## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Α	For th	ne 2023 calen	dar year, or	ax year beg	jinning		, 20	23, and end	ing		,	20	
В	Check if	f applicable:	С							D Employ	er identi/	fication num	ıber
	X Ad	dress change	Privacy	Rights	Clearing	nhouse				45-	47393	319	
		ime change			7 Ave #11					E Telepho	one numb	er	
		tial return			2104-200					619	-298-	-3396	
	-	al return/terminated								017	270	3370	
		nended return								<b>G</b> Gross r	anninta (	3	942,345.
	$\blacksquare$	plication pending	F Name and	address of princ	inal officer:				H(a) Is this	a group retur			$ Y_{\text{es}}  \times  X _{\text{No}}$
	Aþ	plication pending	Come 7 a	C 7 horro	ipal officer: Al	bert Noi	rman Sh	elden	` '				Yes No
_	Toy	exempt status:	Same As X 501(c)(3)	501(c)		(incort no )	4947(a)(1	or 527	If "No,	l subordinates " attach a list	. See ins	tructions.	
<del>'-</del>						(insert no.)	4347(a)(1	327	-				
<u>, , , , , , , , , , , , , , , , , , , </u>			W.PRIVAC			1		1	(-)	exemption n			
K		of organization:	X Corporation	Trust	Association	Other		L Year of form	ation: 201	2 W S	State of le	egal domicile	: CA
Pa	rt I	Summar	<b>y</b>	::::-:-:-:-::	:	:: <i>(:</i>					٠		
		Briefly descri											
ce		advance			tanding_	<u>regardı</u> r	<u>ıg data</u>	privacy	<u>randa</u>	<u>dvocat</u>	<u>lor</u>	<u>bette</u>	<u>er</u>
าลท		protecti	.on_or_sa	<u>e.</u>									
Governance	2	Chook this he			tion discontin			ispassed of n	nore then	DE 0/ of ito			
Go,	2 3	Check this bo Number of vo									1 <b>3</b>	seis.	5
8		Number of in									4		
ies		Total number									5		$\frac{3}{2}$
Activities &		Total number									6		5 5 2 2
Acl		Total unrelate									7a		0.
	b	Net unrelated	d business ta	xable incom	ne from Form	990-T, Part	I, line 11.				7b		0.
									F	Prior Year		Curre	ent Year
a)	8	Contributions	and grants	(Part VIII, lir	ne 1h)					169,4	113.		920,572.
nue		Program serv		•						·			21,362.
Revenue		Investment in	•							()	393.		411.
Ř		Other revenue											
		Total revenue								169,8	306.		942,345.
		Grants and si					•						
		Benefits paid		-									
S	15	Salaries, other	er compensa	tion, employ	yee benefits (	(Part IX, colι	umn (A), lir	nes 5-10)		180,8	346.		122,659.
Expenses	16a	Professional	fundraising f	ees (Part IX	, column (A)	, line 11e)							
per	b	Total fundrais	sing expense	s (Part IX, o	column (D), li	ine 25)		5,161					
Ĕ	17	Other expens		•					_	176,5	Ω1		164,532.
		Total expense								357,4			287,191.
		Revenue less		•	•					-187,6			655,154.
o.		Trevenue less	скрепаса.	Jubilact IIIIc	, 10 110111 11110	. 12							of Year
ts o	20	Total assets	(Part X line	16)						ng of Currer			843,083.
\sse Bala	21	Total liabilitie								13,1			35,979.
Net Assets Fund Balanc	22		,	,					-				
Zű	22	Net assets or		es. Subtract	t line 21 from	I III le 20				151,9	950.		807,104.
	rt II	Signatur											
Unde	er penalt olete. De	ties of perjury, I de eclaration of prepa	eclare that I have arer (other than o	examined this r fficer) is based	return, including a on all information	accompanying so of which prepar	chedules and so er has any kno	atements, and t wledge.	to the best of n	ny knowledge	and belie	ef, it is true,	correct, and
c:.		Signature of	officer						Date				
Siç He	jn	, and the second		Chaldan									
116	16		Norman	Sherder	1				Preside	ent			
		Jr	preparer's name		Preparer's si	ignature		Date		Observed	<del>7</del>	PTIN	
_		, ,	•		· ·	-		Date		_	" I		· F 2 0
Pai			V. Ledfo			I. Ledfor	ra			self-employ	ed	P00446	539
	epare	ls /		ord Acc						<b>.</b> .			
US	e On	Firm's addre		Zola S						Firm's EIN		-28767	
					CA 92106					Phone no.	619-	226-62	
Mar	/ the II	RS discuss th	nic return witl	the nrenar	er shown ah	nve? See inc	structions					Y Vac	· No

 4d Other program services (Describe on Schedule O.)

 (Expenses \$ including grants of \$ ) (Revenue \$ )

 4e Total program service expenses
 224,197.

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Form **990** (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3		Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	Х	
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? If "Yes," complete Schedule D, Part VII.	11b		Х
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
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</i> "Yes," complete Schedule F, Parts II and IV.	15		X
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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		Х

## Form 990 (2023) Privacy Rights Clearinghouse Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part l</i>	25b		Х
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		Х
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? If "Yes," complete Schedule L, Part III.	27		Х
	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? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
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		Х
	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	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.	X	
ВΛΛ	(gambling) winnings to prize winners?	1c	Λ 000 (	(0000

Form 990 (2023) Privacy Rights Clearinghouse

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	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 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
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		Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
С	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Х
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		Х
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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring			
0	organization have excess business holdings at any time during the year?	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	3.5		
	Initiation fees and capital contributions included on Part VIII, line 12			
	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand	1.4		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		
13	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		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
AΑ	TEEA0105L 08/23/23	Form	990	2023)

Form 990 (2023) Privacy Rights Clearinghouse Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . . . 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** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: See Schedule O a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ 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?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... See . Schedule...O....... X 15a **b** Other officers or key employees of the organization...See .Schedule .0..... 15b X 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 X **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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 Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

Meghan Land 3245 University Ave #1101 San Diego CA 92104-2009 (619) 298-3396

Form 990 (2	2023) F	Privacy	Rights	Clearinghouse
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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, 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.

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

		(C)								
(A) Name and title	(B)	Position (do not check more than one box, unless person is both an						(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated amount
	Average hours per week	0.661.0	~~ ~~	d a d	irecto	r/truste	ee)	compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	of other compensation from
	(list any hours for	Individual t or director	stitut	Officer	Key employee	ghes nploy	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the organization and related organizations
	related organiza- tions	ual tr	ional		ploy	t con	•			organizations
	below dotted	uste	Institutional trustee		ee	Highest compensated employee				
	line)	10	:ee			ated				
(1) Susan Henrichsen	2									
Secretary	0	Χ		Χ				0.	0.	0.
(2) Aleecia M. McDonald	1.5	.,								
Director	0	Χ						0.	0.	0.
(3) Albert Norman Shelden President	3	Х		Х				0.	0.	0
	1	Λ		Λ				0.	0.	0.
(4) Pastor Herrera Director		Х						0.	0.	0.
(5) Evan Hendricks	1	21						0.	0.	<u> </u>
Director	0	Х						0.	0.	0.
(6) Meghan Land	40									
Executive Director	0				Χ			0.	0.	0.
_(8)										
(9)										
(10)										
		1								
(11)										
(12)										
<u>(13)</u>										
<u>(14)</u>										

Part VII   Section A. Officers, Directors, 11	31003,	I (Cy		•	C)	cs, c	and	Trigilest Con	ipensateu Linp	loyees (	Jonanueu)
(A) Name and title	(B) Average hours	box,	unles er an	ss pe	more rson i	than or s both r/truste	an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	(I Estimated of of	F) I amount ther
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensa the orgal and re organiz	ition from nization elated
<u>(15)</u>						Santa					
(16)											
<u>(17)</u>											
<u>(18)</u>											
<u>(19)</u>											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Subtotal								0.	0.		0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)								0.	0.		0.
2 Total number of individuals (including but not limited from the organization 0										ensation	
										Y	es No
3 Did the organization list any former officer, direct on line 1a? If "Yes,"complete Schedule J for suc	ctor, truste ch individu	ee, ke <i>al</i>	ey ei	mplo	oyee	e, or h	high 	nest compensated	employee	. 3	Х
<b>4</b> For any individual listed on line 1a, is the sum o the organization and related organizations greate such individual	er than \$1	50,00	00?	If "	Yes,	" con	nple	ete Schedule J for	from	4	X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Ye	le comper	satio	n fr	οm	anv	unrel	late	ed organization or	individual	. 5	X
Section B. Independent Contractors											l e
Complete this table for your five highest comper compensation from the organization. Report comper		epen the c	deni alen	t cor dar	ntrad year	ctors endir	tha ng w	it received more the vith or within the or	nan \$100,000 of ganization's tax year		
(A) Name and business add	ress							Description (	of services	(C) Compens	ation
2 Total number of independent contractors (including		ited to	o the	se I	isted	d abov	ve) v	uho received more	than		
\$100,000 of compensation from the organization	0									Farm 00	(2022)

Par	t VI	II Statement of								
		Check if Schedule	e O	contains	a resp	ponse or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Gifts, Grants, and Other Similar Amounts	b c d e f g	Federated campaign Membership dues Fundraising events. Related organization Government grants (control All other contributions, gisimilar amounts not inclu Noncash contributions in lines 1a-1f	ns . ributi ifts, ( uded clude	ons)		920, 572.  Business Code 513190	920,572. 21,362.	21,362.		312-314
Program Ser	e f g	All other program so Total. Add lines 2a-					21,362.			
	3 4 5					interest, and t bond proceeds	411.			411.
	b c d					(ii) Other				
	b	sales of assets other than inventory Less: cost or other basis and sales expenses	7a 7b 7c							
Other Revenue	8a	Gross income from fundr (not including \$	on li	ne 1c).	-	a Bb				
<del>1</del> 0	9a b	Net income or (loss Gross income from gamin See Part IV, line 19 Less: direct expens Net income or (loss	ng ac	tivities.	9	a				
	10a b	Gross sales of inventory, returns and allowances.  Less: cost of goods  Net income or (loss	less	d	10	Da Db entory				
Miscellaneous Revenue	11a b c	All other revenue	 			Business Code				
Σ	_	Total. Add lines 11a  Total revenue. See	a-11	d			942,345.	21,362.	0.	411.

Form 990 (2023) Privacy Rights Clearinghouse 45
Part IX 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 re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		1		
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				
5	Compensation of current officers, directors, trustees, and key employees	99,639.	52,475.	42,477.	4,687.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	13,533.	12,856.	677.	· · ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,333.	12,000.	077.	
9	Other employee benefits				
10	Payroll taxes	9,487.	4,744.	4,269.	474.
11	Fees for services (nonemployees):				
	Management				
b	Legal	384.		384.	
С	Accounting	2,942.		2,942.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0\$ch. 0 Advertising and promotion	130,406.	129,896.	510.	
13	Office expenses	1,509.	754.	755.	
14	Information technology				
15	Royalties				
16	Occupancy	4,900.	4,410.	490.	
17	Travel	773.	773.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	6,290.	6,290.		
20	Interest				
21	Payments to affiliates	F.0	F.C.	2	
22	Depreciation, depletion, and amortization	59.	56.	3.	
23 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.).	4,477.	540.	3,937.	
а	Dues & subscriptions	7,355.	6,712.	643.	
b	Telephone & communications	5,212.	4,691.	521.	
С		150.		150.	
d	_	75.		75.	
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	287,191.	224,197.	57,833.	5,161.
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)				

		Check if Schedule O contains a response or note to	o any I	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			107,228.	1	828,885.
	2	Savings and temporary cash investments			51,138.	2	2,679.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or form	ner offi	cer. director.			
		Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	I contr	ibutor, or 35%		_	
						5	
	6	Loans and other receivables from other disqualified p					
	_	section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		_		7	
ets	8	Inventories for sale or use		<u> </u>		8	
Assets	9	Prepaid expenses and deferred charges	 I I		4,979.	9	9,829.
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	15,067.			
		Less: accumulated depreciation		13,377.	1,749.	10c	1,690.
	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		165,094.	16	843,083.	
	17	Accounts payable and accrued expenses			17		
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability. Complete Part				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution	ficer, c	director, trustee,			
ap		controlled entity or family member of any of these pe	utor, o rsons .	r 35%		22	
	23	Secured mortgages and notes payable to unrelated the	nird pa	rties		23	
	24	Unsecured notes and loans payable to unrelated third		<u></u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to re	elated third parties, Part X of Schedule D	13,144.	25	35,979.
	26	<b>Total liabilities.</b> Add lines 17 through 25			13,144.	26	35,979.
S		Organizations that follow FASB ASC 958, check here		X	10/1111		00/3/31
)Ce		and complete lines 27, 28, 32, and 33.					
lar	27	Net assets without donor restrictions			151,950.	27	807,104.
Ba	28	Net assets with donor restrictions			•	28	•
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck he	re			
or l	29	Capital stock or trust principal, or current funds		ŀ		29	
ts	30	Paid-in or capital surplus, or land, building, or equipm				30	
se	31	Retained earnings, endowment, accumulated income				31	
t As	32	Total net assets or fund balances		<u> </u>	151,950.	32	807,104.
Nei	33	Total liabilities and net assets/fund balances			165,094.	33	843,083.
BA		2		11L 08/23/23	100,004.		Form <b>990</b> (2023)

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	(	942,3	345.
2	Total expenses (must equal Part IX, column (A), line 25)	2	,	287,	191.
3	Revenue less expenses. Subtract line 2 from line 1	3		555,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		L51,9	
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on 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	{	307,3	104.
Pai	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: X 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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	ate			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?	Uniforn	n <b>3a</b>		Х
t	o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 08/23/23		Forr	n <b>990</b>	(2023)

### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	lame of the organization Employer identification number											
	Privacy Rights Clearinghouse 45-4739319  Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.											
							ctions.					
The c	organization is not a private found	dation because it is: (	(For lines 1 through 12,	check o	nly one	box.)						
1	A church, convention of church	,		,	b)(1)(A)(	(i).						
2	A school described in <b>sectio</b>	<b>n 170(b)(1)(A)(ii).</b> (At	tach Schedule E (Form	990).)								
3	A hospital or a cooperative h	iospital service organ	nization described in sec	tion 170	)(b)(1)( <i>A</i>	۸)(iii).						
4	A medical research organiza	tion operated in conj	unction with a hospital of	describe	d in <b>sec</b>	ction 170(b)(1)(A)(iii). E	nter the hospital's					
	name, city, and state:											
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ege or university owned	or opera	ated by	a governmental unit de	escribed in					
6	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>											
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)											
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part I	l.)								
9	An agricultural research organi	zation described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege					
	or university or a non-land-graduniversity:	nt college of agriculture	e (see instructions). Enter	the nam	ne, city,	and state of the college	or					
10	An organization that normall	v roccivos (1) moro t	han 33 1/3% of its supr	ort from		utions mombarshin fo	os and gross receipts					
	An organization that normall from activities related to its investment income and unre	lated business taxab	le income (less section	ns; and 511 tax)	(2) no r	more than 33-1/3% of it usinesses acquired by	ts support from gross the organization after					
	June 30, 1975. See section !	,,,,,	•				· ·					
11	An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).						
12	An organization organized and or more publicly supported of lines 12a through 12d that de	rganizations describe	ed in <b>section 509(a)(1)</b> c	r sectio	n 509(a	)(2). See section 509(a	ut the purposes of one <b>)(3).</b> Check the box on					
а	Type I. A supporting organizati						the supported					
	organization(s) the power to re complete Part IV, Sections A	gularly appoint or elec	t a majority of the directo	rs or trus	tees of t	the supporting organizati	on. You must					
b	Type II. A supporting organiz management of the supporting must complete Part IV, Sect	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). <b>You</b>					
С	Type III functionally integrated organization(s) (see instruction	. A supporting organiza	tion operated in connection	n with, ar <b>A. D. an</b>	nd function	onally integrated with, its	supported					
d	Type III non-functionally integ functionally integrated. The cinstructions). You must com	rated. A supporting orderally	ganization operated in cor v must satisfy a distribu	nection	with its	supported organization(s it and an attentiveness	) that is not requirement (see					
е	Check this box if the organiz	•	•	he IRS	that it is	s a Type I. Type II. Typ	e III functionally					
	integrated, or Type III non-fu	inctionally integrated	supporting organization	١.			-					
f	Enter the number of supported	-										
	Provide the following informatio			T		T 43 4 4 4	<u> </u>					
(	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
				Yes	No							
(A)												
(B)												
(C)												
<u>·                                     </u>												
(D)												
(E)												
Total												

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

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

Sec	tion A. Public Support		ľ				
	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	227,117.	129,475.	462,944.	119,413.	870,571.	1,809,520.
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	227,117.	129,475.	462,944.	119,413.	870,571.	1,809,520.
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)						0.
6	<b>Public support.</b> Subtract line 5 from line 4						1,809,520.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	<b>(f)</b> Total
7	Amounts from line 4	227,117.	129,475.	462,944.	119,413.	870,571.	1,809,520.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			207.	393.	411.	1,011.
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						1,810,531.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and						
Sec	tion C. Computation of Pu						
	Public support percentage for 20		•				99.94%
15	Public support percentage from	2022 Schedule A,	Part II, line 14				99.96%
16a	<b>33-1/3% support test—2023.</b> If to and <b>stop here.</b> The organization						
b	b 33-1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstances	test, check this b	oox and stop here	. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances te	nd-circumstances est. The organizat	test, check this to ion qualifies as a	oox and <b>stop here</b> publicly supporte	. Explain in Part d organization.	VI how the
18	Private foundation. If the organization	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	, or 17b, check thi	s box and see ins	structions

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.)

Sac	tion A. Public Support		produce compress	,			
		(a) 2010	(h) 2020	<b>(c)</b> 2021	(4) 2022	(a) 2022	(A) Total
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2019	<b>(b)</b> 2020	(C) 2021	(d) 2022	<b>(e)</b> 2023	<b>(f)</b> Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						_
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		1		•	,	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	<b>(f)</b> Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  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.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 20	•	•		•		%
	Public support percentage from 2						%
Sec	tion D. Computation of Inv					, .	
17		•	• • •	-	***	H	%
	Investment income percentage for					<u> </u>	%
	<b>33-1/3% support tests—2023.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies	as a publicly supp	orted organization.	
	<b>33-1/3% support tests—2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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		
9а	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 <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	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 <b>Part VI</b> .	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

BAA TEEA0404L 08/14/23 Schedule A (Form 990) 2023

Sche	edule A (Form 990) 2023 Privacy Rights Clearinghouse 45-473931	9	Р	age <b>5</b>
Par	t IV Supporting Organizations (continued)		V	NI-
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	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 line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.	1	Yes	No
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Sec	tion D. All Type III Supporting Organizations		ļ	
			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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	tion 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.			
t	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	instru	ıctions	5).
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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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		
ŀ	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
k	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V   Type III Non-Functionally integrated 503(a)(5) Supporting Orga	ııızaı	IUIIS	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances				
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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	1 1 2	5		
6	<b>Distributable Amount.</b> 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 inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2023

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	·

10 Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(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.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through 3e			
<b>g</b> 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.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</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. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

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.)

BAA TEEA0408L 08/14/23 Schedule A (Form 990) 2023

### Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Privacy Rights Clearinghouse 45-4739319 Organization type (check one): Filers of: Section: X 501(c)( 3 ) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 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 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 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization
Privacy Rights Clearinghouse

45-4739319

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>758,417.</u>	Person X  Payroll   Noncash   (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>82,280.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$25,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>25,000</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>50,000</u> .	Person X  Payroll   Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number

Privacy Rights Clearinghouse

45-4739319

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-	N/A	-	
		-	
		-\$	
(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
	L		
	<u></u>	_ _\$	
(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
		  -  -	
	<u></u>	-  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u></u>	_  \$	
BAA	TEEA0703L 08/09/23	Schedule	B (Form 990) (2023

	<u>N/A</u>			<del> </del>	
				†	
		(e) Transfer of gif	t	<u> </u>	
	Transferee's name, addres			ationship of transferor to transferee	
/ > N					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gif	<b>+</b>		
	Transferee's name, addres	-		ntionship of transferor to transferee	
		. – – – – – – – – – –			
/ \ N					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Taiti					
		(e) Transfer of gif			
	Transferee's name, addres	ss, and ZIP + 4	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 gif	<b>+</b>		
	Transferee's name, addres			ationship of transferor to transferee	
		·			

### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

### If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• 9	• Section 501(c)(4), (5), or (6) organizations: Complete Part III.							
	of organization	,		Employer identific	ation number			
Pr	ivacy Rights Cleari	nghouse		45-473931	9			
Pai	rt I-A Complete if the o	rganization is exempt under section	on <b>50</b> 1(c) or is a s	section 527 organi	zation.			
1	Provide a description of the See instructions for definition	organization's direct and indirect political on the properties of "political campaign activities."	ampaign activities in	Part IV. See Part	IV			
2	Political campaign activity ex	xpenditures. See instructions		\$				
		campaign activities. See instructions						
Pai	rt I-B Complete if the or	rganization is exempt under section	on 501(c)(3).					
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	\$	0.			
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	\$	0.			
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No			
<b>4</b> a	Was a correction made?				Yes No			
b	If "Yes," describe in Part IV.							
Pai	rt I-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	ı			
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities \$				
2	Enter the amount of the filing 527 exempt function activities	g organization's funds contributed to other	organizations for sec	tion \$				
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	\$				
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No			
5	Enter the names, addresses organization made payments amount of political contribution segregated fund or a political	, and employer identification number (EIN) s. For each organization listed, enter the all so received that were promptly and directly delal action committee (PAC). If additional span	of all section 527 po mount paid from the f ivered to a separate po ace is needed, provide	litical organizations to villing organization's fun olitical organization, such e information in Part IV	which the filing ds. Also enter the as a separate			
	(a) Name	(b) Address	<b>(c)</b> EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								

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

Schedule C (Form 990) 2023

30110da10 <b>0</b> (1 01111 330) 2020	Privacy Righ	its Clearinghouse	)	45-47393	319 Tage <b>2</b>
Part II-A Complete if t section 501(I	the organization h)).	is exempt under sec	ction 501(c)(3) and	filed Form 5768 (ele	ction under
`		s to an affiliated group (and		ted group member's name,	
_		share of excess lobbying			
B Check if the filing	g organization checked	d box A and "limited control	provisions apply.		
(The term '	Limits on Lobbyi "expenditures" mear	ng Expenditures ns amounts paid or incurr	red.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditu	res to influence pub	lic opinion (grassroots lob	bying)		
<b>b</b> Total lobbying expenditu		• • • • • • • • • • • • • • • • • • • •	, ,,		
	•	d 1b)	<u> </u>	0.	0.
	•		<u> </u>		
e Total exempt purpose ex	kpenditures (add line	es 1c and 1d)		0.	0.
		ount from the following tab			
If the amount on line 1e, colu	ımn (a) or (b) is:	The lobbying nontaxable a	amount is:		
not over \$500,000,		0% of the amount on line 1e.			
over \$500,000 but not over \$1,0		100,000 plus 15% of the excess			
over \$1,000,000 but not over \$1		175,000 plus 10% of the excess			
over \$1,500,000 but not over \$1		3225,000 plus 5% of the excess o	ver \$1,500,000.		
over \$17,000,000,		1,000,000.			
•	•	f line 1f)	<u> </u>	0.	0.
		enter -0		0.	0.
i Subtract line 1f from line	e 1c. If zero or less,	enter -0		0.	0.
		ine 1h or line 1i, did the org			Yes No
(Some	e organizations that	-Year Averaging Period U made a section 501(h) elo ow. See the separate instr	ection do not have to c		
	Lobby	ing Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	<b>(c)</b> 2022	<b>(d)</b> 2023	(e) Total
2a Lobbying nontaxable amount	6,000	6,000.	7,000.	7,000.	26,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					39,000.
c Total lobbying expenditures	30,000	30,000.	35,000.	25,000.	120,000.
<b>d</b> Grassroots nontaxable amount	1,500	1,500.	1,750.	1,750.	6,500.
e Grassroots ceiling amount (150% of line 2d, column (e))					9,750.
f Grassroots lobbying expenditures					0.
RΔΔ				Cabadula	C (Form 990) 2023

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(election under section 501(h)).					
Eor	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)	(	(b)	
desc	cription of the lobbying activity.	Yes No			ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
d	Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					
j 2a	Total. Add lines 1c through 1i					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	ct III-A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	(c)(5)	, or			
_					Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p					

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

### Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

### Part I-A, Line 1 - Direct and Indirect Political Campaign Activities

Through lobbying efforts, attempt to increase awareness of California legislators on the topic of informational privacy, encourage the passage of laws that effectively protect personal privacy, and dissuade the passage of laws that would have the effect of harming privacy.

BAA Schedule C (Form 990) 2023

### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Privacy Rights Clearinghouse 45-4739319 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a **b** Total acreage restricted by conservation easements..... 2b c Number of conservation easements on a certified historic structure included on line 2a...... d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Part	II Organizations Maint	anning Con	ections of Art, n	iistorio	ai ireasures, c	or Other Sillillar As	SE(5 (	COITUI	iueu)
<b>3</b> Us	sing the organization's acquisition, ems (check all that apply).	, accession, an	d other records, check	k any of	the following that ma	ke significant use of its	collection	1	
а	Public exhibition		<b>d</b> Loa	n or exc	change program				
b	Scholarly research		e Oth	er					
С	Preservation for future generation	ations	_						•
	rovide a description of the organization are XIII.	ation's collection	ons and explain how th	ney furth	er the organization's	exempt purpose in			
<b>5</b> Di	uring the year, did the organizat be sold to raise funds rather th	tion solicit or i an to be mair	receive donations of ntained as part of the	art, hist e organi:	orical treasures, or zation's collection?	other similar assets	Yes		No
Part I	V Escrow and Custod Complete if the orga	<b>ial Arrange</b> nization an	<b>ments</b> swered "Yes" on	Form	990, Part IV, lir	ne 9, or reported a	n amo	unt or	n
	Form 990. Part X. Jir	ne 21.				•			
1 <b>a</b> Is or	the organization an agent, trus Form 990, Part X?	tee, custodiar	n, or other intermedia	ary for c	ontributions or othe	er assets not included	Yes	Γ	No
	"Yes," explain the arrangement in								
							Amount		
	eginning balance								
	dditions during the year								
	istributions during the year								
	nding balance								
	id the organization include an a					- L		L	No
<b>b</b> If	"Yes," explain the arrangement	in Part XIII. (	Check here if the exp	olanation	n has been provided	d in Part XIII		· · · · L	
Part \	/ Endowment Funds								
Part	Complete if the orga	nization an	swered "Yes" on	Form	990 Part IV lir	ne 10			
	- Complete in the orga		· ·	-			1		
_		(a) Current y	rear (b) Prior y	/ear	(c) Two years back	(d) Three years back	(e) F	our years	s back
	eginning of year balance								
<b>b</b> Co	ontributions								
	et investment earnings, gains, nd losses								
<b>d</b> G	rants or scholarships								
	ther expenditures for facilities								
f A	dministrative expenses								
g Ei	nd of year balance								
<b>2</b> Pi	rovide the estimated percentage	of the currer	t year end balance (	(line 1g,	column (a)) held a	s:			
<b>a</b> B	oard designated or quasi-endow	ment	%						
<b>b</b> Pe	ermanent endowment	%							
<b>c</b> Te	erm endowment	%							
Th	ne percentages on lines 2a, 2b, ar	nd 2c should ec	ual 100%.						
<b>2</b> 2	re there endowment funds not in the	no possossion	of the erganization the	at are be	ld and administered :	for the			
<b>Sa</b> Ai	ganization by:	ie possession	or the organization tha	at are rie	lu anu auministereu	ioi tile		Yes	No
	Unrelated organizations?						3a(i)		
(ii	Related organizations?						3a(ii)		
<b>b</b> If	"Yes" on line 3a(ii), are the rela	ated organizat	ions listed as require	ed on So	chedule R?		3b		
4 D	escribe in Part XIII the intended	uses of the c	rganization's endow	ment fu	nds.		<u> </u>		-
Part \	/I Land, Buildings, and	d Equipme	nt						
	Complete if the organization			rt IV, lir	ie 11a. See Form 99	0, Part X, line 10.			
	Description of property		(investment)	is <b>(b</b>	Cost or other basis (other)	(c) Accumulated depreciation	(d) B	Book va	lue
<b>1a</b> La	and		(IIII Courtonic)		(00101)	doprodiation			
	uildings								
	easehold improvements	_							
	quipment	L			15,067.	13,377.			,690.
	ther	-			20,007.	10,011.			
	Add lines 1a through 1e. (Colum		ual Form 990. Part X	(, line 1	Oc. column (B))			1	,690.
BAA		(=)		,			ule D (Fo		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)  (b) Book value  (c) Method of valuation: Cost or end-of-year mark (including name of security)  (b) Book value  (c) Method of valuation: Cost or end-of-year mark (including name)  (d) Book value  (e) Method of valuation: Cost or end-of-year mark (including name)  (f) Book value  (including name)  (inc	
(1) Financial derivatives. (2) Closely held equity interests. (3) Other (A) (B) (C) (C) (D) (E) (F) (G) (F) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (G) (F) (F) (G) (G) (F) (G) (F) (G) (F) (G) (G) (F) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	ot volue
(2) Closely held equity interests	et value
(3) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	
(A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	
(E) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	
(C) (D) (E) (E) (F) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	
(C) (E) (F) (G) (G) (H) (D) must equal Form 990, Part X, line 12, column (B)) (C) (E) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	
(E) (F) (G) (G) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	
(F) (G) (H) (Total. (Column (b) must equal Form 990, Part X, line 12, column (B))    Part VIII	
(G) (H) (I) Total. (Column (b) must equal Form 990, Part X, line 12, column (B))  Part VIIII Investments — Program Related Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year norm (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, line 13, column (B))  Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method of valuation: Cost or end-of-year norm (D) Book value (C) Method o	
(+1) (1) Total. (Column (b) must equal Form 990, Part X, line 12, column (B))  Part VIII  Investments — Program Related Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year norms of the program of the pr	
Total. (Column (b) must equal Form 990, Part X, line 12, column (B))  Part VIII Investments — Program Related Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year material (c) Method of valuation: Cost or end-of-year mater	
Total. (Column (b) must equal Form 990, Part X, line 12, column (B))   Part VIII	
Part VIII	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year number of the cost of the cost of end-of-year number of the cost of end-of-year number of the cost of end-of-year number of end-of-y	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, line 13, column (B))  Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) B (1) (2) (3)	
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, line 13, column (B))  Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) B (1) (2) (3)	narket value
(3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, line 13, column (B))  Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) B (1) (2) (3)	
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(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, line 13, column (B))  Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) B  (1) (2) (3)	
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, line 13, column (B))  Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) B  (1) (2) (3)	
(9) (10)  Total. (Column (b) must equal Form 990, Part X, line 13, column (B))  Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) B (1) (2) (3)	
(10)  Total. (Column (b) must equal Form 990, Part X, line 13, column (B))  Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) B  (1) (2) (3)	
Total. (Column (b) must equal Form 990, Part X, line 13, column (B))  Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) B  (1)  (2)  (3)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) B (1) (2) (3)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) B  (1)  (2)  (3)	
(a) Description (b) B (1) (2) (3)	
(2) (3)	ook value
(3)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, line 15, column (B)).	
Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
	ook value
(1) Federal income taxes (2) Accrued expenses	1,834.
(3) Credit card liabilities	4,621.
(4) Deferred grant revenue	22,500.
(5) Payroll liabilities	7,023.
(6) Rounding	1.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B))	35,979.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.	

Pai	t XI	Reconciliation of Revenue per Audited Financial Statemen		Return N/A
	•	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total	revenue, gains, and other support per audited financial statements		. 1
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net u	nrealized gains (losses) on investments	2a	
b	Donat	ted services and use of facilities	2b	
c	Recov	veries of prior year grants	2c	
c	Other	(Describe in Part XIII.)	2d	
e	Add li	ines 2a through 2d		. 2e
3	Subtr	act line <b>2e</b> from line <b>1</b>		. 3
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other	(Describe in Part XIII.)	4b	
c	Add li	ines 4a and 4b		. 4c
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		. 5
Pai	t XII	Reconciliation of Expenses per Audited Financial Statemen	ata With Expanses no	r Doturn M/A
-	( / ( )	·	•	r Return N/A
	( XII	Complete if the organization answered "Yes" on Form 990, F	•	r Return N/A
1	-	·	Part IV, line 12a.	
1	Total	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1 2	Total Amou	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	Part IV, line 12a.	
1 2	Total Amou Donat	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	Part IV, line 12a.	
1 2 a	Total Amou Donat Prior	Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Form 990, Form 990, Part IX, line 25: ted services and use of facilities.	2a 2b	
1 2 a	Total Amou Donat Prior Other	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	2a 2b 2c	
1 2 a b	Total Amou Donal Prior Other	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments.	2a   2b   2c   2d	1
1 2 a b	Total Amou Donal Prior Other Other Add li	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments.  losses.  (Describe in Part XIII.)	Part IV, line 12a.  2a 2b 2c 2d	2e
1 2 a b	Total Amou Donal Prior Other Other Add li	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments.  losses.  (Describe in Part XIII.)	Part IV, line 12a.  2a 2b 2c 2d	2e
1 2 a b c c c c c c c c c c c c c c c c c c	Total Amou Donal Prior Other Other Add li Subtra Amou Invest	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments.  losses.  (Describe in Part XIII.) ines 2a through 2d. act line 2e from line 1. unts included on Form 990, Part IX, line 25, but not on line 1: tement expenses not included on Form 990, Part VIII, line 7b.	Part IV, line 12a.  2a 2b 2c 2d	2e
1 2 a b c c c c c c c c c c c c c c c c c c	Total Amou Donal Prior Other Other Add li Subtra Amou Inves	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements into included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities.  year adjustments.  losses.  (Describe in Part XIII.)  ines 2a through 2d.  act line 2e from line 1.  ints included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b.  (Describe in Part XIII.)	2a	2e 3
1 2 a k c c c c c c c c c c c c c c c c c c	Total Amou Donal Prior Other Other Add li Subtra Amou Invess Other Add li	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments.  losses.  (Describe in Part XIII.) ines 2a through 2d. act line 2e from line 1. included on Form 990, Part IX, line 25, but not on line 1: tement expenses not included on Form 990, Part VIII, line 7b. (Describe in Part XIII.) ines 4a and 4b.	2a	2e 3
1 2 a b c c c c c c c c c c c c c c c c c c	Total Amou Donat Prior Other Other Add li Subtr Amou Invess Other Add li Total	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements into included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities.  year adjustments.  losses.  (Describe in Part XIII.)  ines 2a through 2d.  act line 2e from line 1.  ints included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b.  (Describe in Part XIII.)	2a	2e 3

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2023

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Privacy Rights Clearinghouse

Employer identification number 45-4739319

### Form 990, Part III, Line 1 - Organization Mission

Privacy Rights Clearinghouse's mission is to make data privacy accessible to all by empowering individuals and advocating for positive change. The organization was founded to help people understand their privacy rights and choices, and to help shape informed public policy.

### Form 990, Part VI, Line 8 - Explanation of No Contemporaneously Documentation of Meetings

There are no committees empowered to act on behalf of the Board of Directors, so therefore no meetings were held that required such documentation.

### Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is distributed in draft form to all members of the Board of Directors for review and comment prior to filing.

### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

On an annual basis, all members of the Board of Directors are required to complete a form that addresses potential conflict of interest and requires disclosure of same.

### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Prior to Board approval, all Staff Members' compensation is reviewed annually and compared to similar positions listed in a regional salary comparison guide for nonprofit organizations.

### Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Prior to Board approval, all Staff Members' compensation is reviewed annually and compared to similar positions listed in a regional salary comparison guide for nonprofit organizations.

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents, policies, financial statements and tax-related documents are available upon request in writing to the organization office.

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Name of the organization	Employer identification number
Privacy Rights Clearinghouse	45-4739319

### Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B)	(C)	(D)
	_	Total	Program <u>Services</u>	Management <u>&amp; General</u>	Fund- raising
Computer consulting Legislative Advocacy Outside contract services		1,019. 25,000. 104,387.	509. 25,000. 104,387.	510.	
	Total 🕏	130,406.	129,896.	\$ 510.	\$ 0.