trade or business															
	under section 513						ļ									
3	Gross receipts from activities that are not an unrelated trade or business	2														
	unuel section 515		-	+	+											

https://projects.propublica.org/nonprofits/organizations/920152268/202323139349306077/full

10/21/2	24, 10:07 PM	Tragedy Assi	istance Program Foi	Survivors - Full F	iling- Nonprofit Explo	rer - ProPublica			
4	lax revenues levied for the	1			1				
	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								
e	the organization without charge Total. Add lines 1 through 5						_		
6 75	Amounts included on lines 1, 2, and								
74	3 received from disgualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year.								
	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support								
	ndar year	(-) 2010	(1) 2010	(-) 2020	(1) 2021	(-) 2022	(0)	Tabal	
(or	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(1)	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 11	Add lines 10a and 10b. Net income from unrelated business						_		
11	activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
	loss from the sale of capital assets								
4.5	(Explain in Part VI.)						_		
13	Total support. (Add lines 9, 10c, 11, and 12.).								
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth	tax year as a section	on 501(c)(3) or	ganiza	tion, cł	neck
	this box and stop here								\blacktriangleright
Se	ction C. Computation of Public	Support Perce	entage						
15	Public support percentage for 2022 (lin		livided by line 13,			15			
15 16	Public support percentage for 2022 (lin Public support percentage from 2021 s		livided by line 13,			15 16			
16 Se	Public support percentage from 2021 section D. Computation of Invest	Schedule A, Part I ment Income	livided by line 13, III, line 15 Percentage			16			
16	Public support percentage from 2021 s ction D. Computation of Invest Investment income percentage for 20	Schedule A, Part I ment Income 22 (line 10c, colu	<pre>ivided by line 13, III, line 15 Percentage mn (f) divided by</pre>	line 13, column	(f))	_			
16 Se 17 18	Public support percentage from 2021 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A,	<pre>divided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .</pre>	line 13, column	(f))	16 17 18			
16 Se 17 18	Public support percentage from 2021 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the	Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did r	divided by line 13, III, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box	line 13, column	(f))	16 17 18 33 1/3%, and			
16 56 17 18 19a	Public support percentage from 2021 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and	Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The	divided by line 13, III, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual	line 13, column on line 14, and l ifies as a publicly	(f))	16 17 18 33 1/3%, and 1 ation	1		10.1-
16 56 17 18 19a	Public support percentage from 2021 s ction D. Computation of Invest Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the	Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did d stop here. The e organization did	ivided by line 13, III, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box	line 13, column on line 14, and l ifies as a publicly on line 14 or line	(f))	16 17 18 33 1/3%, and ation more than 33	 1/3% ar	► □ nd line	18 is
16 Se 17 18 19a b	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did c and stop here.	ivided by line 13, III, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	16 17 18 33 1/3%, and ation more than 33 anization	 ⊔/3% ar	nd line	18 is
16 56 17 18 19a	Public support percentage from 2021 s ction D. Computation of Invest Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the	Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did c and stop here.	ivided by line 13, III, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	16 17 18 33 1/3%, and ation more than 33 anization instructions .	ı/3% ar	nd line	
16 Se 17 18 19a b	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did c and stop here.	ivided by line 13, III, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	16 17 18 33 1/3%, and ation more than 33 anization	ı/3% ar	nd line	
16 Se 17 18 19a b	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did c and stop here.	divided by line 13, III, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	16 17 18 33 1/3%, and ation more than 33 anization instructions .	ı/3% ar	nd line	
16 Se 17 18 19a b	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did c and stop here.	ivided by line 13, III, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	16 17 18 33 1/3%, and ation more than 33 anization instructions .	ı/3% ar	nd line	
16 Se 17 18 19a b	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did c and stop here.	divided by line 13, III, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	16 17 18 33 1/3%, and ation more than 33 anization instructions .	ı/3% ar	nd line	
16 Se 17 18 19a b 20	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did c and stop here.	divided by line 13, III, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	16 17 18 33 1/3%, and ation more than 33 anization instructions .	ı/3% ar	nd line	
16 Se 17 18 19a b 20	Public support percentage from 2021 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organizati	Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did a and stop here. on did not check a	divided by line 13, III, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	(f))	16 17 18 33 1/3%, and ation more than 33 anization instructions .	ı/3% ar	nd line	2022
16 Se 17 18 19a b 20	Public support percentage from 2021 s ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2022 t IV Supporting Organization (Complete only if you checked	Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did r d stop here. The e organization did and stop here. on did not check a a box on line 12 c	divided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization of a box on line 14, Page 4 prage 4	line 13, column on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub 19a, or 19b, chec	(f))	16 17 18 33 1/3%, and I ation more than 33 anization instructions . Schedule A) 1/3% ar)) (Form B. If yo	Percent constraints of the second sec	2022 Page 4 ked
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4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3c		
Ηd	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
	supervised by or in connection with its supported organizations.	40		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
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).	5a		
Ь	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
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 .	9c		
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether			
	the organization had excess business holdings).	10b		
	Schedule A	(Form	990)	2022
	Page 5			
Sche	dule A (Form 990) 2022		F	Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
a	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11c		
Se	ection B. Type I Supporting Organizations			
			Yes	No

1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
		1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit		
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2	

organization.
Section C. Type II Supporting Organizations

Yes No

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

Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's 1 tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 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 in 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. з

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- **c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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 .	3а		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	21		

3b Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations							
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)						
1	Net short-term capital gain	1								
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								
	Section 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):	1								
a	Average monthly value of securities	1a								
t	Average monthly cash balances	1b								
C	Fair market value of other non-exempt-use assets	1c								
c	Total (add lines 1a, 1b, and 1c)	1d								

https://projects.propublica.org/nonprofits/organizations/920152268/202323139349306077/full

	(explain in detail in Part VI):	-		
	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
ŀ	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		
5	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
B	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	integrat	ed Type III sup	porting organization (see

- Page 7

Schedule A (Form 990) 2022

chedule A (Form 990) 2022 Part V Type III Non-Functionally Integrate	d 509(a)(3) Supporting	Organizations (co	ntinued	Pa	
Section D - Distributions		organizations (Current Year	
1 Amounts paid to supported organizations to accomplisi	h exempt purposes		1		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2		
3 Administrative expenses paid to accomplish exempt pu	ministrative expenses paid to accomplish exempt purposes of supported organizations				
4 Amounts paid to acquire exempt-use assets	4				
5 Qualified set-aside amounts (prior IRS approval require	5				
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6		
Total annual distributions. Add lines 1 through 6.					
B Distributions to attentive supported organizations to w details in Part VI). See instructions	8				
Distributable amount for 2022 from Section C, line 6					
0 Line 8 amount divided by Line 9 amount			10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(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:					
a From 2017					
c From 2019.					
d From 2020					
e From 2021					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
 Applied to 2022 distributable amount 					
i Carryover from 2017 not applied (see instructions)					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
Distributions for 2022 from Section D, line 7:					
Ψ					

https://projects.propublica.org/nonprofits/organizations/920152268/202323139349306077/full

	i		
b Applied to 2022 distributable amount			
c 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. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022.			
	Page 8	Sci	hedule A (Form 990) (2022)
Schedule A (Form 990) 2022			Page 8
Part VI Supplemental Information. Provide the expl Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section instructions).	9b, 9c, 11a, 11b, and 11c; on E, lines 1c, 2a, 2b, 3a an	Part IV, Section B, lines 1 and 2 d 3b; Part V, line 1; Part V, Sect	; Part IV, Section C, line 1; ion B, line 1e; Part V

Facts And Circumstances Test						
Return Reference	Explanation					
	Schedule A (Form 990) 202					

Additional Data

Return to Form

efile Public Visual Ren	ler Objectld: 2023231	TIN: 92-0152268			
Schedule B		Schedule of Contributors			
(Form 990) ► Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 Name of the organization			2022		
Name of the organization TRAGEDY ASSISTANCE P	OGRAM FOR		Employer id	entification number	
SURVIVORS INC			92-0152268		
Organization type (che	ck one):				
Filers of:	Section:				
Form 990 or 990-EZ	□ 501(c)() (ent	er number) organization			
	☐ 4947(a)(1) nor	nexempt charitable trust not treated as a private	foundation		
	527 political organization				
Form 990-PF	□ 501(c)(3) exen	npt private foundation			
	☐ 4947(a)(1) nor	nexempt charitable trust treated as a private foun	dation		
	□ 501(c)(3) taxal	ple private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Page 2

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization TRACEDY ACCESTANCE DROCRAM FOR https://projects.propublica.org/nonprofits/organizations/920152268/202323139349306077/full Employer identification number

SURVIVORS I Part I

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	PersonPayrollNoncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	PayrollNoncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	PersonPayrollNoncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u>\$</u>	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

- Page 3 -

Schedule E	3 (Form 990) (2022)		Page 3		
Name of org TRAGEDY A SURVIVORS	SSISTANCE PROGRAM FOR	Employer identification number 92-0152268			
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is neede	d.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		

https://projects.propublica.org/nonprofits/organizations/920152268/202323139349306077/full

10/21/24, 10:	Tragedy A Tragedy A	Assistance Program For Survivors - Full Filing-	Nonprofit Explorer - Prol	Publica
-			\$	
(a) No. from	(b) Description of noncash p		(c) V (or estimate)	(d) Date received
Part I	· · · ·		ee instructions)	
(a) No. from Part I	(b) Description of noncash p		(c) V (or estimate) ee instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash p		(C) V (or estimate) ee instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash p		(C) V (or estimate) ee instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash p		(c) V (or estimate) ee instructions)	(d) Date received
-			\$	
		Page 4		Schedule B (Form 990) (2022)
Sabadula	P. (Form 000) (2022)	i ugu t		Dogo 4
	B (Form 990) (2022) rganization		Employer ident	Page 4 ification number
TRAGEDY / SURVIVOR	ASSISTANCE PROGRAM FOR		92-0152268	
Part III	<i>Exclusively</i> religious, charitable, etc., contr than \$1,000 for the year from any one contr organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional spa	ributor. Complete columns (a) through total of <i>exclusively</i> religious, charitable ructions.) *	(e) and the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held
			:	
·		(e) Transfer of gift		
	Transferee's name, address, and Z	IP 4 Relation	ship of transferor to	transteree

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. [
	Transferee's name, address, and a	(e) Transfer of gift ZIP 4 Relationshi	p of transferor to transferee
		<u> </u>	
(a) No from	(b) Durnage of sift	(a) Has of sift	(d) Decorintian of how sift is hold

https://projects.propublica.org/nonprofits/organizations/920152268/202323139349306077/full

0/21/24, 10:07 PM	5	y Assistance Program For Survivors - Full Filing	
Part I	(b) Fulpose of gift		
. =		(e) Transfer of gift	
	Transferee's name, address, and	IZIP 4 Relation	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· _	Transferee's name, address, and	(e) Transfer of gift	onship of transferor to transferee
	· · ·		

Schedule B (Form 990) (2022)

Additional Data

Return to Form

efile Public Visu	al Render	.39349306077 - Submissio	n: 2023-11-09	9	TIN: 92-0152268		
SCHEDULE D (Form 990)		Supplemen	tal Financial Staten	nents	_	OMB No. 1545-0047	
		Complete if the or Part IV, line 6, 7, 8, 9, 1	Complete if the organization answered "Yes," on Form 990, t IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				
Department of the Treasury Internal Revenue Service	ÞG		Attach to Form 990. 1990 for instructions and the lateral sectors.	test informatio	n.	Open to Public Inspection	
Name of the organ			ior instructions and the le			ification number	
TRAGEDY ASSISTANCE SURVIVORS INC	PROGRAM FOR			92-0	152268		
Part I Organ	izations Mai	intaining Donor Advi	sed Funds or Other Similar				
Comple	ete if the orga	anization answered "Ye	s" on Form 990, Part IV, line 6 (a) Donor advised funds		(h) Euroda a		
1 Total number at	and of year		(a) Donor advised funds	5	(b) Funds a	nd other accounts	
	•	ns to (during year)					
3 Aggregate value							
4 Aggregate value	e at end of year	r					
			rs in writing that the assets held i clusive legal control?		unds are the	Yes 🗌 No	
charitable purp	oses and not fo	or the benefit of the donor	onor advisors in writing that grant or donor advisor, or for any other 	purpose conferri		sible	
	rvation Ease						
			s" on Form 990, Part IV, line 7	7.			
			nization (check all that apply).			ant land area	
		public use (e.g., recreatior	,	ation of an histori			
\square	n of natural hab			ation of a certified	i historic str	ucture	
	ion of open spa			. in the former of a		_	
2 Complete lines easement on th			qualified conservation contribution	i in the form of a		he End of the Year	
a Total number of	f conservation e	easements		. 2a			
b Total acreage re	estricted by cor	nservation easements		2b			
c Number of cons	ervation easen	nents on a certified histori	c structure included in (a)	2 c			
historic structur	e listed in the	National Register	red after July 25, 2006, and not o				
3 Number of constax year ►	servation easer	nents modified, transferre	d, released, extinguished, or term	inated by the org	janization du	iring the	
4 Number of stat	es where prope	erty subject to conservatio	n easement is located >		_		
			ne periodic monitoring, inspection, 5?	handling of viola	tions,	Yes 🗌 No	
6 Staff and volun	teer hours dev	oted to monitoring, inspec	ting, handling of violations, and e	nforcing conserva	ition easeme	ents during the year	
7 Amount of expe	enses incurred	in monitoring, inspecting,	handling of violations, and enforc	ing conservation of	easements c	luring the year	
			above satisfy the requirements of		4)(B)(i)	Yes 🗌 No	
balance sheet,	and include, if		ervation easements in its revenue footnote to the organization's fina ts.				
			of Art, Historical Treasures		nilar Asse	ts.	
			s" on Form 990, Part IV, line 8 C 958, not to report in its revenue		palance shee	t works of art.	
historical treasure Part XIII, the te	ures, or other s ext of the footn	similar assets held for pub note to its financial statem	lic exhibition, education, or resear ents that describes these items.	ch in furtherance	of public se	rvice, provide, in	
historical trease following amou	ures, or other s nts relating to	similar assets held for pub these items:	C 958, to report in its revenue sta lic exhibition, education, or resear	ch in furtherance	of public se	orks of art, rvice, provide the	
(i) Revenue inclue	ded on Form 99	90, Part VIII, line 1			▶\$		
(ii)Assets included	d in Form 990,	Part X			. ►\$		
following amou	nts required to	be reported under FASB A	cal treasures, or other similar asse ASC 958 relating to these items:	-		the	
					·		
For Paperwork Red	uction Act No	tice, see the Instruction	ns for Form 990.	Cat. No. 52283	D Schedu	ule D (Form 990) 202	

	,		8 ,	— Page 2				1 1		
				Tage 2						
		(Form 990) 2022						<u> </u>		Page 2
Pari 3	: III	Organizations Maintaining Co								
3		the organization's acquisition, accessio (check all that apply):	n, and other	records, check	any or	the following	y that ar	e a significant		liection
а		Public exhibition		d		Loan or exe	change p	programs		
b		Scholarly research		е		Other				
с	\square	Preservation for future generations								
4	Provic Part X	de a description of the organization's co	llections and	explain how the	ey furth	er the orga	nization'	s exempt purpo	ose in	
5	Durin	g the year, did the organization solicit o s to be sold to raise funds rather than to							🗌 Yes	
Par	tIV	Escrow and Custodial Arrange Complete if the organization answ line 21.		on Form 990	, Part	IV, line 9,	or repo	rted an amou		
1a		organization an agent, trustee, custod								
	includ	led on Form 990, Part X?							🗌 Yes	🗆 No
				C. II	t = [+]					
b c		s," explain the arrangement in Part XIII ning balance		5			1c	, , , , , , , , , , , , , , , , , , ,	Amount	
d	-	ons during the year					1d			
e		2					1e			
f		butions during the year					1f			
		-							—	
2a		ne organization include an amount on Fo							_	U No
b		s," explain the arrangement in Part XIII	. Check here	if the explanat	ion has	been provid	ded in Pa	art XIII	\cup	
Ра	rt V	Endowment Funds. Complete if the organization answ	warad "Yas"	on Form 990	Part	IV line 10				
		complete in the organization and	(a) Current		Prior yea		o years ba	ack (d) Three ye	ears back (e)	Four years back
1a	Beginn	ing of year balance								
b	Contrib	outions								
с	Net inv	estment earnings, gains, and losses								
d	Grants	or scholarships								
		expenditures for facilities								
f	Admini	strative expenses								
g	End of	year balance								
2		de the estimated percentage of the curr I designated or quasi-endowment >	ent year end	balance (line 1	g, colur	mn (a)) held	d as:			
а		anent endowment		•						
b										
с		endowment > ercentages on lines 2a, 2b, and 2c shou	uld equal 100	0/2						
3a	Are th	nere endowment funds not in the posses ization by:	•		t are he	eld and adm	inistered	d for the		Yes No
	(i) Ur	nrelated organizations							3a(i)	
	(ii) R	elated organizations							3a(ii)	
b		s" on 3a(ii), are the related organization		•		?			. 3b	
4	Descr	ibe in Part XIII the intended uses of the	-	's endowment	funds.					
Par	t VI	Land, Buildings, and Equipme		an Farma 000	Deute	T\ / line 11	- 6		ut V line 1	0
	Descri	Complete if the organization answer ption of property (a) Cost or ot (investment)	her basis	(b) Cost or other	,			rorin 990, Pa		O. Book value
1a	Land									
		gs								
-		old improvements			1,51	.8,600		759,300		759,300
с		· · · · · · · · · · · · · · · · · · ·			· · -				l	1.
	Equipm	nent			54	3,773		362,832		180,941
d		nent			54	3,773		362,832		180,941

Schedule D (Form 990) 2022

Part VII

Schedule D (Form 990) 2022

complete in the organization answered thes on torm 550, i				
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method o or end-of-ye	f valuation: ar market value
(1) Financial derivatives				
(2) Closely-held equity interests				
A)				
В)				
(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, F	Part IV,			
(a) Description of investment		(b) Book value	(c) N Cost or e	1ethod of valuation: nd-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.)	Þ			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, li	ine 11d. See For	m 990, Part	X, line 15.
(a) Description				(b) Book value
(1)RIGHT OF USE ASSET				4,207,79
(2)COLLECTIONS				79,80
(3)OTHER ASSETS (3)				19,87
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			. ►	4,307,46
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P	art IV, li	ine 11e or 11f.Se	e Form 990), Part X, line 25.
1. (a) Description of liability	,			(b) Book value
(1) Federal income taxes				= -

Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12. Page 3

LONG-TERM LEASE LIABILITY		5,020,521
SHORT-TERM LEASE LIABILITY		1,116,526
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	6,137,047
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to t	he organization's financial statements th	at reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here i	f the text of the footnote has been provi	ded in Part XIII 🛛 🗹

				_
Schedu	le D	(Form	990)	2022

	turn.			Revenue per Audited Financial Statem		Par
16,431,054	1			anization answered 'Yes' on Form 990, Par r support per audited financial statements .		
10,451,054	-		• •		mounts included on line 1 but not on Form 9	
		-49,063	2a		let unrealized gains (losses) on investments	
		692,427	2b		Donated services and use of facilities	
		002/12/	2c		Lecoveries of prior year grants	
			2d		Other (Describe in Part XIII.)	
643,364	2e		<u> </u>		dd lines 2a through 2d	
15,787,690	3				5	
-, - ,					mounts included on Form 990, Part VIII, line	
		74	4a		nvestment expenses not included on Form 99	
		-705,011	4b		Other (Describe in Part XIII.)	b
-704,937	4c		· · ·		dd lines 4a and 4b	
15,082,753	5)	4c. (This must equal Form 990, Part I, line 12.)	otal revenue. Add lines 3 and 4c. (This must	
	Return.			Expenses per Audited Financial Staten		art
				anization answered 'Yes' on Form 990, Par		
17,088,096	1		• •	audited financial statements		
				t not on Form 990, Part IX, line 25:	mounts included on line 1 but not on Form 9	
			1 1			
		692,427	2a	acilities	Donated services and use of facilities	а
		692,427	2b		rior year adjustments	b
			2b 2c	· · · · · · · · · · · · ·	rior year adjustments	b c
		692,427 	2b	· · · · · · · · · · · · ·	rior year adjustments	b c
1,397,438	2e		2b 2c	· · · · · · · · · · · · · · · · · · ·	rior year adjustments	b c d e
1 1	2e 3		2b 2c	· · · · · · · · · · · · · · · · · · ·	rior year adjustments	b c d e
	-	705,011	2b 2c	· · · · · · · · · · · · · · · · · · ·	rior year adjustments	b c d e
	-		2b 2c 2d 4a	0, Part IX, line 25, but not on line 1: Ided on Form 990, Part VIII, line 7b	rior year adjustments	b c d e
1 1	-	705,011	2b 2c 2d 	0, Part IX, line 25, but not on line 1: Ided on Form 990, Part VIII, line 7b	Trior year adjustments	b c d e a b
15,690,658	-	705,011	2b 2c 2d 4a 4b	0, Part IX, line 25, but not on line 1: Ided on Form 990, Part VIII, line 7b	rior year adjustments	b c d e a b
1,397,438 15,690,658 74 15,690,732	3	705,011	2b 2c 2d 4a 4b	0, Part IX, line 25, but not on line 1: Ided on Form 990, Part VIII, line 7b	Trior year adjustments	b c d e a b c
15,690,658	3 4c	705,011	2b 2c 2d 4a 4b	0, Part IX, line 25, but not on line 1: Ided on Form 990, Part VIII, line 7b Ided 4c. (This must equal Form 990, Part I, line 18	Trior year adjustments	b c d e a b c
15,690,658 74 15,690,732	3 4c 5	705,011	2b 2c 2d 4a 4b 3.) .	0, Part IX, line 25, but not on line 1 : Ided on Form 990, Part VIII, line 7b d 4c. (This must equal Form 990, Part I, line 18 nformation pr Part II, lines 3, 5, and 9; Part III, lines 1a and	Trior year adjustments	b c d e a b c Provi
15,690,658 74 15,690,732	3 4c 5	705,011	2b 2c 2d 4a 4b 3.) .	0, Part IX, line 25, but not on line 1: Ided on Form 990, Part VIII, line 7b d 4c. (This must equal Form 990, Part I, line 18 nformation r Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b. Also complete this part to provide ar	Trior year adjustments	b c d e a b c Provi

BY FEDERAL, STATE, AND LOCAL AUTHORITIES. PART XI, LINE 4B - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES -704,971. COST OF GOODS SOLD -40. PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD 40. SPECIAL EVENT EXPENSES 704,971.

Schedule D (Form 990) 2022

Additional Data

Return to Form

efile Public Visua	Render	ObjectId: 2023	32313934930	6077 - Submission:	2023-11-09	TIN: 92-0152268		
CHEDULE F	Sta	tement of A	ctivities (Outside the Un	ited States	OMB No. 1545-0047		
Form 990)		nplete if the organiza	ation answered " Attach t	Yes" to Form 990, Part IV, to Form 990. Instructions and the latest	line 14b, 15, or 16.	2022 Open to Public		
epartment of the Treasury tternal Revenue Service			• • • • • •			Inspection		
lame of the organization RAGEDY ASSISTANCE		ર				dentification number		
Part I General	Informatio	on on Activities	Outside the l	Jnited States. Compl	92-0152268 ete if the organizatio			
Form 99	0, Part IV, lin	ie 14b.		•				
other assistance	e, the grantee	s' eligibility for the	e grants or assis	substantiate the amour stance, and the selectio	n criteria used	🗸 Yes 🗌 No		
	ers. Describe			dures for monitoring th				
Activites per Reg	ion. (The follow	wing Part I, line 3 ta	able can be dupli	cated if additional space	is needed.)			
(a) Regi		(b) Number of offices in the region	region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region)	program service, descr specific type of service(s) in the regio	ibe for and investments in the region n		
RUSSIA AND NE STATES	IGHBORING	0	0	PROGRAM SERVICES	SUPPORT SISTER ORGANIZATION TAPS UKRAINE (NOT LEGAL RELATED): ACTIVITIE INCLUDE PSYCHOLOGICAL SUPPORT ACTIVITIES SURVIVORS OF FALLE SOLDIERS, AND GRIE CAMPS FOR KIDS. ON OF OUR DONORS IS SUPPORTING THE PURCHASE AND OUTFITTING OF AMBULANCES TO BE	LY S FOR F	I	
MIDDLE EAST A AFRICA	ND NORTH	0	0	GRANTS TO RECIPIENTS	USED IN UKRAINE.	4,000	5	
Antica							-	
							-	
							-	
							-	
							-	
							-	
							-	
							-	
							-	
3a							-	
Sub-total b Total from conti		to 0	(0		858,294	<u> </u>	
Part I c Totals (add line	es 3a and 3b)	0	(D		858,294	<u>)</u> •	
or Paperwork Redu		ce, see the Instru	ictions for Form	n 990. Cat	No. 50082W Sc	hedule F (Form 990) 2022		
			———— Pa	age 2				
chedule F (Form 990)								Page
						ed if additional space is r	anization answered "Yes" needed.	on Form 990,
(a) Name of organization	(b) IRS code section and EIN (if applicable)				n grant d	anner of (g) Amou cash of noncas rsement assistance	sh of noncash	(i) Method o valuation (book, FMV, appraisal, othe
		-						
		1						

Tragedy Assistance Program For Survivors - Full Filing- Nonprofit Explorer - ProPublica

			, ,	8	8 1	1	1
2 Enter total number of re		s listed above th	at are recognized as	charities by the foreign	country recognized	as tax-	
exempt by the IRS, or fe	or which the grantee	e or counsel has	provided a section 5	501(c)(3) equivalency let	ter	· · ►	
3 Enter total number of ot	her organizations or	entities				🕨	
						Sch	edule F (Form 990) 2022
				— Page 3 ————			
Schedule F (Form 990) 2022							Daga 2
Part III Grants and C	Other Assistance	to Individuals	Outside the Unit	ed States. Complete if	the organization ar	swered "Yes" on Form	Page 3 990, Part IV, line 16.
Part III can be	e duplicated if addit	ional space is r	needed.	-			•
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash	(h) Method of valuation
			2		assistance	assistance	(book, FMV, appraisal, other)
							4
						Sche	edule F (Form 990) 2022

- Page 4

Scheo	dule F (Form 990) 2022		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	C Yes	🗹 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	□ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	□ Yes	🗹 No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	C Yes	🗹 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	C Yes	🗹 No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	□ _{Yes}	🗹 No
	Schedule F	Form 99	0) 2022

Schedule F (Form 990) 2022 Part V Supplemental Information

Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
PART I, LINE 2:	TAPS REQUIRES SIGNED GRANT AGREEMENT WITH VENDOR, THEY PROVIDE A DESCRIPTION OF THE SERVICES REQUESTED, FOLLOW UPS INCLUDING MEETINGS, AND DOCUMENTATION TO SHOW HOW THE FUNDS WERE SPENT.
PART III ACCOUNTING METHOD:	
	Schedule F (Form 990) 2022

Additional Data

efi	ile Public Visual Re	ender	ObjectId: 202	2323139	934930	6077 - Submission:	2023-1	1-09	TIN: 92-0152268
	HEDULE G		Supple	menta	al Info	ormation Regar	dina		OMB No. 1545-0047
(Fo	rm 990)	Co	Fund mplete if the organiza		g or (Gaming Activit on Form 990, Part IV, lines 17 \$15,000 on Form 990-EZ, lir	ies 7, 18, or 1	9, or if the	2022
	rtment of the Treasury al Revenue Service			► Attac	ch to Form	990 or Form 990-EZ, in 990 or Form 990-EZ. nstructions and the latest inf			Open to Public Inspection
Nam	ne of the organization			s.yov/roi	111990 101 1		ormation.	Employer ide	ntification number
	GEDY ASSISTANCE PRC VIVORS INC	JGRAM FO	JR					92-0152268	
Pa	-	-	ties. Complete if are not required t	5		answered "Yes" on Fo part.	rm 990,	Part IV, line 1	7.
1	Indicate whether the	organiza	tion raised funds th	nrough any	y of the fo	llowing activities. Check a	all that a	oply.	
а	Mail solicitations				е	Solicitation of non-	governm	ent grants	
b	🗸 Internet and emai	il solicitat	tions		f	Solicitation of gove	rnment <u>c</u>	Irants	
с	Phone solicitations	S			g	🗸 Special fundraising	events		
d	🗹 In-person solicitat	tions							
2a b	or key employees list If "Yes," list the 10 hi	ed in For: ighest pa	m 990, Part VII) or id individuals or en	entity in tities (fund	connectio	vidual (including officers, on with professional fundration of the professional fundration of the pursuant to agreements ut	aising ser	vices? 🛛 🗹 Ye	s 🗌 No r is
	to be compensated at	t least \$5	5,000 by the organi	zation.					
(i)	Name and address of in or entity (fundraiser		(ii) Activity	fundrai cust cont) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or r fundra	nount paid to etained by) iiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			GENERAL	Yes	No				
	THE MANESS GROUP 1536 BROOKHAVEN DR		FUNDRAISING		No	15,173,681		300,000	14,873,681
	MCLEAN, VA 22101 LYNNE COTTRELL		SPEICAL						
	2576 SOUTH LANSING		FUNDRAISING EVENT		No	117,825		30,000	87,825
	AURORA, CO 80014								
Tot	al				. ►	15,291,506		330,000	14,961,506
	List all states in which t licensing.	the organ	ization is registered	d or licens	ed to soli	cit contributions or has be	een notifi	ed it is exempt fi	rom registration or
	AK, AZ, AR, CA, CO, CT PA, RI, SC, SD, TN, TX,				Y, LA, ME,	MD, MA, MI, MN, MS, MC), MT, NE	, NV, NH, NJ, NM	, NY, NC, ND, OH, OK,

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

Schedule G (Form 990) 2022

	/24, 10:07 PM edule G (Form 990) 2022	Tragedy Assistance Program	m For Survivors - Full Filing-	Nonprofit Explorer - ProPu	blica Page
	rt II Fundraising Events. Complet than \$15,000 of fundraising ev gross receipts greater than \$5,	vent contributions and			3, or reported more
		(a)Event #1 GALA 2022	(b) Event #2 GOLF TOURNAMENT	(c)Other events	(d) Total events (add col. (a) through col. (c))
Revenue		(event type)	(event type)	(total number)	
	1 Gross receipts	1,433,719	276,746		1,710,465
	i F				
	2 Less: Contributions3 Gross income (line 1 minus	1,319,969	232,996		1,552,965
	line 2)	113,750	43,750		157,500
	4 Cash prizes				
ses	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs	33,500			42,525
ă	7 Food and beverages	253,705			279,166
rect	8 Entertainment	13,584			19,584
ā		301,535	62,161		363,696
	10 Direct expense summary. Add lines 4 th	-			704,97
Pai	11 Net income summary. Subtract line 10 f rt III Gaming. Complete if the organ on Form 990-EZ, line 6a.		s" on Form 990, Part I	V, line 19, or reported	-547,47: 1 more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col.(c))
	1 Gross revenue				
ense	2 Cash prizes				
å	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
ā	5 Other direct expenses				
		□ Yes%	□ Yes%	□ Yes%	
	6 Volunteer labor	🗌 No	🗌 No	🗌 No	
	7 Direct expense summary. Add lines 2 th	rough 5 in column (d)			
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)		
9 a b	Enter the state(s) in which the organizatio Is the organization licensed to conduct gau If "No," explain:	ming activities in each of	these states?		
10a	Were any of the organization's gaming lice				

b If "Yes," explain: .

			Page 3					
Scho	dule G (Form 990) 2022		luge 5					Pag
11	Does the organization conduct gaming	activities with nonmembe	rc?				0	
12	Is the organization a grantor, benefician formed to administer charitable gamino	ry or trustee of a trust or a	a member of a partnershi	p or other ent	ty			_
13	Indicate the percentage of gaming activ				· ·	· ·	🗌 Yes	∪ No
а	The organization's facility					13a		
b	An outside facility				.	13b		
14	Enter the name and address of the per-	son who prepares the orga	anization's gaming/specia	l events books	and rec	ords:		
	Name 🕨 👘							
	Address							
15a		with a third party from wh · · · · · · ·						
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	evenue received by the or	janization 🕨 \$		and the		U Tes	
с	If "Yes," enter name and address of the	e third party:						
	Name 🕨 👘							
	Address 🕨							
16	Name ► Gaming manager compensation ► \$							
16	Name Gaming manager compensation Description of services provided							
	Name Gaming manager compensation Description of services provided Director/officer							
17	Name Gaming manager compensation Description of services provided Director/officer Mandatory distributions:	Employee	Independ	lent contractor				
	Name Gaming manager compensation Description of services provided Director/officer	Employee	Independ	lent contractor				
17	Name Gaming manager compensation Description of services provided Director/officer Mandatory distributions: Is the organization required under state	Employee E law to make charitable c	istributions from the gam	lent contractor ning proceeds	to		□ Yes	□ No
17 a	Name Gaming manager compensation \$ Description of services provided Director/officer Mandatory distributions: Is the organization required under state retain the state gaming license?	Employee E law to make charitable c	istributions from the gam	lent contractor ning proceeds	to			
17 a b	Name Gaming manager compensation \$ Description of services provided Director/officer Mandatory distributions: Is the organization required under state retain the state gaming license? . Enter the amount of distributions required	Employee e law to make charitable c	istributions from the gam	lent contractor ning proceeds ganizations or I, line 2b, co	to spent	 (iii) ar	□ Yes	□ No nd Part
17 a b	Name Gaming manager compensation \$ Description of services provided Director/officer Mandatory distributions: Is the organization required under state retain the state gaming license? Enter the amount of distributions require in the organization's own exempt activit t IV Supplemental Informatio	Employee e law to make charitable c	istributions from the gam uted to other exempt or \$ tions required by Part licable. Also provide a	lent contractor ning proceeds ganizations or I, line 2b, co	to spent	 (iii) ar	□ Yes	□ No nd Part
17 a b Par	Name Gaming manager compensation Description of services provided Director/officer Mandatory distributions: Is the organization required under state retain the state gaming license? Enter the amount of distributions requi in the organization's own exempt activi t IV Supplemental Information III, lines 9, 9b, 10b, 15b, 15	■ Employee E law to make charitable of the state law distribution red under state law distribution ties during the tax year n. Provide the explanation for, 16, and 17b, as app TAPS PAID PROFESSIONA	istributions from the gam istributions from the gam uted to other exempt org \$ tions required by Part blicable. Also provide a Expl L FUNDRAISERS FOR PRO	lent contractor hing proceeds ganizations or I, line 2b, co any additiona	to spent blumns l inform	(iii) ar	□ Yes nd (v); a . See ins	□ No nd Part tructions.
b Pai	Name Gaming manager compensation \$ Description of services provided Director/officer Mandatory distributions: Is the organization required under state retain the state gaming license? Enter the amount of distributions require in the organization's own exempt activite t IV Supplemental Information III, lines 9, 9b, 10b, 15b, 15 Return Reference	Employee E law to make charitable of red under state law distrik ties during the tax year n. Provide the explana 5c, 16, and 17b, as app	istributions from the gam istributions from the gam uted to other exempt org \$ tions required by Part blicable. Also provide a Expl L FUNDRAISERS FOR PRO	lent contractor hing proceeds ganizations or I, line 2b, co any additiona	to spent l inform UNDRAI	 (iii) ar nation SING S	□ Yes nd (v); a . See ins	No No No No No Sener AND GENER
17 a b Par	Name Gaming manager compensation \$ Description of services provided Director/officer Mandatory distributions: Is the organization required under state retain the state gaming license? Enter the amount of distributions require in the organization's own exempt activite t IV Supplemental Information III, lines 9, 9b, 10b, 15b, 15 Return Reference	■ Employee E law to make charitable of the state law distribution red under state law distribution ties during the tax year n. Provide the explanation for, 16, and 17b, as app TAPS PAID PROFESSIONA	istributions from the gam istributions from the gam uted to other exempt org \$ tions required by Part blicable. Also provide a Expl L FUNDRAISERS FOR PRO	lent contractor hing proceeds ganizations or I, line 2b, co any additiona	to spent l inform UNDRAI	 (iii) ar nation SING S	Yes nd (v); at See inst SERVICES	No No No No No Sener AND GENER

efile Public Visual Rende ote: To capture the full			6077 - Submission:		an printing		TIN: 92-0152268
chedule I	content of this						OMB No. 1545-0047
Form 990)				nce to Organiz			2022
			nization answered "Yes	als in the Unite 5," on Form 990, Part IV			Open to Public
partment of the easury		► Go to	Attach to Formese <u>www.irs.gov/Form990</u>	orm 990. for the latest information	on.		Inspection
ernal Revenue Service me of the organization AGEDY ASSISTANCE PROGRA						Employer identifi	cation number
IRVIVORS INC		nts and Assistance				92-0152268	
Does the organization ma	intain records to s	substantiate the amount			for the grants or assistance	e, and	
the selection criteria used Describe in Part IV the or	5						🗹 Yes 🗌 N
art II Grants and Other	Assistance to D	omestic Organization	-	ments. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	e 21, for any recipient
(a) Name and address of organization	(b) EIN	(c) IRC section (if applicable)			(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
or government				assistance	other)		
)							
)							
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)							
0)							
1)							
2)							
Enter total number of sec	tion 501(c)(3) and	d government organizat	ions listed in the line 1 tal	ble	· · · · · · · ·		
Paperwork Reduction Act Not	ice, see the Instru	ctions for Form 990.		Cat. No. 5005	54	Sc	hedule I (Form 990) 2022
		Pa	age 2				
nedule I (Form 990) 2022 art III Grants and Other	Assistance to D	omostic Individuals	Complete if the organizati	on answered "Yes" on For	m 000 Part IV/ line 22		Page 2
Part III can be dup	licated if addition	al space is needed.					
(a) Type of grant or assis	stance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (FMV, appraisal, other		of noncash assistance
1) EMERGENCY FINANCIAL A	SSISTANCE	344	372,732	0 BOOK	VALUE N	N/A	
)							
)							
)							
			ation required in Part I	, line 2; Part III, colum	nn (b); and any other ad	ditional information.	
eturn Reference	Explanatio						C CEDADATE AND DIOTIC
RT I, LINE 2:	ACCOUNTS	HAVE BEEN ESTABLISH	CORDS OF CASH RECEIP ED. THE CASH ACCOUNTS	ARE RECONCILED ON A N	IENTS FOR EACH PROGRAM MONTHLY BASIS AND ALL D	ISBURSEMENTS REQUIRE	VARIOUS LEVELS OF APPI
						Sched	ule I (Form 990) 2022

file Public Visua	l Render	ObjectId: 20232	3139349	306077 - Submission: 2023-11-09	TIN: 92	2-015	2268
chedule J		Com	pensat	ion Information	OMB No	. 1545-	0047
orm 990) artment of the Treasury	► Cor	nplete if the organiza	Compensa ation answ Attach	rustees, Key Employees, and Highest ated Employees vered "Yes" on Form 990, Part IV, line 23. to Form 990. instructions and the latest information.	2 (Open		
nal Revenue Service ame of the organiza	ation			Employor id	Ins entification n	pectio	
RAGEDY ASSISTANCE F				Employer id	enuncation n	umbei	
JRVIVORS INC				92-0152268			
art I Questio	ons Regard	ing Compensation				1	
Check the appro	niate box(es)	if the organization prov	ided any of	f the following to or for a person listed on Form		Yes	No
990, Part VII, Se	ection A, line 1	La. Complete Part III to	provide an	y relevant information regarding these items.			
First-class	or charter tra	vel		Housing allowance or residence for personal use			
Travel for	companions			Payments for business use of personal residence			
Tax idemn	ification and g	pross-up payments		Health or social club dues or initiation fees			
Discretion	ary spending	account		Personal services (e.g., maid, chauffeur, chef)			
				follow a written policy regarding payment or ve? If "No," complete Part III to explain	· · 1b		
				or allowing expenses incurred by all			
				r, regarding the items checked on Line 1a?	2	-	
organization's C	EO/Executive	Director. Check all that	apply. Do n	ed to establish the compensation of the lot check any boxes for methods CEO/Executive Director, but explain in Part III.			
Compensation	ation committe	e		Written employment contract			
Independe	ent compensat	ion consultant	<	Compensation survey or study			
Form 990	of other organ	nizations	<	Approval by the board or compensation committee	e		
During the year, related organiza		n listed on Form 990, F	Part VII, Se	ction A, line 1a, with respect to the filing organizat	ion or a		
Receive a severa	ance payment	or change-of-control pa	ayment? .		4a		No
Participate in, or	r receive paym	ent from, a supplemen	tal nonqual	ified retirement plan?	. 4b		No
Participate in, or	r receive paym	ent from, an equity-ba	sed comper	nsation arrangement?	. 4c		No
If "Yes" to any o	of lines 4a-c, li	st the persons and prov	vide the app	plicable amounts for each item in Part III.			
	d on Form 99	0, Part VII, Section A, li		must complete lines 5-9. the organization pay or accrue any			
The organization	1?				5a		No
Any related orga If "Yes," on line					5b		No
For persons liste	ed on Form 99		ine 1a, did	the organization pay or accrue any			
The organization	-	-			6a	1	No
5					6b	1	No
If "Yes," on line					55	1	1
For persons liste	ed on Form 99	0, Part VII, Section A, li	ine 1a, did scribe in Pa	the organization provide any nonfixed rt III .	7		No
subject to the in	itial contract e	n Form 990, Part VII, p exception described in F	Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe		1	
					8		No
				presumption procedure described in Regulations se	ection 9	1	
55. 4 556 6(C)! .			• • •	orm 990. Cat. No. 50053T Sc	9 hedule J (For		1

— Page 2 —

Schedule J (Form 990) 2022 Page **2** Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (F) Compensation in column (B) reported as deferred on prior Form 990 (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (C) Retirement and other deferred (D) Nontaxable benefits (A) Name and Title (E) Total of columns (B)(i)-(D) (ii) Bonus & incentive compensation (iii) Other compensation (i) Base reportable compensation compensation

10/21/24, 10:07 I W	1	Tragedy Assist	ance i lograni Por	Survivois - Puir	rung- Nonpront		uonea	ı.
					·	•	Schedule J	(Form 990) 2022

Schedule J (Form 990) 2022	
Part III Supplemental Inform	Page 3
	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Return Reference	Explanation
	Schedule J (Form 990) 2022

— Page 3 —

Additional Data

Return to Form

efil	e Public Visua	al Render Ob	jectId: 2	02323139349306077 -	Submission: 2023-1	1-09	TIN: 92-	0152	268
	EDULE M		N	Ioncash Contri	hutions		OMB No. 1	545-0	047
(For	m 990)		ľ		butions		20	n	
				ions answered "Yes" on F	orm 990, Part IV, lines 2	29 or 30.	20	LL	
		Attach to Form							
Interna	ment of the Treasury Revenue Service		<u>gov/Form</u> :	<u>990</u> for the latest informa			Open to Inspe	ection	1
	e of the organizat EDY ASSISTANCE PR					Employer iden	tification n	umber	•
	VORS INC					92-0152268			
Ра	rt I Types	of Property	1			•			
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determin ontribution a		S
1	Art–Works of art	t							
	Art—Historical tr								
-	Art—Fractional ir					-			
	Books and public								
5	Clothing and hou goods								
6	Cars and other v								
7	Boats and planes								
8	Intellectual prop	erty							
9	Securities—Publi		Х	300	27,70	5 FMV			
10	Securities-Close	•				_			
11	Securities—Partr or trust interest	• • •							
12	Securities—Misce								
13	Qualified conserv	vation							
	contribution—H								
14	structures . Qualified conserv					+			
14	contribution-O								
15	Real estate-Res	idential .							
16	Real estate—Cor	nmercial							
17	Real estate—Oth	er							
18	Collectibles .								
	Food inventory								
20	Drugs and medic					-			
	Taxidermy								
	Historical artifac								
23 24	Scientific specim Archeological art								
27	TICKE		Х	48	540.92	6 FMV/DONOR P	ROVIDED		
	SPORT	ING	~		0.0752				
	Other ► (EVENT								
26	Other ► (GIFT C		X	5	74,32				
27	OFFICI Other ► (<u>SUPPL</u>		Х	3	43,700	JEMV			
	Other ▶ (
29	Number of Form	s 8283 received by t	he organiza	tion during the tax year for	contributions				
	for which the org	ganization completed	l Form 8283	3, Part IV, Donee Acknowled	gement	29			0
								Yes	No
30a	hold for at least	three years from th	e date of th	 contribution any property r initial contribution, and with 	nich isn't required to be use				
b	If "Yes," describ	e the arrangement i	n Part II.				<u>30a</u>		No
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	v of any nonstandard contri	butions?	31	Yes	
32a		zation hire or use th		or related organizations to so	olicit, process, or sell nonce	nsh	32a	Yes	
	If "Yes," describ If the organizati describe in Part	ion didn't report an a	amount in c	olumn (c) for a type of prop	erty for which column (a) is	s checked,			
For Pa	aperwork Reduction	on Act Notice, see the	Instruction	is for Form 990.	Cat. No. 51227J	Sche	dule M (Form	990) (2022)

Schedule M (Form 990) (2022)

Pag	e	2

is reporting in Part I,	ormation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization, column (b), the number of contributions, the number of items received, or a combination of both. Also or any additional information.
Return Reference	Explanation
PART I, COLUMN (B):	REPRESENTS NUMBER OF CONTRIBUTION
PART I, LINE 32B:	TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS HIRES THE MANESS GROUP TO SOLICIT CASH AND NON-CASH CONTRIBUTIONS, AND ALL BOARD MEMBERS SOLICIT.

Schedule M (Form 990) (2022)

Additional Data

Return to Form

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Name of the org TRAGEDY ASSISTA SURVIVORS INC																		Empl 92-01	•		ntifi	catio	n num	ber	
Return Reference											Ex	plana	ation												
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Additional Data

Return to Form

(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. 2022 Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection Name of the organization TradeGDY ASSISTANCE PROGRAM FOR Employer identification number	efile Public Visual Rende	er ObjectId: 20	2323139	349306)77 - Si	ubmissi	ion: 202	23-11-09								TIN: 92	-0152	2268
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(2017) (2017)	Internal Revenue Service Name of the organization											E	mployer id	entificatio	n numb		ction	
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		Page 3 -												
chedule R (Form 990) 2022													Pa	ige 3
Part V Transactions With Related Orga	nizations. Con	nplete if tl	he organizatio	on answe	ered "Yes" o	n Form 9	90, Part I	V, line 34,	35b, or 3	6.				<u> </u>
Note. Complete line 1 if any entity is listed in I								,,					Yes	No
1 During the tax year, did the orgranization engage				ne or more	e related orga	inizations l	isted in Pa	rts II-IV?						
a Receipt of (i) interest, (ii)annuities, (iii) roya	lties, or (iv) rent	from a con	trolled entity .									1a		
b Gift, grant, or capital contribution to related or												1b		
c Gift, grant, or capital contribution from related	5 ()										•	1c 1d		
 d Loans or loan guarantees to or for related orga e Loans or loan guarantees by related organizati 												1e		
					· · ·					-				
${\bf f}$ Dividends from related organization(s) .												1f		
${\boldsymbol{g}}$ Sale of assets to related organization(s) .									•			1g		
h Purchase of assets from related organization(s								· · ·				1h 1i		
 i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets t 						• •		•••	• • •			1j		
J Lease of facilities, equipment, of other assets t	5 Telated organiza									•		-7		
k Lease of facilities, equipment, or other assets	from related orga	nization(s)										1k		
I Performance of services or membership or fund	iraising solicitatio	ns for relat	ed organizatior	n(s)								11		
${\bf m}$ Performance of services or membership or func												1m		
n Sharing of facilities, equipment, mailing lists, o										· ·		1n 10		
• Sharing of paid employees with related organiz	lation(s)			• •		• •				• •		10		
p Reimbursement paid to related organization(s)	for expenses .											1p		
q Reimbursement paid by related organization(s) for expenses .											1q		
r Other transfer of cash or property to related or												1r		
s Other transfer of cash or property from related												1s		
2 If the answer to any of the above is "Yes," see	the instructions for (a)	or informat	ion on who mu	st complet	të this line, li	ciuding co	vered rela	(c)	id transacti	on threshold	as. (d)			
Name of relat	ted organization					Transaction type (a-s		Amount involv	red	Method of de	etermining	amount in	volved	I .
						type (a-	>)							
									1	Sch	edule R ((Form 9	90) 2	2022
		Page 4 -												
		-												
chedule R (Form 990) 2022													Pa	ige 4
Part VI Unrelated Organizations Taxab	le as a Partne	ership. Co	omplete if the	e organiza	ation answe	ered "Yes'	' on Form	990, Part	IV, line 3	7.				-
rovide the following information for each entity taxe as not a related organization. See instructions regar	d as a partnership	o through w	which the organ	ization co							ssets or g	gross rev	enue)) that
(a)	(b)	(c)	(d)		(e)	(f)	(g)	(h	1)	(i)	(j	i)		(k)
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income	Are al	l partners action	Share of total	Share of end-of-year	Dispropr	rtionate	Code V-UBI amount in	Gener mana	ral or	Perc	centage nership
		(state or foreign	(related, unrelated,	501	1(c)(3) nizations?	income	assets			box 20 of Schedule	partr			
		country)	excluded from tax under	organ						K-1 (Form 1065)				
			sections 512- 514)	L						(1003)	L	r		
			514)	Yes	No			Yes	No		Yes	No		

							 		Schedu	e R (Forr	n 990) 20
Return Reference			-			planation					
Provide additional information		stions on Sche	edule R. See in	structions.							
edule R (Form 990) 2022 art VII Supplemental Informa	ation										Page :
		- Page 5 -					 				
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