efile	e Pu	ıblic Visı	ual Render	ObjectId: 2024	02489349300005 - S	ubmissio	n: 2024-09	-04	T.	IN: 92-0152268
	00	20	Re	eturn of Orga	nization Exemp	t From	Income	Тах	,	OMB No. 1545-0047
Form	ອະ	J U		n 501(c), 527, or 494	7(a)(1) of the Internal Re ecurity numbers on this form	venue Code	(except priva	ate foundatio	ons)	2023
		f the Treasury nue Service	G	io to <u>www.irs.gov/F</u>	orm990 for instructions	and the lat	est informat	tion.		Open to Public Inspection
A F	or th	ne 2023 c	alendar year,	or tax year beginnin	g 01-01-2023 , and end	ding 12-31	-2023			
B Che	ck if a	applicable:	C Name of organ	nization ISTANCE PROGRAM FOR				D Employer	identi	fication number
 B Check if applicable: Address change Name change 			SURVIVORS IN					92-01522	268	
∪ Na O Ini		-	Doing business	s as						
O Fina	al retu	rn/terminated						E Telephone	numbor	
		d return ion pending		treet (or P.O. box if mail is BOULEVARD 300	not delivered to street address	i) Room/suit	e	(800) 959		
			City or town, s ARLINGTON, V		and ZIP or foreign postal code			G Gross rece	ipts \$ 1	8,766,766
				address of principal of	ficer:		H(a) Is this	a group retu	rn for	
			BONNIE CARF 3033 WILSON	BOULEVARD 300				linates?	_	🗆 Yes 🗹 No
			ARLINGTON,	VA 22201			H(b) Are all include		5	🗆 Yes 🗌 No
I Tax	<-exei	mpt status:	5 01(c)(3)	501(c) () (insert	no.) 🗌 4947(a)(1) or 🗌	527	,	" attach a lis		
J M	ebsi	te: WW	/W.TAPS.ORG				H(c) Group	exemption n	umber	
							L Year of forma	tion: 1994	I State	of legal domicile: AK
K Forn	n of o	organization:	Corporation	n 🗌 Trust 🗌 Associati	on 🖵 Other				· State	or legal dominiere. Are
Pa	art I	Sum	mary							
					ost significant activities:					
Ce Ce		OFFERING	24/7 TRAGED	ASSISTANCE TO ANY	ONE WHO HAS SUFFERED	THE LOSS C		LOVED ONE		
1ar										
ven	_		\sim							
Governance		Check thi Number o		ers of the governing b	ody (Part VI, line 1a)				3	18
×ð	4	Number o	of independent	voting members of the	e governing body (Part VI, I	ine 1b) .			4	18
Activities	5	Total num	nber of individu	als employed in calend	lar year 2023 (Part V, line 2	2a)			5	116
IM	6	Total num	nber of voluntee	ers (estimate if necess	ary)				6	4,713
AC	7a	Total unre	unrelated business revenue from Part VIII, column (C), line 12						0	
	b	Net unrel	ated business t	axable income from Fo	orm 990-T, Part I, line 11				7b	0
							Prio	or Year		Current Year
ø	8	Contribut	ions and grants	(Part VIII, line 1h)		•		15,417,92	1	18,179,790
Revenue	9	Program	service revenue	e (Part VIII, line 2g) .				33,42	0	0
7ev	10	Investme	nt income (Par	t VIII, column (A), lines	s 3, 4, and 7d)			51,99	5	80,216
	11	Other rev	enue (Part VIII,	column (A), lines 5, 6	d, 8c, 9c, 10c, and 11e)			-420,58		-28,259
	12	Total reve	enue—add lines	8 through 11 (must e	qual Part VIII, column (A),	line 12)		15,082,75	3	18,231,747
	13	Grants ar	nd similar amou	ints paid (Part IX, colu	mn (A), lines 1–3)	•		372,73	2	395,919
	14				nn (A), line 4) . . .				0	0
8	15		•		its (Part IX, column (A), lin	,		5,807,88	-	6,458,161
ens			-		(A), line 11e)	• •		330,00	0	290,000
Exp enses				Part IX, column (D), line						
1		-			-11d, 11f-24e)			9,180,11	-	13,806,408
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		15,690,73	_	20,950,488				
- (0	19	Revenue	iess expenses.	Subtract line 18 from	line 12	•••	Boginging	-607,97 of Current Yea		-2,718,741
Net Assets or Fund Balances							beginning o	o Current Yea		End of Year
ssel Jala	20	Total asse	ets (Part X, line	16)				10,721,93	0	7,429,076
of A Ind E	21	Total liab	ilities (Part X, li	ne 26)				6,759,64	4	6,128,149
ž	22	Net asset	s or fund balan	ces. Subtract line 21 f	rom line 20			3,962,28	6	1,300,927
D	rt II	Sign	ature Block						-	

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

	I				2024-08-29	
Sign					Date	
Here		IE CARROLL PRESIDENT or print name and title				
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Print/Type preparer's name	Preparer's signature	Date		PTIN
Paid				2024-08-29	Check if self-employed	P01345960
Prepar	ror	Firm's name CLIFTONLARSONALLE	IN LLP		Firm's EIN 41	0746749
-					-	
Use O	niy	Firm's address 901 NORTH GLEBE RO	AD SUITE 200		Phone no. (571) 227-9500
		ARLINGTON, VA 2220	3			
		AREINGTON, VA 2220	3			
May the I	IRS discu	ss this return with the preparer s	nown above? See Instructi	ons		. 🗹 Yes 🗌 No
For Pape	erwork R	Reduction Act Notice, see the s	eparate instructions.	Cat.	No. 11282Y	Form 990 (2023
			Page 2	2		
Form 990	,					Page
Part III	Stat	tement of Program Service	e Accomplishments			
	Chec	ck if Schedule O contains a respor	ise or note to any line in th	nis Part III		🗹
1 Bri	iefly desc	ribe the organization's mission:				
REGARDL TIME OF I SURVIVO	LESS OF 1 DEATH H.)R PROGR \L SURVI\	ID HAVE RESOURCES THAT EXTEN THEIR RELATIONSHIP TO THE DEC AVE A PLACE AT TAPS. IN 2022 A CAMS, CONNECTIONS TO GRIEF R /OR HELPLINE. THE NEED FOR TA	CEASED, THE CIRCUMSTAN LONE, 8,849 NEW SURVIV ESOURCES AND COMMUN	NCES OF THE DEATH, OR T ORS SOUGHT THE COMFOI ITY-BASED CARE, EXPERT	HE SERVICE M RT OF OUR PEE CASEWORK AS	EMBER'S DUTY STATUS AT TH R-BASED SUPPORT NETWORK SISTANCE, AND THE 24/7
the If " 3 Did ser If "	e prior Fo "Yes," des d the orga rvices?	anization undertake any significar rm 990 or 990-EZ? scribe these new services on Sche anization cease conducting, or ma scribe these changes on Schedule	dule O. ke significant changes in h			□ Yes ☑ No . □ Yes ☑ No
Sec	ction 501	e organization's program service a .(c)(3) and 501(c)(4) organization e, if any, for each program service	is are required to report th			
4a (Co	ode:) (Expenses \$	10,788,971 including gr	ants of \$ 339,923	3) (Revenue \$	86,707)
HE/ TH/ CAI ANI ANI ME RE/	ALTHY COF AN 1,300 E RE GROUP ID ENTERTA ID TRAUMA ET SURVIV ACH FOR A	OR PROGRAMS: TAPS SURVIVOR PROC PING TOOLS, INCREASE OVERALL WELI EVENTS FOR SURVIVORS OF ALL AGES S, TAPS TOGETHERS, YOUTH PROGRAM AINMENT, ARE DESIGNED AND IMPLEM TICALLY BEREAVED ACROSS GENERAT YORS WHERE THEY ARE GEOGRAPHICA NY SURVIVOR OF MILITARY LOSS.[CAI RAM, TAPS OUTDOORS, SPORTS AND E	-BEING AND SELF-CONFIDENC AND AT ALL PLACES IN THEIR IS, A YOUNG ADULT PROGRAM ENTED FROM EVIDENCE- AND IONS. IN-PERSON AND VIRTUA LLY AND EMOTIONALLY. WE EN RE GROUPS, TAPS TOGETHERS	CE, AND EXPERIENCE HOPE FOR JOURNEY THROUGH GRIEF. TA , WOMEN'S EMPOWERMENT, A RESEARCH-BASED PRACTICES LI TAPS PROGRAMS ARE HELD , ISURE THAT TAPS' COMPASSIO	R LIFE AFTER LOS PS PROGRAMS, I MEN'S PROGRAM FOR SUPPORTIN ACROSS THE COU NATE CARE AND	S. IN 2023, TAPS HOSTED MORE NCLUDING SEMINARS, CAMPS, , TAPS OUTDOORS, AND SPORTS G THE SUDDEN, UNEXPECTED, JNTRY THROUGHOUT THE YEAR TC PEER SUPPORT IS NEVER OUT OF
4b (Co	ode:) (Expenses \$	3,696,513 including gr	ants of \$) (Revenue \$)
TAF CAI LEA SPA SUI GO GR SUI SEN	PS NATION MP AND TH ADING AUT ACES FOR IPPORT NET OOD GRIEF RIEF CAMP A NICIDE LOS MINARS, TA	ALL MILITARY SURVIVOR SEMINARS: THE NATIONAL MILITARY SUICIDE SURV THORITIES ON GRIEF AND TRAUMA SO GROWTH, THE OPPORTUNITY FOR SUR TWORK, AND THE FOUNDATION FOR HI CAMP TAKE PLACE OVER MEMORIAL D ARE HELD IN THE FALL WITH CAREFUL S MIGHT FACE. TO REACH AS MANY MI APS TOGETHERS, CARE GROUPS, AND LITARY SURVIVOR SEMINAR CLOSER T	APS HOSTS TWO NATIONAL EV IVOR SEMINAR AND GOOD GR. THEY CAN LEARN COPING SKI VIVORS TO HONOR THE LIVES FALTHY GRIEVING AND RESILI AY WEEKEND IN WASHINGTON LY DESIGNED PROGRAMMING LITARY SURVIVORS THROUGH OTHER LOCAL EVENTS AROUN	ENTS ANNUALLY: THE NATIONA IEF CAMP. THESE TWO, MULTI- ILLS AND HEALTHY GRIEVING T AND SERVICE OF THEIR LOVE ENCE FOR THEIR FUTURE. THE I, D.C., AND THE NATIONAL MII AND EXPERT SPEAKERS THAT A OUT THE YEAR AS POSSIBLE, T	AL MILITARY SUR DAY EVENTS BRI ECHNIQUES. THE D ONES, CONNEC NATIONAL MILIT LITARY SUICIDE S ADDRESS THE SP FAPS ALSO HOST	VIVOR SEMINAR AND GOOD GRIEF NG SURVIVORS TOGETHER WITH ESE EVENTS PROVIDE SAFE TIONS TO A VITAL, LONG-TERM ARY SURVIVOR SEMINAR AND SURVIVOR SEMINAR AND GOOD ECIFIC GRIEF A SURVIVOR OF S A SERIES OF REGIONAL
PEE SUI OF TE/ EMI PEE SUI MA LIF COI EDI	RVIVORS F SERVING AM IS THIS IPOWER SU IPOWER SU IRVIVORS A NNRER OF L E. IN 2023 INNECT SU UCATION E SOURCE KI) (Expenses \$ EMOTIONAL SUPPORT AND SURVIVOR HEAL. THROUGH OUR SURVIVOR CARE SURVIVORS OF MILITARY LOSS WITH S TEAM OF MILITARY SURVIVORS; THE IRVIVORS AT EVERY PHASE OF THEIR (& READY TO LISTEN AND CONNECT SUF ARE CUSTOMIZED TO MEET THE NEEDS JOSS, AND RELATIONSHIP TO THE DEC 0, OUR HELPLINE ANSWERED MORE TH RVIVORS TO VITAL TAPS RESOURCES. BENEFITS FOR MILITARY AND VETERAN ITS, COMMUNITY RESOURCES, COUNS HE TAPS INSTITUTE FOR HOPE AND HE	TEAM AND 24/7 LIVE-ANSWEF COMPASSION AND UNDERSTAN Y PROVIDE INCLUSIVE AND PR SRIEF JOURNEY. OUR HELPLINE WIVORS TO THE SERVICES TH GOF EACH SURVIVOR. WE ENS EASED; EFFECTIVE GUIDES FC AN 20,600 CALLS FROM SURVI OUR CASEWORK TEAM RESOL' SURVIVORS.[24/7 NATIONAL ELING CONNECTIONS, CASEW	N THE PRINCIPLE OF PEER-BAS R NATIONAL MILITARY SURVIVO NDING THAT CAN ONLY COME F OFESSIONAL PEER-BASED EMO E IS ANSWERED ANY TIME, DA' URE THAT THEY ARE: APPROPF OR HEALTHY GRIEVING; AND PF IVORS EACH CALL AN OPPORTL VED MORE THAN 5,700 CASES MILITARY SURVIVOR HELPLINE ORK ASSISTANCE, EDUCATION	DR HELPLINE, WE ROM A TEAM OF DTIONAL SUPPOR Y OR NIGHT, BY A ESOURCES TAPS NATE TO THE SUI ROVEN TO ENHAN INITY TO PROUD AND IDENTIFIED C, SURVIVOR CAR SERVICES]BERE	CONTINUE OUR 30-YEAR LEGACY PEERS. OUR SURVIVOR CARE T TO EMBRACE, ENGAGE, AND KNOWLEDGEABLE, EMPATHETIC PROVIDES TO MILITARY RVIVOR'S AGE, PHASE OF GRIEF, ICE THE SURVIVOR'S QUALITY OF E EMOTIONAL SUPPORT AND MORE THAN \$561 MILLION IN E. TEAM, PEER MENTORS, AVEMENT EDUCATION AND

GRIEF, RESILIENCE, AND MENTAL HEALTH AND WELLNESS EDUCATION. IN 2023, OVER 3,700 INDIVIDUALS REGISTERED FOR TAPS INSTITUTE COURSES. A SOUGHT-AFTER RESOURCE AROUND THE WORLD, THE INSTITUTE FEATURES INSIGHTFUL PROGRAMS AND TRAINING DELIVERED BY EXPERTS IN THE FIELD OF GRIEF, TRAUMA, AND SUICIDE APPLICABLE TO SUPPORTING SURVIVORS ACROSS GENERATIONS. TAPS INSTITUTE PROVIDES COURSES AND CONTINUING EDUCATION TO SURVIVORS, SOCIAL WORKERS, NURSES, FUNERAL DIRECTORS, CASUALTY OFFICERS, CHAPLAINS, GRIEF PROFESSIONALS, TRAUMA COUNSELORS, AND MANY OTHERS. FURTHER, OUR UNIQUE PROGRAM DESIGN AND DELIVERY HAS SOLIDIFIED TAPS AS A SUBJECT-MATTER EXPERT FOR BOTH NATIONAL AND INTERNATIONAL INITIATIVES SUPPORTING THE BEREAVED AND SUICIDE PRE- AND POSTVENTION INITIATIVES. TAPS SET THE STANDARD OF DESIGN AND IMPLEMENTATION OF PEER-BASED EMOTIONAL SUPPORT FOR THE SUDDEN, UNEXPECTED, AND TRAUMATICALLY BEREAVED, AND WE WILL CONTINUE TO EVOLVE OUR PROGRAMS AND SERVICES BASED ON RESEARCH, BEST PRACTICES, AND THE NEEDS OF THE MILITARY SURVIVOR COMMUNITY.

4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses18,443,011		orm 00	0 (2023
		Г	0111 99	U (2025
	Page 3			
	990 (2023)			Page 3
Pa	TTIV Checklist of Required Schedules		Yes	No
-	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete		Yes	
1		1	res	
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			No
	for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete			No
_	Schedule D, 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? <i>If "Yes," complete Schedule D,</i> 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			No
	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,	10		No
	permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V			
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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total			No
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💁	11b		
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🔞	11c		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	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕲	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🗐	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			Ne
-	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,			<u> </u>
	business, investment, and program service activities outside the United States, or aggregate foreign investments valued	14b	Yes	
16	at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			N
http://	projects.propublica.org/nonprofits/organizations/920152268/202402489349300005/full	16		No

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	or for foreign individuals ? If "Yes," complete Schedule F, Parts III and IV 🗠	10		
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? <i>If "Yes," complete Schedule G, Part II</i>	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 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99	0 (2023)

_____ Page 4 ____

	990 (2023)			Page 4
Pai	t IV Checklist of Required Schedules (continued)			
	Did the eventiation was at more than 45,000 of south as other assistance to as far demostic individuals on Dat IV		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? <i>If "Yes," complete Schedule J</i>	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? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete Schedule K. If</i> " <i>No</i> ," <i>go to line 25a</i>	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	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? <i>If "Yes," complete Schedule L</i> , 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? <i>If "Yes," complete Schedule L,</i> 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? <i>If "Yes," complete Schedule M</i>	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
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		

	24, 9:38 PM Tragedy Assistance Program For Survivors - Full Filing - Nonprofit Explorer - ProPub	lica	_	_
30	Section SU1(c)(3) organizations. Und 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	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
4	$[\mathbf{r}_{\mathbf{r}} + \mathbf{r}_{\mathbf{r}} $		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 49 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		
		F	[:] orm 99	0 (2023)
	Page 5			
	990 (2023)			Page 5
	tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			· · ·
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	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		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
	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).			<u> </u>
	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		
	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			
е	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?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			<u> </u>
	1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \ldots .	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		l	

12a	Section 4947(a)(1) non-exempt charitable trusts. Is the	organization filing Form 99	0 in li	eu of Form 1041?	12a	
	If "Yes," enter the amount of tax-exempt interest received or a	accrued during the year.	12b			-
13	Section 501(c)(29) qualified nonprofit health insurance	issuers.	I		1	ĺ
а	Is the organization licensed to issue qualified health plans in m Note. See the instructions for additional information the organ	nore than one state?	iedule	••••••••••••••••••••••••••••••••••••••	13a	
b	Enter the amount of reserves the organization is required to m which the organization is licensed to issue qualified health plan	naintain by the states in	13b			
с	Enter the amount of reserves on hand \ldots	[13c			
14a	Did the organization receive any payments for indoor tanning	services during the tax yea	r? .		14a	
b	If "Yes," has it filed a Form 720 to report these payments? If "N	No," provide an explanation	in Sci	hedule O	14b	
15	Is the organization subject to the section 4960 tax on paymen parachute payment(s) during the year?	t(s) of more than \$1,000,0	00 in i	remuneration or excess	15	
16	Is the organization an educational institution subject to the sec If "Yes," complete Form 4720, Schedule O.	ction 4968 excise tax on ne	et inve	stment income?	16	
17	Section 501(c)(21) organizations. Did the trust, or any dis would result in the imposition of an excise tax under section 49 If "Yes," complete Form 6069.		ngage	in any activities that	17	Ī
	n 990 (2023) art VI Governance, Management, and Disclosure. For each					F
Par	art VI Governance, Management, and Disclosure. For each lines 8a, 8b, or 10b below, describe the circumstances, Check if Schedule O contains a response or note to any	h "Yes" response to lines 2 processes, or changes in So	chedul	e O. See instructions.		
Par	art VI Governance, Management, and Disclosure. For each lines 8a, 8b, or 10b below, describe the circumstances,	h "Yes" response to lines 2 processes, or changes in So	chedul	e O. See instructions.		
Par Se	art VI Governance, Management, and Disclosure. For each lines 8a, 8b, or 10b below, describe the circumstances, Check if Schedule O contains a response or note to any	h "Yes" response to lines 2 processes, or changes in So line in this Part VI	chedul	e O. See instructions.	lo" res	
Par Se	Governance, Management, and Disclosure. For each lines 8a, 8b, or 10b below, describe the circumstances, Check if Schedule O contains a response or note to any ection A. Governing Body and Management	h "Yes" response to lines 2 processes, or changes in So line in this Part VI	chedui	e O. See instructions.	lo" res	
Par Se	 Governance, Management, and Disclosure. For each lines 8a, 8b, or 10b below, describe the circumstances, Check if Schedule O contains a response or note to any ection A. Governing Body and Management Enter the number of voting members of the governing body at If there are material differences in voting rights among member body, or if the governing body delegated broad authority to an similar committee, explain in Schedule O. 	h "Yes" response to lines 2 processes, or changes in So line in this Part VI the end of the tax year ers of the governing executive committee or	chedui	e O. See instructions.	lo" res	
Par Se 1a	 Governance, Management, and Disclosure. For each lines 8a, 8b, or 10b below, describe the circumstances, Check if Schedule O contains a response or note to any ection A. Governing Body and Management Enter the number of voting members of the governing body at If there are material differences in voting rights among member body, or if the governing body delegated broad authority to an similar committee, explain in Schedule O. 	h "Yes" response to lines 2 processes, or changes in So line in this Part VI the end of the tax year ers of the governing executive committee or e, who are independent	1a 1b	e O. See instructions.	lo" res	
Par Se 1a	 Governance, Management, and Disclosure. For each lines 8a, 8b, or 10b below, describe the circumstances, Check if Schedule O contains a response or note to any ection A. Governing Body and Management Enter the number of voting members of the governing body at If there are material differences in voting rights among member body, or if the governing body delegated broad authority to an similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above Did any officer, director, trustee, or key employee have a famil officer, director, trustee, or key employee? 	h "Yes" response to lines 2 processes, or changes in So line in this Part VI the end of the tax year ers of the governing executive committee or e, who are independent y relationship or a business s customarily performed by	1a 1b s relati	e O. See instructions.	lo" res	
Par Se 1a b	 Governance, Management, and Disclosure. For each lines 8a, 8b, or 10b below, describe the circumstances, Check if Schedule O contains a response or note to any ection A. Governing Body and Management Enter the number of voting members of the governing body at If there are material differences in voting rights among members body, or if the governing body delegated broad authority to an similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above Did any officer, director, trustee, or key employee have a famil officer, director, trustee, or key employee? Did the organization delegate control over management duties 	h "Yes" response to lines 2 processes, or changes in So line in this Part VI . the end of the tax year ers of the governing o executive committee or e, who are independent ly relationship or a business 	1a 1b s relati or und erson?	e O. See instructions. 18 18 onship with any other der the direct supervision	lo" res	
Par Se 1a b 2 3	 Governance, Management, and Disclosure. For each lines 8a, 8b, or 10b below, describe the circumstances, Check if Schedule O contains a response or note to any ection A. Governing Body and Management Enter the number of voting members of the governing body at If there are material differences in voting rights among member body, or if the governing body delegated broad authority to an similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above Did any officer, director, trustee, or key employee have a famil officer, director, trustee, or key employees to a manage of officers, directors or trustees, or key employees to a manage 	h "Yes" response to lines 2 processes, or changes in So line in this Part VI . the end of the tax year ers of the governing executive committee or e, who are independent ly relationship or a business 	1a 1b s relation or und erson	e O. See instructions. 18 18 onship with any other der the direct supervision prm 990 was filed?	lo" res 2 3	
Par 5e 1a b 2 3 4	 Governance, Management, and Disclosure. For each lines 8a, 8b, or 10b below, describe the circumstances, Check if Schedule O contains a response or note to any ection A. Governing Body and Management Enter the number of voting members of the governing body at If there are material differences in voting rights among member body, or if the governing body delegated broad authority to an similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above Did any officer, director, trustee, or key employee have a famil officer, director, trustee, or key employees to a manage Did the organization make any significant changes to its gover 	h "Yes" response to lines 2 processes, or changes in So line in this Part VI	1a 1b s relation or und erson	e O. See instructions. 18 18 onship with any other der the direct supervision prm 990 was filed?	lo" res	
Par 5e 1a 2 3 4 5 6	 Governance, Management, and Disclosure. For each lines 8a, 8b, or 10b below, describe the circumstances, Check if Schedule O contains a response or note to any ection A. Governing Body and Management Enter the number of voting members of the governing body at If there are material differences in voting rights among members body, or if the governing body delegated broad authority to an similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above Did any officer, director, trustee, or key employee have a famil officer, director, trustee, or key employees to a manage Did the organization make any significant changes to its gover Did the organization have members or stockholders? Did the organization have members, stockholders, or other period. 	h "Yes" response to lines 2 processes, or changes in So line in this Part VI	1a 1b s relation or und erson porior Fo ization o elect	18 18 18 18 0nship with any other der the direct supervision orm 990 was filed? 1's assets?	lo" res 	
Par Se 1a b 2 3 4 5 6 7a	 Governance, Management, and Disclosure. For each lines 8a, 8b, or 10b below, describe the circumstances, Check if Schedule O contains a response or note to any ection A. Governing Body and Management Enter the number of voting members of the governing body at If there are material differences in voting rights among members body, or if the governing body delegated broad authority to an similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above Did any officer, director, trustee, or key employee have a famil officer, director, trustee, or key employees to a manag Did the organization make any significant changes to its gover Did the organization become aware during the year of a signifi Did the organization have members or stockholders? 	h "Yes" response to lines 2 processes, or changes in So line in this Part VI	1a 1b 1b s relation or und erson prior Fo ization o elect memb	e O. See instructions. 18 18 18 18 18 0nship with any other	lo" res 	

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? If "Yes," provide the names and addresses in Schedule O	9		No
Se	- Code	•)		

Se	iction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e coue	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	

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No

No

No

Page 6

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No

No

No

No

No

No

No

No

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Tragedy Assistance Program For Survivors - Full Filing - Nonprofit Explorer - ProPub	lica	
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13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		

Section C. Disclosure

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17 List the states with which a copy of this Form 990 is required to be filed

AR , CA , CT , DE , FL , GA , IL , KS , MA , MD , ME , MI , MN , NC , NH , NJ , NV , NY , OK , OR , PA , RI , SC , TN , VA , WA , WI , WV

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

🗹 Own website 🗌 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20State the name, address, and telephone number of the person who possesses the organization's books and records:
BILL SATHER 3033 WILSON BOULEVARD THIRD FLOORARLINGTON, VA 22201 (571) 385-2517

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	
(1) JOHN B WOOD BOARD CHAIRMAN	2.00	х		х				0	0	0	
(2) DEBORAH MULLEN SECRETARY	1.00	х		х				0	0	0	
(3) SCOTT RUTTER TREASURER	2.00	х		x				0	0	0	
	1.00		1			1				1	

DIRECTOR (5) STEPHEN CANNON DIRECTOR (6) BRANDON CARTER	1.00	× × ×			0	0	0
(5) STEPHEN CANNON DIRECTOR (6) BRANDON CARTER	1.00						
DIRECTOR (6) BRANDON CARTER	1.00						
DIRECTOR (6) BRANDON CARTER					0	0	0
		х			, i i i i i i i i i i i i i i i i i i i	Ŭ	°
	1.00				0	0	0
	1.00				, i i i i i i i i i i i i i i i i i i i	Ŭ	°
(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				_		
DIRECTOR		х			0	0	0
(14) EDWARD MCNALLY	1.00				_		
DIRECTOR		х			0	0	0
(15) AARON NEWMAN	1.00	х					
DIRECTOR		x			U	0	0
(16) KYRA PHILLIPS	1.00	V					0
DIRECTOR		х			0	0	0
(17) ANDY SULLIVAN	1.00	х			0	0	0
DIRECTOR		^			0	0	0

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

		1								
(A) Name and title	(B) Average hours per week (list any hours	one of	(C) ition (do not ch box, unless pe ficer and a dire	eck rsoi ecto	n is	both a istee)	in	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations
(18) MICHAEL JANUS DIRECTOR	1.00	х						0	0	0
(19) BONNIE CARROLL PRESIDENT				х				146,500	0	1,449
(20) WILLIAM SATHER DIRECTOR OF FINANCE				х				102,241	0	9,649
(21) AUDRI BEUGELSDIJK VICE PRESIDENT						х		132,790	0	1,614
(22) DIANA HOSFORD		I			I					

()	50.00)				х	129,925	0	9,496
VICE PRESIDENT						^	129,923	0	9,490
(23) SUSAN FORBES	50.00)				v	122 520		6.214
VICE PRESIDENT						Х	132,530	0	6,314
1b Sub-Total			1	1					
c Total from continuation sheets to Pa d Total (add lines 1b and 1c) .	•				┢		643,986	0	28,522

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 2 of reportable compensation from the organization 5

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		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? If "Yes," complete Schedule J for such			
	individual	4		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	5		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
	FUNDRAISING	290,000
124 DUNLEITH WAY IRMO, SC 29063		
CCR SOLUTIONS	EVENT PRODUCTION SERVICES	199,317
6171 MCLEOD DR SUITE I-J LAS VEGAS, NV 89120		
SIMPLEX DESIGN	PRINTING & DESIGN	134,221
PO BOX 116 YOUNG, AZ 85554		
NANCY KAPLAN	HUMAN RESOURCES	111,499
9208 PAVONIA CT POTOMAC, MD 20854		
MUNCHKINCARE LLC	CHILDCARE SERVICES	110,607
8250 W ALEX AVENUE PEORIA, AZ 85382		
2 Total number of independent contractors (including but not limited to those listed above) who r compensation from the organization 7	eceived more than \$100,000 of	

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Part VIII	Statement of Revenue				
	Check if Schedule O contains a resp	nse or note to any 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 Contributions Sifts, Grants and Member					

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Similar AngoEntedraising events .		1c				
1,732,557						
d Related organizations		1d				
e Government grants (cont	ributio	ns) 1e				
 f All other contributions, gi and similar amounts not above 						
16,447,233 g Noncash contributions inc	cluded					
lines 1a - 1f:\$		1g				
240,118 h Total. Add lines 1a-1f	•		• 18,179,790			
			Business Code			
2a						
ever						
Program Service Revenue						
Servi						
£						
ango						
f All other program	sorvio					
9 Total. Add lines 2						
3 Investment income			erest, and other			
similar amounts)			d proceede	62,067		62,067
4 Income from invest 5 Royalties			i -	388		388
	Ē	(i) Real	(ii) Personal			
6a Gross rents	6a	45,442				
b Less: rental	6b	0				
expenses c Rental income or	6c	45,442				
(loss) d Net rental income	e or (l			45,442		45,442
	Π	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a	21,792				
 b Less: cost or other basis and sales expenses c Gain or (loss) 	7b	3,643				
	7c	18,149				
d Net gain or (loss) Gross income from fu				18,149		18,149
Gross income from fu (not including \$ contributions reporte See Part IV, line 18	1,7 d on lir	732,557 of ne 1c).	210,000			
b Less: direct exper	ises	8b	516,496			
c Net income or (los	s) fro	m fundraising even	ts	-306,496		-306,496
9a Gross income from See Part IV, line 19						
b Less: direct exper	ises	9b				
c Net income or (los	s) fro	om gaming activities	5. <mark>.</mark>			
10a Gross sales of inver-	entory	, less				

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	10a	101,587				
	b Less: cost of goods sold 10b	14,880				
	c Net income or (loss) from sales of invent	ory	86,707	86,707		
	11aADMINISTRATION INCOME	Business Code 561000	145,700			145,700
	b					
Oth	er f evenueMiscAmt					
	d All other revenue					
	e Total. Add lines 11a–11d		145,700			
	12 Total revenue. See instructions		18,231,747	86,707	0	-34,750

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Page 10 Part I) 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 (D) Fundraising (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 395,919 395,919 2 Grants and other assistance to domestic individuals. See Part IV, line 22 **3** Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members 126,685 5 Compensation of current officers, directors, trustees, and 259,839 110,962 22,192 key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,450,414 5,159,768 164,529 126,117 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 326,664 302,071 24.593 **9** Other employee benefits . . . 10 Payroll taxes 421.244 388,480 21.730 11.034 11 Fees for services (non-employees): a Management . . . 18,479 18,479 **b** Legal . . . **c** Accounting . . **d** Lobbying 290,000 290,000 e Professional fundraising services. See Part IV, line 17 **f** Investment management fees . 312 312 . g Other (If line 11g amount exceeds 10% of line 25, column 6,521,602 5,705,480 311,794 504,328 (A) amount, list line 11g expenses on Schedule O) 453,080 2,580 425,500 25,000 **12** Advertising and promotion . . . **13** Office expenses . . 417,693 309,821 57,333 50,539 . . . 37,759 22,306 15,453 **14** Information technology . 15 Royalties . 16 Occupancy . . . 941,809 800,921 65,748 75,140 . . . 4,249,273 4,224,521 17 Travel . 24,752 • . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . **19** Conferences, conventions, and meetings . . 370,478 368,320 2,158

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

20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	208,485	129,081	67,255	12,149
23 Insurance	36,720	29,115	4,865	2,740
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	335,494	320,622	5,091	9,781
b DUES & SUBSCRIPTIONS	142,068	105,378	19,500	17,190
c OTHER EXPENSES	73,156	67,666	5,490	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	20,950,488	18,443,011	1,361,267	1,146,210
 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). 				
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						Balance Sheet	tΧ	Pa			
. 🗆				y line in this Part IX	e to an	Check if Schedule O contains a response or not					
) year			(A) Beginning of year								
1,163,253		1	1,298,671			Cash-non-interest-bearing	1				
1,020,65		2	3,610,279			Savings and temporary cash investments .	2				
278,408		3	212,800			Pledges and grants receivable, net	3				
199,092		4				Accounts receivable, net	4				
		5		contributor, or 35%	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons						
		6			bans and other receivables from other disqualified persons (as defined under ection 4958(f)(1)), and persons described in section 4958(c)(3)(B)						
		7		7 Notes and loans receivable, net							
89,44		8	91,282			Inventories for sale or use	8	ssets			
23,308		9	19,760			Prepaid expenses and deferred charges	9	4SS			
				2,392,554	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	~			
811,38		10c	940,241	1,581,167	10b	Less: accumulated depreciation	b				
329,66		11	241,432			Investments—publicly traded securities .	11				
		12			11 .	Investments-other securities. See Part IV, line	12				
		13			11 .	Investments-program-related. See Part IV, line	13				
		14				Intangible assets	14				
3,513,86		15	4,307,465			Other assets. See Part IV, line 11	15				
7,429,076		16	10,721,930	33)	ial line	Total assets. Add lines 1 through 15 (must equ	16				
1,097,474		17	622,597	•		Accounts payable and accrued expenses	17				
		18				Grants payable	18				
10,15		19	0			Deferred revenue	19				
		20				Tax-exempt bond liabilities	20				
		21		f Schedule D	art IV c	Escrow or custodial account liability. Complete F	21	s			
		22		r 35% controlled entity	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons						
	1	23		d parties	ted thi	Secured mortgages and notes payable to unrela	23	Liabilities			
	1	24		arties	third p	Unsecured notes and loans payable to unrelated	24				
5,020,52	1	25	6,137,047	to related third parties,	yables	Other liabilities (including federal income tax, pa	25				
	I	25	0,137,047	· · ·		Other liabilities (including federal income tax, particular propublica org/nonprofits/organizations/920152268/					

	and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			
26	Total liabilities. Add lines 17 through 25	6,759,644	26	6,128,149
nces	Organizations that follow FASB ASC 958, check here 🗹 and complete lines 27, 28, 32, and 33.			
Ealar Balar	Net assets without donor restrictions	933,569	27	104,852
	Net assets with donor restrictions	3,028,717	28	1,196,075
or Fund	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		29	
T	Capital stock or trust principal, or current funds			
Sets	Paid-in or capital surplus, or land, building or equipment fund		30	
SS 31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	3,962,286	32	1,300,927
Jan 32	Total liabilities and net assets/fund balances	10,721,930	33	7,429,076
				Form 990 (2023)

Form 990 (2023)

Page 12 -

Form	990 (2023)				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				
				10	221 747
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,231,747
2	Total expenses (must equal Part IX, column (A), line 25)	2			,950,488
3	Revenue less expenses. Subtract line 2 from line 1	3			,718,741
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) $\ .$	4		3	,962,286
5	Net unrealized gains (losses) on investments	5		57,38	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			-3
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		1	,300,927
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
1	Accounting method used to prepare the Form 990: 🛛 🖸 Cash 🗹 Accrual 🗍 Other				
-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both:	on a			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	······································		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			

Separate basis Consolidated basis

□ Both consolidated and separate basis

cIf "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?2cYesIf the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.3aAs a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform
Guidance, 2 C.F.R. Part 200, Subpart F?3aNo

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.
 3b

Form 990 (2023)

Form 990 (2023)

Additional Data

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

efil	e Pub	olic Visual	Render	ObjectId: 2	20240248934930	0005 - Subm	ission: 2024-(09-04	TIN: 92-0152268
Department of the Treasury				nplete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form 5.gov/Form990 for in	ion 501(c)(3) empt charitable 990 or Form 99	organization or e trust. 90-EZ.	a section	OMB No. 1545-0047
Nam	e of th	ne organiza	tion					Employer identifi	Inspection cation number
	EDY ASS VORS I	SISTANCE PRO	GRAM FOR					92-0152268	
	rt I				us (All organization			ee instructions.	
	organiz		•		e it is: (For lines 1 thro	5 ,	, ,		
1					sociation of churches			(A)(I).	
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3 4			•	•	vice organization descu			-	Entor the beenital's
-	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
5		170(Ď)(1)	(A)(iv). (Co	mplete Part II.			. , ,		ibed in section
6 7				-	governmental unit de a substantial part of it				ral public described in
		section 17	70(b)(1)(A)	(vi). (Complete	e Part II.)		-	The of thom the gene	
8		A communi	ity trust desc	ribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part I	II.)		
9					escribed in 170(b)(1) ee instructions. Enter				llege or university or a
10		from activit investment	ties related to income and	o its exempt fur unrelated busir	(1) more than 331/3% actions—subject to cert less taxable income (le omplete Part III.)	tain exceptions,	and (2) no more	than 33 1/3% of its	
11		An organiza	ation organiz	ed and operated	d exclusively to test for	r public safety. S	See section 509	(a)(4).	
12		more publi on lines 12	cly supported a through 12	organizations of that describes	d exclusively for the be described in section 5 s the type of supportin	09(a)(1) or se g organization a	ction 509(a)(2) and complete line). See section 509(s 12e, 12f, and 12g.	a)(3). Check the box
а	\cup	organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		Type II. A manageme	supporting on the sup	rganization sup	ervised or controlled in ation vested in the sar				
с	\Box	Type III f	unctionally	integrated. A	supporting organizatio ions). You must com	n operated in co	nnection with, an	d functionally integr	ated with, its
d		Type III n functionally	on-function integrated.	ally integrate The organizatio	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wit requirement and	h its supported orga	nization(s) that is not quirement (see
е		Check this	box if the org	anization recei	r t IV, Sections A and ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter				integrated supporting				
g				2				· · · · · · · · -	
	(i) N	lame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota									
		vork Reduc or 990-EZ.	tion Act No	lice, see the I	nstructions for	Cat. No. 1128	5F	Schedul	e A (Form 990) 2023
					Pa	ge 2			
Sche	اراله ۵	(Form 990)	2023						Da
	rt II	. ,		e for Organiz	zations Described	in Sections :	L70(b)(1)(A)	(iv) and 170(b)(Page 2 1)(A)(vi)
	_	(Comple If the o	ete only if y rganization	ou checked th		or 8 of Part I	or if the organi	zation failed to qu	alify under Part III.
Se	ection	A. Public	Support		I				<u> </u>
ttps://	projects	s.propublica.o	rg/nonprofits/c	organizations/920	152268/20240248934930	00005/full			-

	0/24, 9:38 PM	Tragedy As	sistance Program Fo	r Survivors - Full Fil	ling - Nonprofit Expl	lorer - ProPublica	
	r fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
•	membership fees received. (Do not include any "unusual grant.") .	16,055,752	9,985,793	12,584,202	15,417,921	18,179,790	72,223,458
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	16,055,752	9,985,793	12,584,202	15,417,921	18,179,790	72,223,458
5	The portion of total contributions by	10,000,702	5,505,755	12,301,202	13,117,521	10,175,750	72,223,130
	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						11,148,868
6	(f) Public support. Subtract line 5 from line 4.						61,074,590
S	Section B. Total Support			•	•	•	
	lendar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(0)	r fiscal year beginning in) Amounts from line 4.	16,055,752		12,584,202	15,417,921	18,179,790	
8	Gross income from interest,	10,000,702	575007750	12/00 1/202	10/11//521	10/1/ 5// 50	, 2,220,100
	dividends, payments received on securities loans, rents, royalties and income from similar sources	5,993	26,905	14,478	76,302	107,897	231,575
9	Net income from unrelated business activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.).	19,599	3,966	93,428	8,926	145,700	271,619
11	Total support. Add lines 7 through 10						72,726,652
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	1,074,116
13	First 5 years. If the Form 990 is for t	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organ	ization, check
	this box and stop here				·	► 🗆	·
S	ection C. Computation of Public						
14	Public support percentage for 2023 (li		-	column (f))		14	83.980 %
15	Public support percentage for 2022 Sc					15	82.120 %
16a	33 1/3% support test-2023. If the					more, check this	
	and stop here. The organization qual						. —
b	33 1/3% support test-2022. If the						
	box and stop here. The organization	n qualifies as a pu	blicly supported or	ganization			🕨 🗆
17a	10%-facts-and-circumstances test	t—2023. 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" t 10%-facts-and-circumstances tes				5		-
D	more, and if the organization meets t						
	meets the "facts-and-circumstances"	test. The organiz	ation gualifies as a	a publicly supporte	d organization		► 🗆
18							
	instructions						► 🗆
						Schedule A (Form 990) 2023
			Page 3				
Sch	edule A (Form 990) 2023						Page 3
	Part III Support Schedule f	or Organizatio	ons Described i	in Section 509	(a)(2)		
	(Complete only if you					d to qualify und	er Part II. If
	the organization fails	to qualify unde	r the tests listed	l below, please o	complete Part II	.)	
	ection A. Public Support			-		-	
	lendar year r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1							
-	membership fees received. (Do not		1				
2	include any "unusual grants.") . Gross receipts from admissions,		+	+		+	
2	merchandise sold or services		1				
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose		1				
3	Gross receipts from activities that an	e	1	1		1	1
	not an unrelated trade or business under section 513		1				
-			1	+	+	+	ł

12/10/	24, 9:38 PM	Tragedy Assis	stance Program For	Survivors - Full Fil	ing - Nonprofit Explo	rer - ProPublica			
4	lax revenues levied for the organization's benefit and either paid			1			1		
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons						_		
b	Amounts included on lines 2 and 3 received from other than disgualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
с	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c								
	from line 6.)								
-	ection B. Total Support	-	1	1	1				
	endar year fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest,			1					
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
с	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
	11, and 12.) 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	p = 501(c)(3) or	apizat	ion ch	ock
14	-	-			-		-		_
50	this box and stop here								
15	Public support percentage for 2023 (lin	ne 8, column (f) d	livided by line 13,	column (f)).		15			
16	Public support percentage from 2022 S					16			
	ection D. Computation of Invest								
17	Investment income percentage for 20	23 (line 10c, colu	mn (f) divided by	line 13, column ((f))	17			
18	Investment income percentage from 2					18			
	33 1/3% support tests-2023. If the	organization did r	not check the box	on line 14, and li	ine 15 is more than	-	ne 17 i	s not	
194	more than 33 1/3%, check this box and								
b	33 1/3% support tests-2022. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 1	/3% an	d line	18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a pub	licly supported orga	anization	🕨	•	
20	Private foundation. If the organizati								
			,			Schedule A			2023
			Page 4						
C -1-	dula A (Form 000) 2022								-
	dule A (Form 990) 2023							Р	age 4
Pai	t IV Supporting Organization			ld la 1					
	(Complete only if you checked								
	box 12b, of Part 1, complete Se	ections A and C. If	' vou checked box						
Se	box 12b, of Part I, complete Se 12d, of Part I, complete Section			120, 01 1010 1, 00	Simplete Sections A,	by and Er Ir yo			
		ns A and D, and c		120, 01 1 010 1, 00	implete Sections A,	D, and E. II yo			
	12d, of Part I, complete Section	ns A and D, and c		120, 01 1 01 1 1, 00		<i>b</i> , and <u>c</u> , iii , o		Yes	No
1	12d, of Part I, complete Section ection A. All Supporting Organiz Are all of the organization's supported	ns A and D, and contract of a strain of a	ed by name in the	e organization's g	overning document	s?		Yes	No
	12d, of Part I, complete Section ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s	ns A and D, and c ations organizations list upported organiza	omplete Part V.) ed by name in the ations are designa	e organization's g	overning document	s?		Yes	No
	12d, of Part I, complete Section ection A. All Supporting Organiz Are all of the organization's supported	ns A and D, and c ations organizations list upported organiza	omplete Part V.) ed by name in the ations are designa	e organization's g	overning document	s?	1	Yes	No
	12d, of Part I, complete Section ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic an Did the organization have any support	ns A and D, and c ations organizations list upported organiza of continuing relat red organization th	ed by name in the ations are designa ionship, explain. nat does not have	e organization's g ted. If designated an IRS determin	overning document d by class or purpos ation of status unde	s? Se, er section	1	Yes	No
1	12d, of Part I, complete Section ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I	ns A and D, and c ations organizations list upported organiza of continuing relat red organization th	ed by name in the ations are designa ionship, explain. nat does not have	e organization's g ted. If designated an IRS determin	overning document d by class or purpos ation of status unde	s? Se, er section		Yes	No
1	12d, of Part I, complete Section ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic an Did the organization have any support	ns A and D, and c ations organizations list upported organiza of continuing relat red organization th	ed by name in the ations are designa ionship, explain. nat does not have	e organization's g ted. If designated an IRS determin	overning document d by class or purpos ation of status unde	s? Se, er section	1	Yes	No
1	12d, of Part I, complete Section ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported	ns A and D, and c rations organizations list upported organiza d continuing relat red organization th Part VI how the o	ed by name in the tions are designationship, explain. nat does not have rganization deter	e organization's g ted. If designated an IRS determin mined that the su	overning document d by class or purpos ation of status undo upported organizatio	s? se, er section on was	2	Yes	No
1 2	12d, of Part I, complete Section ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in P described in section 509(a)(1) or (2).	ns A and D, and c rations organizations list upported organiza d continuing relat red organization th Part VI how the o	ed by name in the tions are designationship, explain. nat does not have rganization deter	e organization's g ted. If designated an IRS determin mined that the su	overning document d by class or purpos ation of status undo upported organizatio	s? se, er section on was	2	Yes	No
1 2	12d, of Part I, complete Section ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each	ns A and D, and constants organizations list upported organization structure and continuing relation organization the Part VI how the organization descent organization descents organization descents	ed by name in the tions are designationship, explain. nat does not have rganization detern cribed in section s	e organization's g ted. If designated an IRS determin mined that the su 501(c)(4), (5), or nder section 501	overning document d by class or purpos ation of status unde upported organizatio (6)? If "Yes," answ (c)(4), (5), or (6) a	s? se, er section on was rer lines 3b and nd satisfied	2	Yes	No
1 2 3a	12d, of Part I, complete Section ection A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	ns A and D, and constants organizations list upported organization structure and continuing relation organization the Part VI how the organization descent organization descents organization descents	ed by name in the tions are designationship, explain. nat does not have rganization detern cribed in section s	e organization's g ted. If designated an IRS determin mined that the su 501(c)(4), (5), or nder section 501	overning document d by class or purpos ation of status unde upported organizatio (6)? If "Yes," answ (c)(4), (5), or (6) a	s? se, er section on was rer lines 3b and nd satisfied	2	Yes	No

12/10/2	4,9:38 PM Tragedy Assistance Program For Survivors - Full Filing - Nonprofit Explorer - ProPublica				
с	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	Зс 4а			
Ь					
c					
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 amandment to the arranging document)	5a			
b	amendment to the organizing document). 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					
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? <i>If</i> " <i>Yes</i> ," complete Part I of Schedule L (Form 990).	6			
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	Vas the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, a lefined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes, provide detail in Part VI .				
Ь	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 .	9a 9b			
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c			
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).				
	Schedule A	(Form	1 990)	2023	
	Page 5				
	lule A (Form 990) 2023		F	Page 5	
Par	t IV Supporting Organizations (continued)		Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?		163	NO	
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a			
b	A family member of a person described on 11a above?	11a 11b			
c	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	11c			
Se	<i>VI.</i> ction B. Type I Supporting Organizations		I		
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the newer to regularly		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		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

Section C. Type II Supporting Organizations

Yes No

2

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 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described 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? <i>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 instant activities but for the organization of the organi</i>			
	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 .	3a		
	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.	24		

3b Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	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		
ā	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
Ċ	: Fair market value of other non-exempt-use assets	1c		
c	I Total (add lines 1a, 1b, and 1c)	1d		

	(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)	ntegrat	ed Type III supp	orting organization (see

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Schedule A (Form 990) 2023

Schedule A (Form 990) 2023				Page
Part V Type III Non-Functionally Integrate Section D - Distributions	d 509(a)(3) Supporting	Organizations (co	ontinued)	Current Year
	a avamat auraaaa		1	
1 Amounts paid to supported organizations to accomplish	n exempt purposes		+ + +	
 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	rposes of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)	1	5	
6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to w details in Part VI). See instructions	hich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2023 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ons	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required <i>explain in Part VI</i>). See instructions.				
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022				
f Total of lines 3a through e	-			
g Applied to underdistributions of prior years				
 h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) 				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
Distributions for 2023 from Section D, line 7:				
\$				
a Applied to underdistributions of prior years			T	

b Applied to 2023 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
 5 Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2019		
b Excess from 2020		
c Excess from 2021		
d Excess from 2022		
e Excess from 2023		
	Sch	nedule A (Form 990) (2023)

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Schedule A (Form 990) 2023

Page **8**

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

Facts And Circumstances Test

Explanation

Return Reference

Schedule A (Form 990) 2023

Additional Data

Return to Form

efile Public Visual Render ObjectId: 202402489349300005 - Submission: 2024-09-04					
Schedule B Schedule of Contributors		OMB No. 1545-0047			
(Form 990) Department of the Treasury Internal Revenue Service		2023			
Name of the organization TRAGEDY ASSISTANCE P		Employer id	entification number		
SURVIVORS INC		92-0152268			
Organization type (che	eck one):				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private found	lation			
	527 political organization				
Form 990-PF	n 990-PF 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundatio	n			
	501(c)(3) taxable 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.

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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) (2023)

Schedule B (Form 990) (2023)

Page 2

Name of organization TRACEDY ACCUSTANCE RECORDANE COR https://projects.propublica.org/nonprofits/organizations/920152268/202402489349300005/full Part I

Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	· · · · · · · · · · · · · · · · · · ·	\$ RESTRICTED	 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) (2023)

– Page 3 –

Schedule E	3 (Form 990) (2023)		Page 3
Name of org TRAGEDY A SURVIVORS	SSISTANCE PROGRAM FOR	Employer identification	number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

12/10/24, 7.5		tuirtning Ronpront Explorer 1101	ublica
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
1	L		Schedule B (Form 990) (2023)
	Page 4		
Schedule	B (Form 990) (2023)		Page 4
Name of or TRAGEDY / SURVIVOR	rganization ASSISTANCE PROGRAM FOR S INC	Employer identi 92-0152268	fication number
Part III	Exclusively religious, charitable, etc., contributions to organizations de than \$1,000 for the year from any one contributor. Complete columns (a organizations completing Part III, enter the total of <i>exclusively</i> religious year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed.	scribed in section 501(c)(7), (8)) through (e) and the following	line entry. For
(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 ZIP 4	(e) Transfer of gift Relation:	ship 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 ZIP 4	(e) Transfer of gift Relations	ship of transferor to transferee
(a)	(b) Durnoon of sift publica.org/nonprofits/organizations/920152268/2024024	(a) 1100 of sift 189349300005/full	(d) Decorintian of how sift is hold 24/

12/10/24, 9:38 PM	Traged	y Assistance Program For Survivors - Fu	Il Filing - Nonprofit Explorer - ProPublica
Part I	(b) Fulpose of gill	(c) use of gift	(u) Description of now gift is new
·	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP 4	Relationship of transferor to transferee
			Schedule B (Form 990) (2023

Additional Data

Return to Form

efi	e Public Visua	l Render	ObjectId: 2024024	189349300005 - Submission:	2024-09-	-04	TIN: 92-0152268		
SCI	HEDULE D		Sunnlamor	tal Financial Statomo	nte		OMB No. 1545-0047		
(For	n 990)		Supplemen	ntal Financial Stateme	1115		2022		
Complete if the Part IV line 6.7.8		Complete if the or	organization answered "Yes," on Form 990, , 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			ZUZZ			
Depart	exactment of the Treasury Attach to Form 990.				Open to Public				
_	Internal Revenue Service Form 990 for instructions and the latest information.								
	me of the organ GEDY ASSISTANCE F				Er	nployer ident	ification number		
	RVIVORS INC				-	2-0152268			
Pa				sed Funds or Other Similar Fu	unds or A	ccounts.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts								
1	Total number at o	end of year .							
2	Aggregate value	of contributio	ns to (during year)						
3	Aggregate value	of grants from	n (during year)						
4	Aggregate value	at end of year	•						
5				rs in writing that the assets held in d		d funds are the	2		
	organization's p	roperty, subje	ct to the organization's ex	clusive legal control?			🗆 Yes 🗌 No		
6				onor advisors in writing that grant fur					
				or donor advisor, or for any other pu		anny imperims			
Pa	rt II Conser	vation Ease	ements.						
				s" on Form 990, Part IV, line 7.					
1	Purpose(s) of co	onservation ea	sements held by the orga	nization (check all that apply).					
	Preservation	on of land for	public use (e.g., recreation	n or education) 🛛 🗍 Preservatio	on of an hist	orically import	ant land area		
	Protection	of natural hab	pitat		on of a certif	fied historic str	ucture		
	Preservation	on of open spa	ice						
2				qualified conservation contribution in	the form of	f a conservatio	n		
	easement on the					Held at t	he End of the Year		
а					2a				
b	2	•							
c				c structure included in (a)	2c				
d			National Register	ired after July 25, 2006, and not on a	2d				
3	Number of conse	ervation easer	ments modified, transferre	ed, released, extinguished, or termina	ted by the o	organization du	uring the		
	tax year 🕨								
4	Number of state	s where prope	erty subject to conservation	on easement is located >					
5				ne periodic monitoring, inspection, ha	andling of vi	olations,			
	and enforcemen	t of the conse	rvation easements it hold	s?		C	🗌 Yes 🗌 No		
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of violations, and enfo	rcing conse	rvation easeme	ents during the year		
	•								
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing	conservatio	on easements o	luring the year		
•	·			above satisfy the requirements of se	ation 170/h)(4)(D)(;)			
8							Yes 🗌 No		
9	In Part XIII, des	cribe how the	organization reports cons	ervation easements in its revenue an	id expense s				
	balance sheet, a	and include, if	applicable, the text of the	footnote to the organization's financ					
Dar			for conservation easemen	of Art, Historical Treasures, of	or Other 9	Similar Acce	ats		
r al				s" on Form 990, Part IV, line 8.					
1a	historical treasu	res, or other s	imilar assets held for pub	SC 958, not to report in its revenue st lic exhibition, education, or research ents that describes these items.					
b		res, or other s	imilar assets held for pub	SC 958, to report in its revenue stater lic exhibition, education, or research					
(. ▶\$			
2	If the organizati	on received or	r held works of art, histori	cal treasures, or other similar assets ASC 958 relating to these items:			the		
а	Revenue include	d on Form 99	0, Part VIII, line 1	- 		🕨 \$			
b									
For				ns for Form 990. C					

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continue liters (reck all hot app)): 3 Using the organization's accussion, and other records, check any of the following that are a significant use of its collect liters (reck all hot app)): 4 Duble exhibition 5 Diddle exhibition 6 Poble exhibition 7 Comparization's accussion, and other records, check any of the following that are a significant use of its collect liters (reck all hot app): 6 Prevention for future generations 7 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII Escrow and Custodial Arrangements. 7 Complete If the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990 fine 21. 1a Is the organization in appent, trustee, custodian or other intermediary for contributions or ther similar assets to be form 990, Part X, line 21, for secrow or custodial accumt liability?	Daga *
3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collect items (check all that apply): Public exhibition Galaxie and the organization of rulture generations Consider and the organization's collections and explain how they further the organization's exempt purpose in Pert XIII. Parotide a description of the organization's collections and explain how they further the organization's exempt purpose in Pert XIII. Percent and execution of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990 line 21. Part V Escrow and Custodial Arrangements. Complete If the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990 line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . If early the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability?	Page 2
Public exhibition d Loan or exchange programs Generation for future generations Scholarly research Correlations Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part IV Scrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 99 Ine 21. If Yes," explain the arrangement in Part XIII and complete the following table: Amount Ide organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Ves If Yes," explain the arrangement in Part XIII and complete the following table: Amount Ide organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Ves If Yes," explain the arrangement in Part XIII and complete the following table: Amount Ide organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Order the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization servered "Yes" on Form 990, Part IV, line 10. Complete if the organization servered "Yes" on Form 990, Part IV, line 10. Complete if the organization servered "Yes" on Form 990, Part IV, line 10. Complete if the organization servered "Yes" on Form 990, Part IV, line 10. Complete if the organization servered "Yes" on Form 990, Part IV, line 10. Complete if the organization servered "Yes" on Form 990, Part IV, line 10. Complete if the organization servered "Yes" on Form 990, Part IV, line 11. Complete if the organization servered "Yes"	
Scholarly research Complete of the organization answered "Yes" on Form 990, Part IV, line 10. Additions during the year. Beginning balance. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning balance. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization answered "Yes" on Form 990, Part IV, line 10. Complete for the organization so the organization that are held and administered for the organization by: (1) Unrelated organizations in the possession of the organization that are held and	
Preveration for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part IV Escrow and Custodial Arrangements. Complete if the organization asswered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part IV esplain the arrangement in Part XIII and complete the following table: If "Yes," explain the arrangement in Part XIII and complete the following table: If "Yes," explain the arrangement in Part XIII and complete the following table: If "Yes," explain the arrangement in Part XIII and complete the following table: If "Yes," explain the arrangement in Part XIII and complete the following table: If "Yes," explain the arrangement in Part XIII and complete the explanation has been provided in Part XIII	
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. □ yes Part IV Eccrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 99 line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ yes b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Cantibutions . . . a direct scholarships . . . a direct scholarships Beginning of year balance Contributions <t< td=""><td></td></t<>	
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Distributions during the year	
f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	
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1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four 1a Beginning of year balance .	
1a Beginning of year balance Image: Contributions	<u> </u>
b Contributions	years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance g End of year balance a Board designated or quasi-endowment . b Permanent endowment . c Term endowment . mathematications	
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2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ b Permanent endowment ▶ c Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations Y (ii) Related organizations 3a(ii) 3a(iii) 3a(iii) b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. (investment) Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book	
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(ii) Related organizations 3a(ii) b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book 1a Land Land Land Land Land Land Land	es No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book	
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book 1a Land 	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book 1a Land	
1a Land	value
h kuldunge	
b Buildings	C07.110
c Leasehold improvements 1,518,600 911,160 d Equipment 208,623 104,213	607,440
d Equipment 298,622 194,312	104,310
e Other 575,332 475,695 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ►	99,637 811,387

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 99	90, Part IV,	line 11b.See For	m 990, Pari	t X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method c	
(1) Financial derivatives	:			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 99	90, Part IV,	line 11c. See For	m 990, Par	t X, line 13.
(a) Description of investment		(b) Book value		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 99	0, Part IV, I	ine 11d. See For	m 990, Parl	t X, line 15.
(a) Description (1)RIGHT OF USE ASSET				(b) Book value
(2)COLLECTIONS				3,414,195 79,800
(3)LEASE SECURITY DEPOSIT (3)				19,870
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				3,513,865
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 99	0, Part IV, I	ine 11e or 11f.Se	e Form 990), Part X, line 25.
1.(a) Description of liability				(b) Book value
(1) Federal income taxes				

Page 3

LONG-TERM LEASE LIABILITY	1	3,850,505
SHORT-TERM LEASE LIABILITY		1,170,020
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	5,020,525
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the	e organization's financial statements that	at reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if t	the text of the footnote has been provid	led in Part XIII 🛛 🗹

been promada			_
Schedule D	(Form	990)	2022

Page 4				D (Form 990) 2022	ed
	turn.	-		I Reconciliation of Revenue per A Complete if the organization answe	ar
19,402,509	1			al revenue, gains, and other support per audi	
			art VIII, line 12:	nounts included on line 1 but not on Form 990	
		57,385	2a	t unrealized gains (losses) on investments .	а
		582,313	2b	nated services and use of facilities	5
			2c	coveries of prior year grants	:
			2d	ner (Describe in Part XIII.)	ł
639,698	2e			d lines 2a through 2d	e
18,762,811	3			btract line 2e from line 1	
		-	but not on line 1 :	nounts included on Form 990, Part VIII, line 12	
		312	rt VIII, line 7b . 4a	vestment expenses not included on Form 990,	a
		-531,376	4b	ner (Describe in Part XIII.)	b
-531,064	4c		· · · · · · · · · ·	d lines 4a and 4b	с
18,231,747	5		I Form 990, Part I, line 12.)	al revenue. Add lines ${f 3}$ and ${f 4c.}$ (This must ec	
	Return.				ar
22,063,865	1			Complete if the organization answe al expenses and losses per audited financial s	
22,003,003	-			nounts included on line 1 but not on Form 990	
		582,313		nated services and use of facilities	3
		502,515		or year adjustments	
				ner losses	-
		531,376		ner (Describe in Part XIII.)	d
1,113,689	2e			d lines 2a through 2d	9
20,950,176	3			btract line 2e from line 1	
		-	it not on line 1:	nounts included on Form 990, Part IX, line 25,	
		312		vestment expenses not included on Form 990,	а
				ner (Describe in Part XIII.)	b
312	4c			d lines 4a and 4b	с
20,950,488	5		al Form 990, Part I, line 18.)	al expenses. Add lines 3 and 4c. (This must e	
	I	4	· · · · · ·	III Supplemental Information	'ar
t X, line 2; Part XI,	V, line 4; Parl			the descriptions required for Part II, lines 3, 5 and 4b; and Part XII, lines 2d and 4b. Also co	
		Explanation		Return Reference	
LIKELY-THAN-NOT	ARE MORE-I	DETERMINED THAT THEY	TAPS ADOPTED THE INCOME TAX ITS INCOME TAX POSITIONS AND SUSTAINED ON EXAMINATION. TA	INE 2:	\RT

	BY FEDERAL, STATE, AND LOCAL AUTHORITIES.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES -516,496. COST OF GOODS SOLD -14,880.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD 14,880. SPECIAL EVENT EXPENSES 516,496.

Schedule D (Form 990) 2022

Additional Data

Return to Form

efile Public Visual Rei	nder Ol	bjectId: 2024	0248934930	0005 - Submission:	2024-09-04	TIN: 92-0152268	
	State	ment of A	ctivities (Outside the Un	ited States	OMB No. 1545-0047	
orm 990)	► Comple	ete if the organiza	tion answered "Y	es" to Form 990, Part IV,	line 14b, 15, or 16.	2023	
				o Form 990.	• • •	Open to Public	
partment of the Treasury ernal Revenue Service	F	Go to www.irs.go	v/Form990 for in	nstructions and the latest i	nformation.	Inspection	
ame of the organization AGEDY ASSISTANCE PROO JRVIVORS INC	GRAM FOR				Employer iden 92-0152268	tification number	
			Outside the U	Inited States. Comple	ete if the organization a	nswered "Yes" on	
			tain records to	substantiate the amoun	t of its grants and		
other assistance, the	e grantees' e	eligibility for the	grants or assis	tance, and the selectior	n criteria used		
to award the grants	or assistanc	æ?				🗹 Yes 🗌 No	
For grantmakers. I outside the United S		Part V the orgar	ization's proced	dures for monitoring the	e use of its grants and oth	ner assistance	
Activites per Region. (The following	g Part I, line 3 ta	ble can be duplic	cated if additional space is	s needed.)	-	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region	
RUSSIA AND NEIGHE STATES	BORING	0	0	PROGRAM SERVICES	SUPPORT SISTER ORGANIZATION TAPS UKRAINE (NOT LEGALLY RELATED): ACTIVITIES INCLUDE PSYCHOLOGICAL SUPPORT ACTIVITIES FOR SURVIYORS OF FALLEN SOLDIERS, AND GRIEF CAMPS FOR KIDS. ONE OF OUR DONORS IS SUPPORTING THE PURCHASE AND OUTFIITING OF AMBULANCES TO BE USED IN UKRAINE.	4,366,406	
3a Sub-total b Total from continuation	on sheets to	0	C			4,366,406	
Part I		0	C			0	
c Totals (add lines 3a r Paperwork Reduction Ac		0 the Instructions	(for Form 990.		No. 50082W Schedu	4,366,406 le F (Form 990) 2023	
						-	
			——— Ра	ge 2			
chedule F (Form 990) 2023							

			,					-	
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

			 -	-		
		organizations listed an the grantee or coun				
3 Enter total number	er of other org	anizations or entities	 		🕨	

Schedule F (Form 990) 2023

—— Page 3 –

Schedule F (Form 990) 2023							Page 3
Part III Grants and Ot Part III can be o	her Assistance to duplicated if addition	Individuals onal space is i	Outside the Unite needed.	ed States. Complete if	f the organization ar	nswered "Yes" on Form	990, Part IV, line 16.
(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 assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		

Schedule F (Form 990) 2023

— 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)	Ses 2	🗹 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).	□ Yes	Vo 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) 2023

Schedule F (Form 990) 2023

Page 4

Part V 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 THI SERVICES REQUESTED, FOLLOW UPS INCLUDING MEETINGS, AND DOCUMENTATION TO SHOW HOW THE FUNDS WERE SPENT.
	Schedule F (Form 990) 202

Additional Data

efi	le Public Visual Re	ender	ObjectId: 202	240248	934930	00	05 - Submission:	2024-0	09-04	TIN: 92-0152268
SCI	IEDULE G		Supple	ment	al Info	or	mation Rega	rdina		OMB No. 1545-0047
(Foi	rm 990)					Gaming Activities				2023
		Cor	mplete if the organiza	tion answe	ered "Yes" o	on	Form 990, Part IV, lines 1 15,000 on Form 990-EZ, li	7, 18, or 1	9, or if the	
	tment of the Treasury al Revenue Service		Open to Public Inspection							
	e of the organization GEDY ASSISTANCE PRO	OGRAM FO)R						Employer ide	ntification number
	VIVORS INC	00101110							92-0152268	
Pa		-	•	-			nswered "Yes" on Fo	orm 990	, Part IV, line 1	7.
1			re not required t				rt. owing activities. Check	all that a	annly	
⊥ a	Mail solicitations	e organizai	tion raised funds th	irougii ali	y or the ro		Solicitation of non-			
b	 Internet and ema 	ail solicitat	ions		f		Solicitation of gove		-	
c	Phone solicitation				a		✓ Special fundraising		grants	
d	✓ In-person solicita				9	•				
2a			ritton or oral agree	mont with	any indiv	uid	ual (including officers,	diractor	tructooc	
za							with professional fundr			es 🗆 No
b	If "Yes," list the 10 h to be compensated a				draisers)	pu	rsuant to agreements (under wh	nich the fundraise	r is
	(i) Name and address individual	s of	(ii) Activity) Did iser have		(iv) Gross receipts from activity		mount paid to retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)		custody				from detivity			organization
				contri	butions?					
			GENERAL	Yes	NO					
	THE MANESS GROUP 124 DUNLEITH WAY	F	UNDRAISING		No		17,987,472		290,000	17,697,472
	IRMO, SC 29063									
						-				
Tota	ıl				.►		17,987,472		290,000	17,697,472
	List all states in which icensing.	the organ	ization is registered	d or licens	sed to soli	icit	contributions or has b	een notif	ied it is exempt f	rom registration or

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC, DC, PR

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

Cat. No. 50083H

Schedule G (Form 990) 2023

Pa	rt II Fundraising Events. Complete than \$15,000 of fundraising events gross receipts greater than \$5	vent contributions and			
	у у	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		GALA 2023	GOLF TOURNAMENT		(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
de					
Revenue					
Rei					
	1 Gross receipts	1,573,250	369,307		1,942,557
	2 Less: Contributions	1,424,500	308,057		1,732,557
	3 Gross income (line 1 minus line 2)	148,750	61,250		210,000
	4 Cash prizes	1.077.00	01/200		
	5 Noncash prizes				
ses	6 Rent/facility costs	27 500	4,087		41 507
pen	7 Food and beverages	37,500			41,587
Direct Expenses	8 Entertainment	187,123	6,715		193,838
red		10,810	14,250		25,060
ā		256,011			256,011
	10 Direct expense summary. Add lines 4 th	2			516,496
Dar	11 Net income summary. Subtract line 10t III Gaming. Complete if the organication	, , , , , ,		V line 19 or reported	-306,496
T GI	on Form 990-EZ, line 6a.				
ue		(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add col.
Revenue		(1)	bingo/progressive bingo		(a) through col.(c))
Re	1 Gross revenue				
ŝ					
Direct Expenses	2 Cash prizes				· · · · · ·
Å	3 Noncash prizes				
t	4 Rent/facility costs				
Dire	5 Other direct expenses				
		□ Yes%_	□ Yes%	□ Yes%	
	6 Volunteer labor	□ <u>No</u>	□ No	□ No	
	7 Direct expense summary. Add lines 2 th	nrough 5 in column (d)		🕨	
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organization				
a	Is the organization licensed to conduct ga				Yes No
b	If "No," explain:				
					I
10a	Were any of the organization's gaming lic		d or terminated during the		
b	If "Yes," explain:				

. uyu 🕳

				Sch	nedule G (F	orm 990) 2023
			Page 3			
			Page 5			
Sche	edule G (Form 990) 2023					Page 3
11	Does the organization conduct gaming	activities with nonmembe	ers?		🗌 Yes	
12	Is the organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnership or other entity		_	_
12	formed to administer charitable gaming			· ·	🗌 Yes	🗆 No
13 a	Indicate the percentage of gaming acti The organization's facility			13a		%
b				13b		%
14			anization's gaming/special events books and re			70
			5 5. 1			
	Name					
	Address 🕨					
15a	Does the organization have a contract	with a third party from wh	nom the organization receives gaming			
	revenue?				🗌 Yes	□ No
b			ganization 🕨 \$ and th	ne		
_	amount of gaming revenue retained by		<u> </u>			
с	If "Yes," enter name and address of the	e third party:				
	Name 🕨 🛛					
	Address 🕨					
	Address -					
16	Coming manager information					
10	Gaming manager information:					
	Name					
	Gaming manager compensation $ hlaph$ \$					
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
а			distributions from the gaming proceeds to		_	_
L	retain the state gaming license?		buted to other exempt organizations or spent	• •	🗌 Yes	∐ No
b	in the organization's own exempt activi		1 5 1			
Pa			ations required by Part I, line 2b, column	s (iii) a	nd (v); a	nd Part
			plicable. Also provide any additional infor			
	Return Reference		Explanation			
SCH	EDULE G, PART I, LINE 2B, COLUMN (V)		AL FUNDRAISERS FOR PROFESSIONAL FUNDRA	AISING S	SERVICES	AND GENERAL
		FUNDRAISING SERVICES	s. Sched			

Additional Data

Return to Form

ole: To capture in	a full conto	ont of this	documon				24-09-04	who	n printing			TIN: 92-015226
chedule I Form 990)	e full conte	ent of this	Gran Gover	ts and (nments the organiz	Other Ass and Indiv ation answered Attack	istan idual ¹ "Yes," o to Form	e (11" x 8.5") ce to Orga s in the Ur on Form 990, Pa 1 990. the latest infor	niza nite	ations, d States , line 21 or 22.			OMB No. 1545-0047 2023 Open to Public Inspection
ernal Revenue Service me of the organization AGEDY ASSISTANCE P IRVIVORS INC											Employer identif	cation number
			nts and Ass		the grapte or as	cictanco	the grantoos' olig	ubility	for the grants or assistanc	o and		
the selection criter	ia used to aw	ard the gra	nts or assista	nce?		• • •				e, anu		🗹 Yes 🗌 I
Describe in Part IV art II Grants and	5			5	5			the or	ganization answered "Yes"	on Form	990, Part IV, line	e 21, for any recipient
that receive (a) Name and addre	1	\$5,000. Par (b) EIN		plicated if ad C section	ditional space is (d) Amount		(e) Amount of	non-	(f) Method of valuation	(a)	Description of	(h) Purpose of grant
or government	33 01			plicable)	grant		cash assistance		(book, FMV, appraisal, other)		cash assistance	or assistance
)												
					1		1					
)												
)												
0)												
1)												
2)												
Enter total number			-	-							<u>) _</u>	
Enter total number							Cat. No.		•••••	<u> </u>		hedule I (Form 990) 2023
				Page	2							
hedule I (Form 990) 2	023											Page 2
art III Grants and	Other Assis		omestic Ind al space is ne		mplete if the org	anization	answered "Yes" o	n Forn	n 990, Part IV, line 22.			rage =
(a) Type of grant	or assistance		(b) Numb recipier		(c) Amoun cash gra		(d) Amount noncash assista		(e) Method of valuation (FMV, appraisal, other		(f) Description	of noncash assistance
1) EMERGENCY FINAN	ICIAL ASSIST	ANCE		384	394,875		1	N/A	1	N/A		
)												
)												
												_
Part IV Supple	emental In			e informati	on required in	Part I, li	ne 2; Part III, c	colum	n (b); and any other ac	Iditional	information.	
RT I, LINE 2:	ŗ	Explanatio	IZATION MAII	ITAINS RECO STABLISHED.	RDS OF CASH R THE CASH ACCO	ECEIPTS / DUNTS AR	AND CASH DISBU RE RECONCILED C	IRSEM ON A M	ENTS FOR EACH PROGRAM IONTHLY BASIS AND ALL D	I. IN CER ISBURSE	MENTS REQUIRE	S SEPARATE AND DISTING VARIOUS LEVELS OF APF ule I (Form 990) 2023

Return to Form

efil	e Public Visua	al Render Ob	jectId: 20	02402489349300005 -	Submission: 2024-0	9-04	TIN: 92-	0152	268
-			N	Ioncash Contri	butions		OMB No. 1		
(For	m 990)						20	22	
		 Complete if the Attach to Form 		ions answered "Yes" on F	orm 990, Part IV, lines 2	29 or 30.	20	ZJ	
Doport	mont of the Traceury			990 for the latest informa	tion.		Open t	o Pub	lic
	ment of the Treasury I Revenue Service						Insp	ection	1
	e of the organizat EDY ASSISTANCE PR					Employer iden	tification n	umber	•
	IVORS INC					92-0152268			
Ра	rt I Types	of Property	1			1			
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q		(d) d of determi ontribution a		S
1	Art–Works of art	t			5				
	Art-Historical tr								
3 4	Art—Fractional ir Books and public								
	Clothing and hou								
	goods		-						
6 7	Cars and other v Boats and planes					+			
	Intellectual prope								
9	Securities—Publi								
10	Securities-Close	•							
11	Securities—Partr or trust interest								
12	Securities—Misce								
13	Qualified conserv contribution—Hi structures	istoric							
14	Qualified conserving contribution—O								
	Real estate—Res					-			
16 17	Real estate—Cor Real estate—Oth					-			
18	Collectibles .								
19	Food inventory								
20	Drugs and medic	••							
	Taxidermy Historical artifact								
22	Scientific specim								
	Archeological art								
25	TICKE SPORT Other ► (EVENT	ING	х	37	240,11	8 FMV/DONOR PF	ROVIDED		
25 26	Other \blacktriangleright (
27	Other (
28	Other ► ()							
29	Number of Forms	s 8283 received by t	he organiza I Form 8283	ation during the tax year for 3, Part IV, Donee Acknowledd	contributions	29			0
	for which the org		11011110203	, rur IV, Donee Acknowledg	jemene			Yes	No
30a				contribution any property r			must		
				ne initial contribution, and wh		ed for exempt	30a		No
b	If "Yes," describ	e the arrangement i	n Part II.						
31		-	• •	olicy that requires the review	•		31	Yes	
32a	Does the organi contributions?	zation hire or use th	ird parties	or related organizations to so	olicit, process, or sell nonca	ish	32a	Yes	
b	If "Yes," describ	e in Part II.							
33	If the organizati describe in Part	•	amount in c	olumn (c) for a type of prope	erty for which column (a) is	s checked,			
For P	aperwork Reduction	on Act Notice, see the	Instruction	is for Form 990.	Cat. No. 51227J	Sche	dule M (Form	990) (2023)

Page 2 -----

Schedule M (Form 990) (2023)

is reporting in Part I, o	nation. 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 any additional information.
Return Reference	Explanation
PART I, COLUMN (B):	COLUMN B REPRESENTS NUMBER OF CONTRIBUTIONS
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) (2023)

Additional Data

Return to Form

efile Public	Visual Re	nder	Object	Id: 2024	024893	493000)05 - Su	bmissi	on: 202	24-09-	·04		TIN: 92	2-0152268
SCHEDUL (Form 990) Department of the Trea Internal Revenue Servi	asury		omplete Form	nental to provide 990 or 99 o to <u>www.</u>	e informa 90-EZ or 1 Attach to	tion for to provic o Form 9	response le any ac 990 or 99	es to spe Iditional 00-EZ.	ecific qu inform	estions ation.			20 Open	to Public
Name of the org TRAGEDY ASSISTA SURVIVORS INC		M FOR									n ployer -015226		fication n	umber
Return Reference							Explana	tion						
FORM 990, PART VI, SECTION A, LINE 1A	PROVIDE SHALL HA AFFAIRS (EXECUTIN SUBSIDIA CORPORA	D BY LAV WE AND I OF THE C /E COMM RIES (FC ATION WI	V OR THI MAY EXE CORPOR MITTEE S DR-PROF ITH A SU	EE IS CON E CERTIFIC RCISE ALI ATION IN T HALL SPE IT AND NC BSIDIARY PORATION	CATE OF I THE PO THE INTEF CIFICALL N-PROFI PURSUAN	INCORPO WERS O RVALS BI Y INCLUI T) AND A	DRATION F THE BO ETWEEN DE, BUT I DOPT A (OR THE DARD IN MEETIN NOT BE CERTIFIC	ESE BYL THE MA IGS OF LIMITED CATE OF	AWS, T NAGEI THE BC TO, TH OWNE	HE EXE MENT O DARD. T HE POW ERSHIP	ECUTIV F THE HE AU ⁻ (ER TO AND M	E COMMI BUSINES THORITY ESTABLIS ERGER C	S AND OF THE SH OF THE
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS FINANCE SUBMITTE	COMMIT	TEE MEN	IBERS OF										
FORM 990, PART VI, SECTION B, LINE 12C	ARE REVI OFFICERS REQUIRE DETERMII	EWED B' S OF THE S ANNUA NATIONS T OF INTE ESTED M	Y THE PF CORGAN L DISCL OF THE EREST IS MEMBER	RESIDENT. IZATION A OSURE OF CONFLIC ⁻ RECUSEI S OF THE I	THE CON LONG WI CONFLIC I IS MADE D FROM F BOARD O	NFLICT C TH ANY S CTS THA E AT THE PARTICIP F DIREC	of Inter Spouse T May GI Board Pating In Tors V0	EST POL OR CHIL IVE RISE LEVEL. A I THE DE DTING O	LICY OF D OF AI TO A PO ANY DIR CISION N SUCH	TAPS (NY DIRI OTENT ECTOF MAKIN	COVERS ECTOR IAL CON COR OF G, UNLI	S ALL D OR OF IFLICT. FICER ESS A I	IRECTOR FICER. TH ALL WHO HAS MAJORITY	HE POLICY S A Y OF THE
FORM 990, PART VI, SECTION B, LINE 15	WITH SAL THE BOAR APPROVA APPLICAE RECOMM	ARY CON RD OF DI L. THIS F BLE SALA ENDATIO	MPARATI RECTOR PROCES NRY SUR NS ARE		REGION, REVIEWEI ST RECE RESEAR DE TO THI	SIZE AN D IT IS P NTLY CO CHES 99	ID INDÚS RESENTI MPLETE 00S ON G	TRY. TH ED TO TI D IN 202 UIDESTA	IS IS PR HE ENTI 0. FOR (AR FOR	ESENT RE BO OTHER PEER (ED TO ARD OF EMPLC COMPA	THE HE DIREC YEES, RISON	R COMMIT CTORS FC HR RESE IN THE RI	TTEE OF DR EARCHES EGION.
FORM 990, PART VI, SECTION C, LINE 19	THE ORG, AVAILABL				ANCIAL ST	TATEMEN	NTS AVAI	LABLE O	ON ITS W	EBSITE	E. ADDIT	FIONAL		ENTS ARE
FORM 990, PART IX, LINE 11G				SSIONAL S RAISING E						, ,	480. MA	NAGE	MENT ANI	D GENERAL
For Paperwork Reduc	ction Act Notice	e, see the Ins	structions fo	r Form 990 or 9	990-EZ.		Cat. N	No. 51056	5K				Schedule	O (Form 990) 2023

Additional Data

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efile Public Visual Rende	r ObjectId: 20	2402489	3493000	05 - Subn	nission: 20	24-09-04							TIN: 92	-0152	268
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Co	omplete if t	he organiz	zation ansv	vered "Yes" Attach to Fo	nd Unrela on Form 990, P rm 990. structions and f	art IV,	ine 33, 34	l, 35b, 36	5, or 37.		0	Pen to	23 Public	
Name of the organization TRAGEDY ASSISTANCE PROGRAM FOR	R									Employer id	entification	numbe	r		—
Part I Identification	of Disregarded Fi	ntities. Co	mnlete if	the organiz	92-0152268 ne organization answered "Yes" on Form 990, Part IV, line 33.										
	(if applicable) of disregard				(b) nary activity	(c) Legal domicile				(e) nd-of-year assets	5	(f) Direct controlling entity			
(1) TAPS INTERNATIONAL 3033 WILSON BOULEVARD THIRD FL ARLINGTON, VA 22201 82-2135523	LOOR S			MAKING	S IN GRANT FOR SMALL SS, SUPPORTS RAINE	DE		4,4	76,898	152,13	35 TRAGEDY A SURVIVOR		CE PROGR	AM FOR	
															- -
related tax-exem	of Related Tax-Exe opt organizations du (a)	iring the ta			e if the orga	(c)		(d)		(e)		(f)		(g	
(a) Name, address, and EIN of related organization				Primary	y activity	Legal domicile (sta or foreign country	ite Exe	empt Code se		ublic charity stat f section 501(c)(:us Dir 3))	Direct controlling entity		Section (13) cor enti Yes	ntrolled
For Paperwork Reduction Act	t Notice, see the Ins	tructions fo	or Form 99			Cat. No. 5	50135Y			_	Sche	edule R ((Form 9	90) 20	23
Schedule R (Form 990) 2023														Pag	e 2
Part III Identification o one or more relat	of Related Organiz ted organizations tr						nizatior	n answere	d "Yes" o	on Form 990,	, Part IV, lir	าe 34, b	ecause	it had	
(Name, addre related o	(a) ess, and EIN of rganization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share o total income	end-of-	f Disp all Yes	(h) roprtionate ocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes	ral or aging	(H Percer owne	ntage
because it had or	of Related Organiz ne or more related of	organizatio	ns treated	d as a corp	oration or tr	ust during the	tax yea	r.					line 34		
(a) Name, address, and EIN related organization		(b) Primary a		Le dor (state o	c) egal nicile or foreign ntry)	(d) Direct controllin entity	g Type (C c c	(e) (f) Type of entity (C corp, S corp, or trust)		(g) Share of end of-year assets	ownership cor			(i) ction 512(b)(13) introlled entity? es No	
														1	

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	_									Sche	dule R (Fo	rm 99	0) 202
		Page 3 -											-,
		Page 5 -											
nedule R (Form 990) 2023													Page
Part V Transactions With Related Orga	nizations. Com	plete if th	ne organizatio	on answer	ed "Yes" o	n Form 990,	Part IV	, line 34	35b, or	36.			
Note. Complete line 1 if any entity is listed in F	Parts II. III. or IV	of this sche	edule.									۲	res l
During the tax year, did the organization engage				e or more i	related orga	nizations liste	d in Part	s II-IV?				\square	-+
a Receipt of (i) interest, (ii) annuities, (iii) royal	-	-			-							1a	+
b Gift, grant, or capital contribution to related or												1b	+
c Gift, grant, or capital contribution from related of						• • •	• •		• •			10 1c	-+
d Loans or loan guarantees to or for related orga						• • •	• • •			• • •	-	10 1d	-+
							• •		• •			1u 1e	—
 Loans or loan guarantees by related organizati 							• •	• •		• •		<u> </u>	-+
6 Dividende forme 1 + 1 + 1 + 1 + 1 + 1												1f	
					• • •		• •		•				
g Sale of assets to related organization(s)							• •		•			1g	$ \rightarrow $
h Purchase of assets from related organization(s)			· · ·			• •		• •	•		1h	
 Exchange of assets with related organization(s) 		• •						• •				1i	
j Lease of facilities, equipment, or other assets to	o related organiza	tion(s) .			• • • •							1j	
k Lease of facilities, equipment, or other assets f	from related organ	nization(s)										1k	
I Performance of services or membership or fund	iraising solicitatior	ns for relate	ed organization	ı(s)								11	
m Performance of services or membership or fund	traising solicitatior	ns by relate	ed organization	(s)								1m	
n Sharing of facilities, equipment, mailing lists, or	r other assets with	related or	rganization(s)									1n	
• Sharing of paid employees with related organiz	zation(s)											10	
p Reimbursement paid to related organization(s)	for expenses .											1p	
q Reimbursement paid by related organization(s												1q	
· · · · · · · · · · · · · · · · · · ·													
r Other transfer of cash or property to related or	ganization(s) .											1r	
s Other transfer of cash or property from related												1s	
2 If the answer to any of the above is "Yes," see													
	(a)			or complete		(b)		(c)			(d)		
	ted organization					Transaction	An	nount involv	red	Method of def	termining amo	ount invo	olved
						type (a-s)							
										Sche	edule R (Fo	rm 99	0) 202
		Page 4 -											
nedule R (Form 990) 2023													Page
art VI Unrelated Organizations Taxab	le as a Partne	rship. Co	omplete if the	e organizal	tion answe	red "Yes" or	Form 9	990, Part	IV, line	37.			
wide the following information for each entity taxes	d as a partnership	through w	hich the organ	ization con							sets or gros	s reve	nue) th
s not a related organization. See instructions regar (a)	rding exclusion for (b)		vestment partn (d)		e)	(f)	(a)	/		(i)	(4)	<u> </u>	(k)
(a) Name, address, and EIN of entity	Primary	(c) Legal	Predominant	Are all p	e) partners	Share of Sh	(g) are of	(I Disprop	rtionate	Code V-UBI	(j) General o		Percen
	activity	domicile (state or	income (related,	sec 501(tion c)(3)		-of-year ssets	alloca	tions?	amount in box 20	managing partner?		owner
		foreign	unrelated,		ations?					of Schedule	partiters		
		country)	excluded from tax under							K-1 (Form 1065)			
		1	sections 512-	ļ,			L			ļ			
			514)	Yes	No			Yes	No	1	Yes	No	

		-		-							
		Page 5 —					 	Sch	edule R (Form 9	90) 2023
edule R (Form 990) 2023											Page .
Part VII Supplemental Information		<u> </u>									
Provide additional information for Return Reference	responses to questi	ons on Sche	dule R. See in	structions.		planation					
Keturn Kelerence					E)	planation			Schedu	e R (Forr	n 990) 20
										(, 20
Additional Data									R	eturn t	o Form