Department of the Treasury

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

OMB No. 1545-0047 2022

Open to Public

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service Inspection , 2022, and ending , 20 For the 2022 calendar year, or tax year beginning Α C Name of organization Check For a Lump Check if applicable: D Employer identification number R 27-4626148 Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 360 E Coronado 120 (602)688-5232 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Phoenix, AZ, 85004 645,143 G Gross receipts \$ Amended return F Name and address of principal officer: Holly Rose CEO H(a) Is this a group return for subordinates? See Yes X No Application pending 360 E Coronado Suite 120, Phoenix, AZ, 85004 H(b) Are all subordinates included? Yes No Tax-exempt status: **X** 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or If "No," attach a list. See instructions. 527 www.checkforalump.org J Website: H(c) Group exemption number Form of organization: X Corporation Trust Association 2010 κ Other L Year of formation: M State of legal domicile: Arizona Part I Summary 1 Briefly describe the organization's mission or most significant activities: To provide free breast health education, mammograms, testing and direct assistance to breast cancer patients with wigs, support and Activities & Governance resources in Arizona. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 . 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0 . . 6 Total number of volunteers (estimate if necessary) . . . . . . . . . . 6 100 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 . . Net unrelated business taxable income from Form 990-T, Part I, line 11 h 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) . . . . . . . . 468.458 609.204 8 Revenue 0 9 Program service revenue (Part VIII, line 2g) 0 . . . . . . . . . 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 0 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 468.458 609.204 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 0 33.450 137,195 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 2,450 4,500 16a Total fundraising expenses (Part IX, column (D), line 25) 65,238 b 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 194.412 385.422 230.312 527,117 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 238.146 82.087 Revenue less expenses. Subtract line 18 from line 12 . . . . 19 t Assets or d Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 300,450 382,537 21 Total liabilities (Part X, line 26) . 0 0 Net 22 Net assets or fund balances. Subtract line 21 from line 20 300.450 382.537

Signature Block Part II

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.

Sign	Signature of officer				Date	1	
Here	Holly Rose	CEO					
	Type or print name a	and title					
Daid	Print/Type prepa	irer's name	Preparer's signature	Date	Date		PTIN
	Lisa Stevenson	1			self-employed	P01781883	
		Stevenson CPA LLC	Firm's EIN 81-0918684				
	Firm's address	24 W Camelback Road A	Phone no. (602)319-9243				
Here       Holly Rose CEO         Type or print name and title       Type or print name and title         Paid Preparer Use Only       Print/Type preparer's name       Preparer's signature       Date       Check if self-employed       PTIN P01781883         Firm's name       Stevenson CPA LLC       Firm's EIN       81-0918684         Firm's address       24 W Camelback Road A568       Phoenix AZ 85013       Phone no.       (602)319-9243         May the IRS discuss this return with the preparer shown above? See instructions					🗶 Yes 🗌 No		
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For Paperwork Reduction Act Notice, see the separate instructions.

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art	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	To provide free breast health education, mammograms, testing and direct assistance to breast cancer patients with wigs, support and
	resources in Arizona to make a difference in the fight against breast cancer.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
la	(Code: ) (Expenses \$ 197,001 including grants of \$ ) (Revenue \$ )
a	
	WIG PROGRAM Through our Wig Program we provided 251 women undergoing chemotherapy for breast cancer in Arizona with a free new
	wig. Our assistance program with a free new wig provides these women the comfort and normalcy they deserve while going through a terrifying
	time in their life. A survey from the American Cancer Society validated the importance of our program reporting that 86 percent of women cancer
	patients said that looking good helped them feel better and gave them more confidence to cope with their disease. Check for a Lump brings
	awareness with up to date facts regarding breast cancer and promotes early detection in order to help save lives. We provided lifesaving education
	our breast health publication, 50,000 English, 10,000 Spanish, plus our education both virtual and thru social media.
ŀb	(Code:) (Expenses \$199,479 including grants of \$) (Revenue \$)
	MAMMOGRAM PROGRAM In 2022 we provided 747 Women with a free lifesaving mammogram and diagnostics to underinsured or
	uninsured women in Arizona. Our free mammogram program breaks down financial barriers that may prevent women from being proactive in their
	health and receiving timely mammograms. We also break down travel barriers by hosting mobile events to meet women where there are. If breast
	cancer is detected in the early stages, women have close to 100 percent chance of surviving and it also may decrease the cost of necessary
	treatment and impacts our total healthcare costs in Arizona. We expanded our Breast Health Literacy and Access to Screenings in the Hispanic and
	Latino population. We are collaborating with the Society of St. Vincent de Paul Medical Clinic to bring a mobile unit to their clinic and screen 40
	women every month. In addition, we collaborate with health centers in Maricopa County to provided additional mobile mammography events to meet
	women where they work and live. Breast cancer has surpassed lung cancer as the leading cancer globally. It is responsible for one in six of all cancer dealers are the surplus of the surp
	deaths. If breast cancer is detected in the early stages, women have close to 100 percent chance of surviving. We provide invaluable prevention tip
	to lower the risk of breast cancer and overall incidence.
łc	(Code: ) (Expenses \$ 23,250 including grants of \$ ) (Revenue \$ )
łc	
c	SUPER SUVIVORS We provided support to over 292 women in treatment in Arizona through our Super Survivors Unite and our Super
c	
C	SUPER SUVIVORS We provided support to over 292 women in treatment in Arizona through our Super Survivors Unite and our Super Survivors Unite is a monthly gathering for survivors and caregivers to engage in an uplifting unique experience to bring lift and
,	SUPER SUVIVORS We provided support to over 292 women in treatment in Arizona through our Super Survivors Unite and our Super Survivor Kits. Super Survivors Unite is a monthly gathering for survivors and caregivers to engage in an uplifting unique experience to bring lift and hope during a difficult time. It also offers them the chance to meet fellow survivors or caregivers and discover new resources. Our Super Survivor

4d	Other program serv	ices (Describe on Schedule O.)				
	(Expenses \$	0 including grants of \$		0) (Revenue \$	0)	
4e	Total program servi	ce expenses	419,730			

Form 99	D (2022)		F	Page <b>3</b>				
Part	V Checklist of Required Schedules							
			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×					
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions							
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×				
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		×				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×				
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×				
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.							
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×				
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×				
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×				
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×				
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×				
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×				
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×				
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate							
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .	14b		×				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		×				
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		×				
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	×					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		×				
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×				
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b						
£ 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×				

Form 99	90 (2022)		F	Page <b>4</b>
Part	V Checklist of Required Schedules (continued)			
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	00	Yes	No x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	22		×
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 "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d		
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?	25a 25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b C	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	30 31		×
33	<i>complete Schedule N, Part II</i>	32 33		×
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		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	36 37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	37	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a18Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Form 99	0 (2022)		I	Page 5						
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×						
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	×							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c		×						
d	If "Yes," indicate the number of Forms 8282 filed during the year	_								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×						
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		×						
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		~						
Ũ	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?	9b		×						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)	4.0								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13 а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	104								
b	Enter the amount of reserves the organization is required to maintain by the states in which									
-	the organization is licensed to issue qualified health plans									
с	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O $$ .	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		×						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 49532			~						
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		×						
	If "Yes," complete Form 6069.									

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ir	nstruc	tions.
Secti	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	-		
b 2	Enter the number of voting members included on line 1a, above, who are independent . <b>1b</b> 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6		X X X
b	one or more members of the governing body?	7a		x x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		~
a b 9	The governing body?	8a 8b	×	×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	9 Ue C	ode)	^
0000		40 0	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		×
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	×	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> .	12b 12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14 15	Did the organization have a written document retention and destruction policy?	14	×	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	×	
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			

Form 990 (2022)

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

Own website	Another's website	🗴 Upon request	Other (explain on Schedule O)
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- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20State the name, address, and telephone number of the person who possesses the organization's books and records.<br/>Laura Harper360 E Coronado Rd Suite 120, Phoenix, AZ, 85004(602)688-5232

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

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

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

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

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

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

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

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

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

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

				(0	C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
	hours	box, unless person is both officer and a director/trust						compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Holly Rose	40									
Executive Director		×		×				52,800	0	0
(2) Erin Alstad	1									
Secretary		×		×				0	0	0
(3) Tiffany House	1									
President		×		×				0	0	0
(4) Shelley Sakala	1									
Treasurer		×		×				0	0	0
(5) Sommer Gunia	1									
Board Member		×						0	0	0
(6) Kate Kunberger	1									
Board Member		×						0	0	0
(7) Linda Greer	1									
Board Member		×						0	0	0
(8) Jen Umscheid	1									
Board Member		×						0	0	0
(9) Teresa Yost	1									
Board Member		×						0	0	0
(10)		-								
(11)		-								
(12)		<u> </u>								
(13)										
		1								
(14)										

Part	VII Section A. Officers, Directors, 1	rustees,	Key	Em			s, an	dŀ	lighest Compe	ensated Er	mplo	yees (d	contin	ued)
						<b>C)</b> sition								
	(A)	(B)	(do r	not cł			e than o	one	(D)	(E)			(F)	
	Name and title	Average	box,	unles	ss pe	erson	is both	n an	Reportable	Reportab		Estima		ount
		hours per week		-	-		or/trust	- ́	compensation from the	compensa from relat			f other censati	n
		(list any	Individual trustee or director	Inst	Officer	Key employee	Highest compensated employee	Former	organization (W-2/				om the	
		hours for	lire	t	cer	en	bloy	mer	1099-MISC/	1099-MIS		•	zation	
		related organizations	ctor	iona		ldt	ee co	)`	1099-NEC)	1099-NE	C)	related o	organiza	ations
		below	trus	altr		yee	mpe							
		dotted line)	tee	Institutional trustee			ssue							
				ő			ted							
15)			-											
(16)														
17)														
			-											
(18)			-											
(19)			-											
(20)			-											
(21)														
(22)														
			-											
(23)			-											
(24)			-											
(25)			-											
41.	0.44.4.4								50.000					
1b c	Subtotal		 	•	•	• •	•	•	52,800		0			0
d				•	•	• •	•	•	52,800		0			0
2	Total number of individuals (including but	 t not limited	 1 to th	1056	e list	ted	above	e) w		e than \$100		of		0
-	reportable compensation from the organi							.,		•	0,000	•		
													Yes	No
3	Did the organization list any former of	officer, dire	ector.	tru	iste	e, k	ev e	mp	lovee, or highes	st compens	sated			
	employee on line 1a? If "Yes," complete							-		-		3		x
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npei	nsatio	n a	nd other compe	nsation fror	m the	_		
	organization and related organizations individual	greater th	an \$	150,	,000	)? [	f "Ye	s,"	complete Sche	dule J for	such	4		×
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	/ un	related organiza					
Sact:	for services rendered to the organization	en res, c	;ompi	ete	SCI	iedl	iie J f	ors	such person .		•	5		x
<u>5ecti</u> 1	on B. Independent Contractors Complete this table for your five high compensation from the organization. Rep	nest compo	ensat Isatio	ed n for	inde r the	epei	ndent lenda	CC r ve	ontractors that r	received m	ore t	han \$1	100,00 s tax	)0 of vear
	(A)		5410				5	. , .	(B)			(C)		,
	Name and business add	ress						-	Description of service	vices	(	Compens	ation	

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

	90 (202	·								Page 9
Part	: VIII	Statement of Rev								
		Check if Schedule	Осо	ntains a re	espor	ise or note to an	y line in this Pa	art VIII		🗌
							<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					
ng R	с	Fundraising events			1c	145,825				
r A,	d	Related organization	ns .		1d					
ja Gi	е	Government grants	(cont	ributions)	1e					
ons, Sin	f	All other contribution								
utio ler		and similar amounts no			1f	463,379				
ig þ	g	Noncash contributio								
n dt		lines 1a-1f			1g					
δα	h	Total. Add lines 1a-	-1f.				609,204			
n l						Business Code				
Program Service Revenue	2a									
ne 2	b									
n S en	С									
jram Ser Revenue	d									
60. E	е									
<u>م</u>	f	All other program se								
	g	Total. Add lines 2a-					0			
	3	Investment income other similar amoun								
						-				
	4	Income from investr								
	5	Royalties		 (i) Rea		(ii) Personal				
	6a	Gross rents	6a	(i) Hea	1					
	b	Less: rental expenses	6b							
	c	Rental income or (loss)			0	0				
	d	Net rental income o		 s)	-		0			
	7a	Gross amount from		(i) Securit		(ii) Other				
		sales of assets								
		other than inventory	7a							
ø	b	Less: cost or other basis								
nué		and sales expenses .	7b							
eve	с	Gain or (loss)	7c		0	0				
Ľ.	d	Net gain or (loss)					0			
Other Reve	8a	Gross income from	m fu	ndraising						
Ò		events (not including		145,825						
		of contributions rep								
		1c). See Part IV, line			8a	35,939				
		Less: direct expense			8b	35,939				
		Net income or (loss)			g eve	ents	0			
	9a	Gross income f								
		activities. See Part I			9a					
		Less: direct expense			9b					
		Net income or (loss)			ctivitie	es	0			
	iva	Gross sales of ir returns and allowan			10					
	L .				10a 10b					
		Less: cost of goods Net income or (loss)					0			
	С	TVEL INCOME OF (IOSS)		i saies ui lí		Business Code	0			
snc	11a					Dusilless Code				
scellaneo Revenue										
ven	b									
Miscellaneous Revenue	c d	All other revenue								
Ϊ	u e	Total. Add lines 11a				L	0			
	12	Total revenue. See					609,204		0	0
	14	. oral revenue. Dee	1130		• •		003,204	0	0	0

Part IX Statement of Functional Expenses

following SOP 98-2 (ASC 958-720)

#### Check if Schedule O contains a response or note to any line in this Part IX . . **(D)** Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) (C) Program service expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members . . . . 5 Compensation of current officers, directors, trustees, and key employees . . . . . 52.800 45.122 3.344 4.334 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 71,994 60,625 3,717 7,652 7 . . . . . 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . . 9 10 Payroll taxes . . . . . . . . 12,401 9,472 1,724 1,205 11 Fees for services (nonemployees): Management . . . . . . . а . Legal . . . . . . . . . . . . . b С Accounting . . . . . . . . . . . 8,268 6,526 827 914 d Lobbying . . . . . . . . Professional fundraising services. See Part IV, line 17 4,500 4,500 е Investment management fees . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column a (A), amount, list line 11g expenses on Schedule O.) 100.464 72.240 22.702 5.522 12 Advertising and promotion . . . . 8.455 4.448 4.007 13 146,553 125,808 7,634 Office expenses 13,111 . . . . . . 8,344 14 Information technology . . . . 8,415 72 15 Royalties . . . . . . . . Occupancy . . . . . . . 16 14.669 13.621 485 563 Travel . . . . . . . . . . . . . 1,350 778 39 533 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 3,887 2,168 629 1,090 20 Interest . . . . . . . . . . . . 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . 0 23 494 Insurance . . . . . . . . . . . . . 494 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) Program Events 8.350 8.350 а -----Printing 56,027 47,537 b 1,159 7,331 Misc 28,490 23,035 2,754 2,701 С d All other expenses 0 0 0 0 е 25 Total functional expenses. Add lines 1 through 24e 527,117 419,730 42,149 65,238 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [] if

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (2022)

	n 990 (20	,			Page 11
Ρ	art X		Davit V		_
		Check if Schedule O contains a response or note to any line in this	(A) Beginning of year		 (B) End of year
	1	Cash—non-interest-bearing	300,443	1	365,010
	2	Savings and temporary cash investments	7	2	7
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	20
	5	Loans and other receivables from any current or former officer, director trustee, key employee, creator or founder, substantial contributor, or 35		_	-
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	17,500
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D <b>10a</b>	523		
	b	Less: accumulated depreciation <b>10b</b> 1,5	523 0	10c	0
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	300,450	16	382,537
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to any current or former officer, director trustee, key employee, creator or founder, substantial contributor, or 350			
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related thin	rd	24	
		parties, and other liabilities not included on lines 17-24). Complete Part of Schedule D			
	00			25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
nces		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	285,674	27	382,537
B	28	Net assets with donor restrictions	14,776	28	
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
3 01	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds .		31	
Net Assets or	32	Total net assets or fund balances	300,450	32	382,537
Ž	33	Total liabilities and net assets/fund balances	300,450	33	382,537

Form **990** (2022)

Form 9	990 (2022)				Pa	ige <b>12</b>
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	1	• •	• •		9,204
1 2	Total expenses (must equal Part IX, column (A), line 12)	2				9,204 7,117
2	Revenue less expenses. Subtract line 2 from line 1	3				2,087
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				2,007 0,450
5	Net unrealized gains (losses) on investments	5				0,400
6	Donated services and use of facilities	6				
7		7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B)) ................................	10			38	2,537
Par	t 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 X Other Modified cash					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	on			
	Schedule O.					
2a	······································			2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpileo	d or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		· _	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited c	na			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov the audit, review, or compilation of its financial statements and selection of an independent account			~		
	If the organization changed either its oversight process or selection process during the tax year, e			2c		
	Schedule O.	xpiali				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in	the			
54	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	dergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits		3b		

Form **990** (2022)

SCHE	DULE	P
(Form	990)	

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

#### Name of the organization

Inspection Employer identification number 27-4626148

#### Check For a Lump

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . .

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
Total					0	0	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support			· 1		,	
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	472,979	368,307	156,422	468,458	609,204	2,075,370
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	472,979	368,307	156,422	468,458	609,204	2,075,370
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						42,896
<u>6</u>	Public support. Subtract line 5 from line 4						2,032,474
-	on B. Total Support	(a) 2012	<b>(b)</b> 0010	(a) 2020	(4) 0001	(-) 2022	(f) Total
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2018 472,979	(b) 2019 368,307	(c) 2020 156,422	(d) 2021 468,458	(e) 2022 609,204	(f) Total 2,075,370
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	412,010	000,007	100,422	100,100	000,204	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						2,075,370
12 13	Gross receipts from related activities, etc First 5 years. If the Form 990 is for the organization, check this box and <b>stop he</b>	organization's	s first, second	, third, fourth,	or fifth tax ye	ar as a section	
Secti	on C. Computation of Public Suppor	rt Percentage	e				
14	Public support percentage for 2022 (line 6	6, column (f), d	ivided by line <sup>-</sup>	11, column (f))		14	97.93 %
15	Public support percentage from 2021 Sch					15	95.12 %
16a	33 <sup>1</sup> / <sub>3</sub> % support test – 2022. If the organi						
b	box and <b>stop here</b> . The organization qualifies as a publicly supported organization						
17a							
b							
18	Private foundation. If the organization of instructions						
						Schedule A	(Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0					0
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from line 6.)						0
Secti	on B. Total Support						0
-	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources .						0
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included on line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the	-			-		
<u> </u>	organization, check this box and stop he on C. Computation of Public Suppor						· · · 📋
<u>3ecu</u> 15	Public support percentage for 2022 (line 8			13 column (fl)		15	0 %
16	Public support percentage for 2022 (intel Public support percentage from 2021 Sch					16	<u> </u>
	on D. Computation of Investment In	come Percei	ntage			1 1	<u>,,,</u>
17	Investment income percentage for 2022 (			by line 13, colu	mn (f))	17	0 %
18	Investment income percentage from 2021 Schedule A, Part III, line 17						
19a							
-	17 is not more than $33^{1}/_{3}$ %, check this box	-	-	-		-	
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support tests</b> – <b>2021.</b> If the organiz line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this l						
20	Private foundation. If the organization di	-	-	-			
				, <u>, , , , , , , , , , , , , , , , , , </u>			(Form 990) 2022

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

# 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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

#### Section C. Type II Supporting Organizations

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

#### Section D. All Type III Supporting Organizations

- Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's
- income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

#### 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).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- **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? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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.*
- **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.*

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Sact	instructions. All other Type III non-functionally integrated supporting organion A-Adjusted Net Income		(A) Prior Year	(B) Current Year
0001	ion A – Aujusteu Net income			(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	0	(
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	0	(
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	0	C
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3	0	(
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	(
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	(
6	Multiply line 5 by 0.035.	6	0	(
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	0	(
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		(
2	Enter 0.85 of line 1.	2		(
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		(
4	Enter greater of line 2 or line 3.	4		(
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part	le A (Form 990) 2022 V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organi	zations (continued)	Page 7
	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	1	0
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		orted 2	0
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga		
4	Amounts paid to acquire exempt-use assets	<u> </u>	4	
5	Qualified set-aside amounts (prior IRS approval required	provide details in Part	<i>VI</i> ) 5	0
6	Other distributions (describe in Part VI). See instructions.	•	6	0
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive 8	0
9	Distributable amount for 2022 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount		1(	) 0
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.		(	,
3	Excess distributions carryover, if any, to 2022			
а	From 2017 0			
b	From 2018 0			
С	From 2019 0			
d	From 2020 0			
е	From 2021			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		(	
h	Applied to 2022 distributable amount			0
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2022 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		(	
b	Applied to 2022 distributable amount			0
C	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		(	)
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			0
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
а	Excess from 2018 0			
b	Excess from 2019 0			
С	Excess from 2020 0			
d	Excess from 2021 0			
е	Excess from 2022 0			

Schedule A (Form 990) 2022

P	aa	е	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.)


(Form 990) Complete if Department of the Treasury		tal Information Regarding Fundraising or Gaming Activities the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.					OMB No. 1545-0047	
Name	of the organization						Employer identifi	
Checl	k For a Lump						27-	4626148
Par						vered "Yes" on	Form 990, Part IV,	line 17.
		0-EZ filers are n		•	•		<u></u>	
1 b c d 2a	Indicate whether the organization raised funds through any of the following activities. Check all that apply.         Mail solicitations       e       Solicitation of non-government grants         Internet and email solicitations       f       Solicitation of government grants         Phone solicitations       g       ✓         In-person solicitations       g       ✓         Special fundraising events       Special fundraising events         Out the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?							
b							e fundraiser is to be	
	(i) Name and addre or entity (fun		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total						0	C	0
3				tered or lic	ensed to s	olicit contribution	ns or has been notifi	ed it is exempt from

#### Schedule G (Form 990) 2022

Page **2** 

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 Gala (event type)	(b) Event #2 5K (event type)	(c) Other events	<b>(d)</b> Total events (add col. <b>(a)</b> through col. <b>(c)</b> )		
Revenue	1	Gross receipts	100,224		(cotti numbol)	181,764		
	2	Less: Contributions	72,685	73,140		145,825		
	3	Gross income (line 1 minus line 2)	27,539	8,400	0	35,939		
Direct Expenses	4	Cash prizes				0		
	5	Noncash prizes				0		
	6	Rent/facility costs	5,850	1,583		7,433		
	7	Food and beverages	21,008	1,680		22,688		
	8	Entertainment	681			681		
	9	Other direct expenses .		5,137		5,137		
	10 11							
Pa	rt III		e organization answe			or reported more than		
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
	1	Gross revenue				0		
ses	2	Cash prizes				0		
Direct Expenses	3	Noncash prizes				0		
Direct I	4	Rent/facility costs				0		
	5	Other direct expenses .				0		
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	□ Yes% □ No			
	7	Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		0		
	<b>a</b> Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these states		🗌 Yes 🗌 No		
	<ul> <li>Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?</li></ul>							

Schedu	ule G (Form 990) 2022 Page
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b c	If "Yes," enter name and address of the third party:
	Name
	Address
16	Gaming manager information:
	Name
	Gaming manager compensation \$
	Description of services provided
	Director/officer
17	Mandatory distributions:
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Part	spent in the organization's own exempt activities during the tax year \$
Fart	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions.

Schedule G (Form 990) 2022

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2022
Department of the Treasury	Attach to Form 990 or Form 990-EZ.	Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization Check For a Lump	Empi	oyer identification number 27-4626148
Form 990, Part IV, Section B, Line 11b	The 990 is reviewed and approved by the CEO and BOD prior to filing.	
Form 990, Part VI, Section B, Line 12c	At each board meeting, if there is a discussion of selecting or engaging a vendor, all in attendance are asked discussion if there could be a perceived conflict of interest.	d to recuse themselves from the
Form 990, Part VI, Section B, Lines 15a and 15b	The Board reviews and approves compensation for the CEO and other key employees of the organization basize.	ased on other organizations of similar
Form 990, Part VI, Section C, Line 19	Requests for copies of the organization's governing documents, conflict of interest policy and financial stater person at the organization's main business location.	nents may be made in writing or in
Form 990, Part XII, Line 1	The Organization uses a modified cash basis of accounting. Accruals are posted to Deposits and Accounts I	Payable.
Form 990 part VII line 1 column D	The organization uses a PEO to process payroll. As such the W2 are issued under the PEO EIN and not tha	t of the Organization.
Form 990 part V line 2a	The Executive Director is a contract position, therefore is issued a 1099, not a W2	

Name of the organization	Employer identification number
Check For a Lump	27-4626148

Schedule O (Form 990) 2022