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Return of Organization Exempt From Income Tax

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.

Department of the Treasury Internal Revenue Service

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

Α	For th	e 2023 calendar year, or tax year beginning and	enaing							
В	Check if applicab	C Name of organization		D Employer identifi	cation number					
	Addre	e And Then There were None								
	Name	Doing business as		45-38399	73					
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe						
	Final return			833-477-						
_	terminated Amer			G Gross receipts \$	3,233,291.					
Σ	returr Appli	ROUND ROCK, IX 70000		H(a) Is this a group re						
	tion	F Name and address of principal officer: ADDY COMMISCIT		for subordinates	? Yes X No					
_		same as C above		H(b) Are all subordinates in						
		empt status: $\overline{\mathbf{X}}$ 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions					
			1	H(c) Group exemption						
		f organization: X Corporation Trust Association Other	L Year	of formation: ZUIZ	M State of legal domicile: TX					
	$\overline{}$	Summary	mhan m	hama Wama N	one offens					
ģ	1	Briefly describe the organization's mission or most significant activities: And								
and		support for former employees of abortion								
ler.	2	Check this box if the organization discontinued its operations or disposent Number of voting members of the governing body (Part VI, line 1a)		1	sets.					
é	4	Number of independent voting members of the governing body (Part VI, line 1a)			7					
0	5 5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			17					
į.	6	Total number of volunteers (estimate if necessary)			0					
: <u>₹</u>	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.					
Ă	ا ا ا	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
	1 ~			Prior Year	Current Year					
t Assets of Expenses Revenue Activities & Governance	. 8	Contributions and grants (Part VIII, line 1h)		2,776,489.	3,101,652.					
	9	Program service revenue (Part VIII, line 2g)		0.	102,627.					
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,473.	1,416.					
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,525.	27,596.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,810,487.	3,233,291.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
v,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		744,085.						
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		636,393.	181,254.					
Ď	} b	Total fundraising expenses (Part IX, column (D), line 25) 270, 3	17 .							
ú	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,673,931.	2,221,596.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,054,409.	3,346,581.					
	19	Revenue less expenses. Subtract line 18 from line 12		-243,922.	-113,290.					
sor			Ве	ginning of Current Year	End of Year					
sset.	20	Total assets (Part X, line 16)		755,631.	597,755.					
etA	21	Total liabilities (Part X, line 26)		178,612.	126,325.					
<u>Z</u> :	22 2rt II	Net assets or fund balances. Subtract line 21 from line 20		577,019.	471,430.					
					. Imposite dans and halfat it is					
		alties of perjury, I declare that I have examined this return, including accompanying schedule:			/ knowledge and beller, it is					
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh I	non preparer	las any knowledge.						
C:-		Signature of officer		I Date						
Sig		Abby Johnson, President & CEO								
He	re	Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Pai	d	Jennica Jardine Whitfield James M. Proline Whi		7/9/2024 if self-employ	D01270267					
	parer	Firm's name Kositzka, Wicks and Company	()	3cii-ciiipio	4-1342298					
	Only	Firm's address 5270 Shawnee Road, Suite 250		THIII S LIN S						
	,	Alexandria, VA 22312		Phone no (7	03) 642-2700					
— Ma	y the I	· · · · · · · · · · · · · · · · · · ·		1	X Yes No					
_		the IRS discuss this return with the preparer shown above? See instructions X Yes No								

And Then There Were None

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	And Then There Were None offers support for former empoyees of
	abortion services providers. Due to personal constraints, the gap
	between an uncomfortable job and another career path may be
	financially unbearable. And Then There Were None seeks to bridge that
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,023,591. including grants of \$) (Revenue \$)
	Client support: Offers support for former empoyees of abortion services
	providers transitioning out of employment through short-term financial
	assistance, intensive therapy, and community.
4b	(Code:) (Expenses \$ 728,197. including grants of \$) (Revenue \$)
710	Education: Offers educational scholarships to clients who are pursuing
	any type of medical certification or degree.
	<u> </u>
4c	(Code:) (Expenses \$1,146,627. including grants of \$) (Revenue \$102,627.
	Outreach: Offers opportunities for clients to participate in awareness
	and promotional campaigns through conference attendance, panel
	participation during conference events, webcasts, and various other
	events scheduled throughout the year.
	Other are green and it as (Describe as Cahadala O.)
4d	Other program services (Describe on Schedule O.)
<u></u>	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 2,898,415.
40	Total program service expenses 2,898,415. Form 990 (2023)
	10111 999 (2020)

Form 990 (2023) And Then There Were None Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	Schedule D, Part III	8		X
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?			٠,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		X
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		X
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	•	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a		14a		 ^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15				_V
40	foreign organization? If "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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		37	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
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		<u> X</u>
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		X
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
	-			

Par	TIV Checklist of Required Schedules (continued)			age -
	·		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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
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			l
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	L	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? If "Yes," complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		T
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
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	25		
30		20		x
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			.,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			۱
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			ب
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 23	_		
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?	1c	X	<u>L</u>

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			ugo -
	- Commissay		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		x
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).			
a	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

332005 12-21-23

Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management							
	and the discretization of the state of the s		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9		100	110				
	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	- initial and a second control of the second control of the second control of the second control of the second							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
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	Х					
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b		8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
Sec	tion 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		_X_				
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	Х					
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	, , , , , , , , , , , , , , , , , , ,	12a	X					
b		12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37					
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.		v				
	The organization's CEO, Executive Director, or top management official	15a		$\frac{x}{x}$				
D	Other officers or key employees of the organization	15b		<i>1</i> 1				
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
108	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		Х				
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iva		22				
b	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						
Sec	tion C. Disclosure	100						
17	List the states with which a copy of this Form 990 is required to be filed TX, AK, AL, AR, CA, CO, CT, DC, FL	,GA	HI,	IL				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):							
	for public inspection. Indicate how you made these available. Check all that apply.	•						
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	The Organization - 833-477-6588			_				
	PO Box 2571, Round Rock, TX 78680							
	~ ~ 1 1 1 ~ C C 11 1 1 · C · ·		222					

See Schedule O for full list of states

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.

Check this box if neither the organiza	tion nor any related	orga	niza	tion	con	nper	nsate	ed any current officer, d	irector, or trustee.	Г
(A)	(B)			D-:	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable	Estimated
	hours per					is botl or/trus		compensation	compensation	amount of
	week		T			T	100,	from the	from related organizations	other compensation
	(list any hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	je,	Key employee	Highest compensated employee	ner			organizations
	line)	ıb di	Insti	Officer	Key	High	Former			
(1) Abby Johnson	40.00	l						10111		
President and CEO	40.00	Х		X		_		194,141.	0.	3,859.
(2) Kristina Miller	40.00									
Vice President		Х		Х		_		80,000.	0.	2,400.
(3) Spring Tart	0.50	l								
Member	0.50	Х						0.	0.	0.
(4) Rachel Daggett	0.50									
Member	0.50	Х				_	_	0.	0.	0.
(5) Kimberly Kerfoot	0.50	.,								
Member	0.50	Х				<u> </u>		0.	0.	0.
(6) Jennie MacGregor	0.50	٠,								_
Member Carlonne	0.50	Х				├	_	0.	0.	0.
(7) Brenda Swinny	0.50	X						0.	_	_
Member (8) Diedre Cooper	0.50	^				┢		0.	0.	0.
Member	0.50	X						0.	0.	0.
(9) Tricia Bradberry	0.50	^						0.	0.	0.
Secretary	0.30	X		Х				0.	0.	0.
beeretary				^		\vdash		0.	0.	<u>.</u>
		1								
						\vdash				
		1								
-										
		1								
	· · · · · · · · · · · · · · · · · · ·									000

(D)

Reportable

compensation

from

the

organization

1099-NEC)

(B)

Average

hours per

week

(list any

hours for

related

organizations

below

line)

ndividual trustee or director

nstitutional trustee

Name and title

1b	Subtotal	274,141.	0.	6,259.
С	Total from continuation sheets to Part VII, Section A	0.	0.	0.
d	Total (add lines 1b and 1c)	274,141.	0.	6,259.
_	Takah ayarkan aftir di ida da Karah di ayarkan kata da	: l tl 0100	000 - f t - l - l -	

(C)

Position

(do not check more than one

box, unless person is both an officer and a director/trustee)

lighest compensated

ey employee

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

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MDI Imaging & Mail		
21955 Cascades Parkway, Sterling, VA 20166	Mail advertising	233,446.
Fulfillment Solutions Inc., 44970 Falcon		
	Mail advertising	231,872.
HSP Direct LLC, 20130 Lakeview Center		
	Mail advertising	131,589.
Postage for Direct Mail Fundraising, 20130		
Lakeview Center Plaza, Ste. 300, Ashburn,	Mail advertising	117,315.
RST Marketing		
1272 Corporate Park Drive, Forest, VA 24551	Mail advertising	113,964.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 5		
		- 000

Га	ILV	111	_		=			
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
					Total Tovolido	function revenue	business revenue	from tax under
								sections 512 - 514
\$ 1	1 :	а	Federated campaigns 1a					
ra L		b	Membership dues1b					
Other Revenue Beyenue and Other Similar Amounts	,	c Fundraising events 1c						
	,		Related organizations 1d					
	١,		Government grants (contributions) 1e					
	١,		All other contributions, gifts, grants, and					
e ti	·	•		101,652.				
ë ë	١.	~	Noncash contributions included in lines 1a-1f	101,032				
o d	'	_	\ <u></u>		3,101,652.			
<u>O</u> 6	<u> </u>	<u>n</u>	Total. Add lines 1a-1f	Business Code	5,101,052.			
			Charling foor		100 607	100 607		
<u>c</u>	2 :		Speaking fees	900099	102,627.	102,627.		
ogram Servi Revenue	'	b						
	۱ ،	С						
	١ ،	d						
Б	۱ ،	е						
4	1	f	All other program service revenue					
		g	Total. Add lines 2a-2f		102,627.			
	3		Investment income (including dividends, interest	est, and				
			other similar amounts)		1,416.			1,416.
	4			proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Gross amount from sales of (i) Securities	(ii) Other				
	′ ˈ	а	the second mean surface of the second	(ii) Otrici				
	١.		assets other than inventory 7a					
•	'	D	Less: cost or other basis					
nue			and sales expenses					
š			Gain or (loss) 7c					
			Net gain or (loss)					
	8 :	а	Gross income from fundraising events (not					
δ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	1				
	1	b	Less: direct expenses 8b					
ē	(С	Net income or (loss) from fundraising events					
	9 :	а	Gross income from gaming activities. See					
			Part IV, line 19 9a	1				
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10a	a				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory	⊣				
		_		Business Code				
Snc	11 :	а	Other income	900099	27,596.			27,596.
nec		b			,			
ella		c						
Miscellaneous Revenue	,		All other revenue					
Σ			Total. Add lines 11a-11d		27,596.			
	12		Total revenue. See instructions		3,233,291.	102,627.	0.	29,012.

Form 990 (2023) And Then There Were None Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-	7.5.			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	280,400.	229,928.	33,648.	16,824.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	569,687.	467,143.	68,362.	34,182.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	24 222	05 640	2 5 4 2	4 0= :
9	Other employee benefits	31,232.	25,610.	3,748.	1,874. 3,745.
10	Payroll taxes	62,412.	51,178.	7,489.	3,745.
11	Fees for services (nonemployees):				
а	Management	1 400		1 400	
b		1,400.		1,400.	
С	•	53,644.		53,644.	
d	, , , , , , , , , , , , , , , , , , , ,	101 054			101 054
е	, F	181,254.		400	181,254.
f	Investment management fees	409.		409.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	816,005.	816,005.		
12	Advertising and promotion	15,449.			15,449.
13	Office expenses	116,589.	109,862.	2,184.	4,543.
14	Information technology	59,732.	49,439.	3,338.	6,955.
15	Royalties				
16	Occupancy	3,501.	2,853.	210.	438.
17	Travel	333,728.	332,469.	408.	851.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	365.	297.	22.	46.
23	Insurance	4,616.	3,762.	277.	577.
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),	=, == = =	7,102		
	amount, list line 24e expenses on Schedule 0.)				
а	Outreach	466,759.	466,759.		
b	Support Services	264,310.	264,310.		
С	Education and Training	61,671.	59,714.	1,305.	652.
d	Bank Charges	23,418.	19,086.	1,405.	2,927.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,346,581.	2,898,415.	177,849.	270,317.
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	953,969.	772,712.	0.	181,257.

332010 12-21-23

Form 990 (2023) Part X Balance Sheet

Part X	Balance Sneet					
	Check if Schedule O contains a response or n	ote to any lin	e in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			488,707.	1	403,119
2			2			
3	Pledges and grants receivable, net				3	
4				147,470.	4	57,509
5						
	trustee, key employee, creator or founder, sub	stantial contr	ributor, or 35%			
	controlled entity or family member of any of th	ese persons			5	
6	Loans and other receivables from other disqua	alified person	s (as defined			
	under section 4958(f)(1)), and persons describ	ed in section	4958(c)(3)(B)		6	
က္ 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use				8	
₹ 9	5			57,514.	9	51,172
10:	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	. 10a	11,094.			
	b Less: accumulated depreciation	. 10b	10,365.	0.	10c	729
11	Investments - publicly traded securities			61,940.	11	77,356
12	Investments - other securities. See Part IV, line	11			12	
13	Investments - program-related. See Part IV, lin	e 11			13	
14	• • • • • • • • • • • • • • • • • • • •				14	
15	, , , , , , , , , , , , , , , , , , , ,			0.	15	7,870
16	<u> </u>			755,631.	16	597,755
17				178,612.	17	117,938
18					18	
19					19	
20					20	
21	, , , , ,				21	
g 22	' '					
	trustee, key employee, creator or founder, sub		ributor, or 35%			
	controlled entity or family member of any of th	-			22	
23	. ,	•			23	
24	1 3				24	
25	, , , , ,	-	l			
	parties, and other liabilities not included on lin	es 17-24). Co	mplete Part X	0.		0 207
	of Schedule D				25	8,387
26				178,612.	26	126,325
တ္က	Organizations that follow FASB ASC 958, cl	neck nere	X			
စ္ ္	and complete lines 27, 28, 32, and 33.			556,751.	07	448,624
27				20,268.		22,806
28	***************************************			20,200.	28	22,000
\$	Organizations that do not follow FASB ASC	958, cneck i	nere			
	and complete lines 29 through 33.				00	
29	• • • • •				29	
30					30	
Net Assets or Fund Balances 28 29 31 32 32 31 32	3 , ,			577,019.	31	471,430
_					32	597,755
33	Total liabilities and net assets/fund balances			755,631.	33	597,75 Form 990 (2)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		33,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		46,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		13,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	77,0	
5	Net unrealized gains (losses) on investments	5		7,7	00.
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			1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4	71,4	30.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2k	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	X :	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		38	,	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		۱ ــ.	,	
				m 990	(2023)

332012 12-21-23

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.

Open to Public

OMB No. 1545-0047

Name of the organization

Inspection
Employer identification number

		And	Then There	Were None				4	5-383997	13
Pa	rt I	Reason for Public (complete tl	nis part.) S	ee instructions.			
The o	organ	ization is not a private found								
1		A church, convention of ch	,	•	•	,	1)(A)(i).			
2		A school described in sect				()(-7676-7-			
3		A hospital or a cooperative		•		V6V4VAVii	ii)			
_		A medical research organiz					•	ii) Entor	the beenital's n	amo
4			ation operated in cor	njunction with a nospita	i described	ı ııı secilo	11 170(D)(1)(A)(1	ii). Enter	trie riospitai s ri	arrie,
_		city, and state:							1 !	
5		An organization operated for		liege or university owne	a or operat	ed by a go	vernmentai unii	: describe	∌a in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local government	-							
7		An organization that norma	lly receives a substar	ntial part of its support	from a gove	ernmental i	unit or from the	general p	oublic described	ni b
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Pa	rt II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	ınction with a la	nd-grant	college	
		or university or a non-land-g	rant college of agricu	ulture (see instructions)	. Enter the	name, city	, and state of th	ie college	or	
		university:		,				· ·		
10	X	An organization that norma	Ilv receives (1) more t	than 33 1/3% of its sup	port from c	ontribution	ns. membership	fees, and	d aross receipts	from
		activities related to its exem								
		income and unrelated busin		•					-	
		See section 509(a)(2). (Co		(ICSS SCOTION OTT TAX) II	om basine.	occo acquii	red by the organ	iizatioii a	iter durie do, 10	<i>71</i> 0.
11			•	ivaly to toot for public o	ofativ Caa	anation FC	20/0)/4)			
		An organization organized a	·		•			4 4		
12		An organization organized a	·	•	-				•	
		more publicly supported or	-						Sheck the box o	วท
		lines 12a through 12d that	* *			-		-		
а			· · · · · · · · · · · · · · · · · · ·	· ·	•	_				
		the supported organization	on(s) the power to req	gularly appoint or elect	a majority o	of the direc	tors or trustees	of the su	pporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b			anization supervised	or controlled in connec	tion with it	s supporte	ed organization(s), by hav	ing	
		control or management o	f the supporting orga	anization vested in the	same perso	ns that co	ntrol or manage	the supp	orted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	l in connec	tion with, a	and functionally	integrate	d with,	
		its supported organization	n(s) (see instructions)). You must complete	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	integrated. A supp	oorting organization ope	rated in co	nnection w	vith its supporte	d organiz	zation(s)	
		that is not functionally int						-		
		requirement (see instructi	-		-		=			
е		Check this box if the orga	,	•	•			Type III		
·		functionally integrated, or					1,700 1, 1,700 11,	. y p c		
f	Ente	er the number of supported of		nany integrated support	ing organiz	ation.				
		ride the following information	•	nd organization(s)						
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount of m	nonetary	(vi) Amount o	f other
	•	organization	. ,	(described on lines 1-10	<u> </u>	ing document?	support (see inst	•	support (see inst	tructions)
		-		above (see instructions))	Yes	No				
									ļ	
								ĺ		
		<u> </u>								

332021 12-21-23

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support			_	_		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and sto						
	ction C. Computation of Publi					 	
	Public support percentage for 2023 (column (f))		14	<u>%</u>
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies		-				
Ľ	33 1/3% support test - 2022. If the	-					
47.	and stop here. The organization qual	•			- 40 40 40-		
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-	•	vi now the organi	zation
1.	meets the facts-and-circumstances to	-				170 and line 15 :-	L
r	10% -facts-and-circumstances test	ū				•	10% Or
	more, and if the organization meets the				-		
18	organization meets the facts-and-circle Private foundation. If the organization		-				
10	1 Tivate loundation. If the organization	AT GIG HOL CHECK A	DON OF HIE TO, TO	a, 100, 17a, 01 171	o, oricon triis bux a		(Form 990) 2023

332022 12-21-23

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.)

Sed	ction A. Public Support	ciow, picase comp	ioto i uit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not				• •	• •	
	include any "unusual grants.")	2805956.	2831670.	3094400.	2776489.	3101652.	14610167.
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2805956.	2831670.	3094400.	2776489.	3101652.	14610167.
	Amounts included on lines 1, 2, and 3 received from disqualified persons				2,750.		2,750.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b				2,750.		2,750.
	Public support. (Subtract line 7c from line 6.)						14607417.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019 2805956.	(b) 2020	(c) 2021	(d) 2022 2776489.	(e) 2023	(f) Total 14610167.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2805956.	2831670.	3094400.	1,473.	1,416.	2,889.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on				1,473.	1,416.	2,889.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			1,250.	32,525.	27,596.	61,371.
	Total support. (Add lines 9, 10c, 11, and 12.)	2805956.	2831670.	3095650.	2810487.		14674427.
14	First 5 years. If the Form 990 is for th	· ·		,		() ()	· —
Sor	check this box and stop here						L
	•			olumn (f))		15	99.54 %
	Public support percentage for 2023 (li Public support percentage from 2022		•	column (t))		16	99.54 %
	ction D. Computation of Inves						22302 70
	Investment income percentage for 20			ne 13. column (f))		17	.02 %
	Investment income percentage from 2					18	.01 %
	33 1/3% support tests - 2023. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	nd stop here. The organization did n	organization qualit ot check a box on	ies as a publicly su line 14 or line 19a	upported organizat , and line 16 is mo	tion re than 33 1/3%, a	ınd X
	line 18 is not more than 33 1/3%, che						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	2		
	За		
	3b		
	0.5		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	O.L.		
	9b		
	9с		
	- 0		
	10a		
	10b		
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Schedule A (Form 990)

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Sche	dule A (Form 990) 2023 And Then There Were None	15-383997	3 Pa	age 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	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			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
366	tion B. Type I Supporting Organizations		Yes	Na
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		res	No
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 instr	uctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ty (see instruction		Na
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	on A - Adjusted Net Income	(B) Current Year (optional)				
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	on 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):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	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				
Sect	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2023

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizations _{(contint}	ued)	
Section D - D	Distributions				Current Year
1 Amoun	ts paid to supported organizations to accomplish exer	mpt purposes		1	
2 Amoun	ts paid to perform activity that directly furthers exemp	t purposes of supported			
organiz	ations, in excess of income from activity			2	
3 Adminis	strative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4 Amoun	ts paid to acquire exempt-use assets			4	
5 Qualifie	ed set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6 Other of	distributions (describe in Part VI). See instructions.			6	
7 Total a	nnual distributions. Add lines 1 through 6.			7	
8 Distribu	utions to attentive supported organizations to which th	ne organization is responsive			
(provide	e details in Part VI). See instructions.			8	
9 Distribu	utable amount for 2023 from Section C, line 6			9	
10 Line 8 a	amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section E - D	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1 Distribu	utable amount for 2023 from Section C, line 6				
2 Underd	listributions, if any, for years prior to 2023 (reason-				
able ca	use required - explain in Part VI). See instructions.				
3 Excess	distributions carryover, if any, to 2023				
a From 2	018				
b From 2	019				
c From 2	020				
d From 2	021				
e From 2	022				
f Total o	f lines 3a through 3e				
g Applied	to underdistributions of prior years				
h Applied	to 2023 distributable amount				
i Carryov	ver from 2018 not applied (see instructions)				
j Remain	nder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distribu	utions for 2023 from Section D,				
line 7:	\$				
a Applied	to underdistributions of prior years				
b Applied	to 2023 distributable amount				
c Remain	nder. Subtract lines 4a and 4b from line 4.				
5 Remain	ning underdistributions for years prior to 2023, if				
any. Su	ubtract lines 3g and 4a from line 2. For result greater				
than ze	ero, explain in Part VI. See instructions.				
6 Remain	ning underdistributions for 2023. Subtract lines 3h				
and 4b	from line 1. For result greater than zero, explain in				
Part VI	. See instructions.				
	s distributions carryover to 2024. Add lines 3j				
and 4c.					
8 Breakd	own of line 7:				
a Excess	from 2019				
	from 2020				
c Excess	from 2021				
d Excess	from 2022				
e Excess	from 2023				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

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

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

Employer identification number

	And Then There Were None	45-3839973					
Organization type (ch	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (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						
, ,	ation is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.					
	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling many one contributor. Complete Parts I and II. See instructions for determining a contributor?	,					
Special Rules							
sections 509 contributor, o	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) 190-EZ, line 1. Complete Parts I and II.	d that received from any one					
contributor, o	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.						
year, contribu is checked, e purpose. Dor	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\$						
answer "No" on Part I	tion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fov., line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, are filing requirements of Schedule B (Form 990).	• •					

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

And Then There Were None

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$6,000.	Person X Payroll

Name of organization Employer identification number

And Then There Were None

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,010.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 23,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$9,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 6,762.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

And Then There Were None

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,350.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$5,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Name, address, and Zir + +	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

And Then There Were None

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
19		\$6,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
20		\$6,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
21		\$5,170.	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 22	Name, address, and ZIP + 4	Total contributions \$ 35,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
23		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
24		\$5,300.	Person X Payroll			

Name of organization Employer identification number

And Then There Were None

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27_		\$ 77,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29_		\$8,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,000.	Person X Payroll

Name of organization Employer identification number

And Then There Were None

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
31		\$6,200.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
32		\$8,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
33		\$\$	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 34	Name, address, and ZIP + 4	Total contributions \$ 6,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
35		\$ 7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
36		\$6,082.	Person X Payroll			

Page 2 Name of organization Employer identification number

And Then There Were None

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
37		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
38		\$8,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
39		\$ <u>12,115.</u>	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
40		\$10,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
41		\$6,750.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
42		\$10,800.	Person X Payroll			

Name of organization Employer identification number

And	Then	There	Were	None
TIIU.	TITEIT	TITELE	METE	TAOTIC

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
43		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
44		\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>45</u>		\$8,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Occupation (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

And Then There Were None

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	rty given (c) FMV (or estimate) (See instructions.)		FMV (or estimate)	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Page 4

Name of organization **Employer identification number** And Then There Were None 45-3839973 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Inspection

Name of the organization

And Then There Were None

Employer identification number 45-3839973

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nds or Acc	ounts. Complete if the
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor	advised funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	oose conferring	9
	impermissible private benefit?	······		Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form	990, Part IV, lir	ne 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education) Preservat	ion of a historic	cally important land area
	Protection of natural habitat	Preservat	ion of a certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a cons	ervation easement on the last
	day of the tax year.		Г	Held at the End of the Tax Year
а	Total number of conservation easements		Г	2a
b				2b
С	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			tion during the tax
	year		, ,	· ·
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		ig of	
	violations, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing con	servation ease	ments during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section	170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial st	atements that	describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	r Other Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statem	ent and baland	ce sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research	n in furtherance	e of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these	e items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement	and balance s	heet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research ir	n furtherance o	f public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) 4			•
2	If the organization received or held works of art, historical trea			ovide
	the following amounts required to be reported under FASB AS		- · ·	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

332051 09-28-23

Par	rt III Organizations Maintaining C	Collections of Art	, Historical Tre	asures, or	Other:	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, access	ion, and other records	s, check any of the f	ollowing that r	nake sigi	nificant us	se of its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or excl	hange progran	n				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain	how they further th	e organization	ı's exemp	ot purpos	e in Part	XIII.	
5	During the year, did the organization solicit								
	to be sold to raise funds rather than to be m	aintained as part of th	ne organization's col	lection?				Yes	☐ No
Par	rt IV Escrow and Custodial Arran						Part IV, lii	ne 9, or	
	reported an amount on Form 990, Pa	art X, line 21.							
1a	Is the organization an agent, trustee, custod	lian, or other intermed	liary for contribution	s or other asse	ets not ir	ncluded			
	on Form 990, Part X?						\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F					/?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planation has been j	orovided in Pa	rt XIII				
Par	rt V Endowment Funds Complete i	f the organization ans	wered "Yes" on For	m 990, Part IV	, line 10.				
		(a) Current year	(b) Prior year	(c) Two years	back (d	d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance	39,571.	41,650.	21,	,050.				
b	Contributions			20,	,000.	2	0,000.		
	Net investment earnings, gains, and losses	4,955.	-2,079.		600.		1,050.		
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	44,526.	39,571.	41,	,650.	2	1,050.		
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	48.8050	_%						
b	Permanent endowment 51.1950	%							
С	Term endowment	_%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiza	tion that are held an	d administere	d for the			_	
	organization by:							Y	es No
	(i) Unrelated organizations?							3a(i)	X
	(ii) Related organizations?							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	rt VI Land, Buildings, and Equipn								
	Complete if the organization answere	ed "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, lir	ne 10.			
	Description of property	(a) Cost or of basis (investment)	` '	I .		cumulated reciation	d	(d) Book	value
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment		1	1,094.		10,36	5.		729.
е	Other								
Γotal	I. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part	X. line 10c. column	(B))					729.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 1 (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives	
(a) Description of security or category (including name of security) (b) Book value	
	(-) Mathe at a facilitation of a toronto and a facilitation of a state of a s
1) Financial derivatives	(c) Method of valuation: Cost or end-of-year market value
,	
2) Closely held equity interests	
3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	
Part VIII Investments - Program Related.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
(a) Description of investment (b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	
Part IX Other Assets	
Complete if the organization answered "Yes" on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
Complete if the organization answered "Yes" on Form 990, Part IV, line 1	1e or 11f See Form 990 Part Y line 25
(a) Description of liability	(b) Book value
	(b) Book value
(1) Federal income taxes	0 207
(2) Finance lease liability	8,387.
(3)	
(4)	
(5)	
(6)	
(6)	
(6)	
(6) (7)	8,387.

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

Schedule D (Form 990) 2023

Par	t XI Reconciliation of Revenue per Audited Financial S	Statements With Re	evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part I'	V, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,240,582.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	7,700.		
b	Donated services and use of facilities	2b			
	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	7,700. 3,232,882.
	Subtract line 2e from line 1			3	3,232,882.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	400		
	Investment expenses not included on Form 990, Part VIII, line 7b	l l	409.		
b	Other (Describe in Part XIII.)	4b			400
	Add lines 4a and 4b			4c	409.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	2 12.)	·	5	3,233,291.
Par	t XII Reconciliation of Expenses per Audited Financial		xpenses per H	teturr	1
	Complete if the organization answered "Yes" on Form 990, Part I				2 246 150
	Total expenses and losses per audited financial statements			1	3,346,172.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
	Donated services and use of facilities	l l			
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)				0
	Add lines 2a through 2d			2e	3,346,172.
	Subtract line 2e from line 1			3	3,340,1/2.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	400		
	Investment expenses not included on Form 990, Part VIII, line 7b	l l	409.		
	Other (Describe in Part XIII.)	4b			400
	Add lines 4a and 4b			4c	409. 3,346,581.
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lint XIII Supplemental Information	<u>ne 18.) </u>		5	3,340,301.
		and 4. Doct IV. Sono dia am	al Obs David V. Jima 4	. Dart V	/ Jima Or Davit VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a			; Part X	a, line 2; Part XI,
iiries 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provic	ie any additional informa	uori.		
Dar	rt X, Line 2:				
<u>r ar</u>	C A, Dine 2.				
Αππ	WN is exempt from federal income tax	as a nonprof	it organi	zati	ion
	Will be exempt from rederar frome tax	ab a nonpror	it Organi	<u> </u>	.011
des	scribed in Section 501(c)(3) of the In	nternal Rever	uie Code a	nd i	İs
<u></u>					
cla	ssified as an organization other than	n a private f	oundation	. A	TTWN did
		<u></u>			
not	have a liability for unrelated busing	ness income t	axes for	the	vear
					7
Dec	ember 31, 2023.				

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** And Then There Were None 45-3839973 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations е Solicitation of non-government grants b X Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) HSP Direct - 13755 Sunrise Yes No Х Valley, Herndon, VA 20171 Direct Mail Fundraising 1,705,251 115,221 1,590,030. 1,705,251. 115 221 1 590 030 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

	edu I rt I		n There Were			3839973 Page 2
Pä	IT L I	Fundraising Events. Complete if the of fundraising event contributions and great properties.				
		or randration g over the sale of a range	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
Reve	1	Gross receipts				
_						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	1	Cash prizes				
	"	Oddii pii200				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Expe						
rect	7	Food and beverages				
莅	R	Entertainment				
	9	Other direct expenses	1			
	10	Direct expense summary. Add lines 4 through		'		
	11	Net income summary. Subtract line 10 from I				
Pa	ırt I	II Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
e				6.5.0.1.1.2.1.1		T
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
even			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	1
Reven	1	Gross revenue	(a) Bingo		(c) Other gaming	1
		Gross revenue	(a) Bingo		(c) Other gaming	1
	2	Cash prizes			(c) Other gaming	1
Expenses	2	Cash prizes Noncash prizes			(c) Other gaming	1
Expenses	2	Cash prizes			(c) Other gaming	1
	3 4	Cash prizes Noncash prizes Rent/facility costs			(c) Other gaming	1
Expenses	3 4	Cash prizes Noncash prizes		bingo/progressive bingo	(c) Other gaming	1
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		1
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes %	bingo/progressive bingo Yes % No		1
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %	bingo/progressive bingo Yes%		1
Expenses	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No 5 in column (d)	yes %	Yes %	1
Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No 5 in column (d)	bingo/progressive bingo Yes% No	Yes%	1
6 Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 1 5 in column (d) I from line 1, column (d)	bingo/progressive bingo Yes% No		col. (a) through col. (c))
b 6 Direct Expenses	2 3 4 5 6 7 8 Entrius la transferación	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming and	Yes% No 1 5 in column (d) 1 from line 1, column (d) 2 detectivities:	yes % No		col. (a) through col. (c))
b C Direct Expenses	2 3 4 5 6 7 8 Entrius la transferación	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 1 5 in column (d) 1 from line 1, column (d) 2 detectivities:	yes % No		col. (a) through col. (c))
g b Oirect Expenses	2 3 4 5 6 7 8 End I Ist the list the li	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct he organization licensed to conduct gaming and No," explain:	Yes% No 15 in column (d) From line 1, column (d) acts gaming activities:ctivities in each of these	yes% No	Yes%No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Entre list to lift " West West	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming and	Yes % No 15 in column (d) I from line 1, column (d) Licts gaming activities:ctivities in each of these	yes% No	Yes%No	col. (a) through col. (c))

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 And Then There Were None 45-	383997	3 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		ا ءود ا	0/
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
	If "Yes," enter name and address of the third party:		
(: in Yes, entername and address of the third party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Coming manager componentian		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
٠		Yes	☐ No
	retain the state gaming license?		
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D-	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P.	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	G (Form 990)	And	Then The	re Were	None	45-3839973	Page 4
Part IV	G (Form 990) Supplemental Infor	mation	(continued)				

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

And Then There Were None

 $\begin{array}{c} \textbf{Employer identification number} \\ 45-3839973 \end{array}$

Pá	art I Questions Regarding Compensation	<u>.</u>			
				Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the	he following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevan	nt information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follows:	ow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above	? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or a	allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regard	ding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to esta	ablish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any bo	exes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain	n in Part III.			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section	on A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		4a		X
b	Participate in or receive payment from a supplemental nonqualified	d retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation	ion arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the application	able amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations m	nust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the	e organization pay or accrue any compensation			
	contingent on the revenues of:				
а	The organization?		5a		X
b	Any related organization?		5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the	e organization pay or accrue any compensation			
	contingent on the net earnings of:				
а	The organization?		6a		X
			6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the				
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued				
	initial contract exception described in Regulations section 53.4958	3-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable pro	esumption procedure described in			
	Regulations section 53.4958-6(c)?		9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Abby Johnson	(i)	194,141.	0.	0.	0.	3,859.	198,000.	0.
President and CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.					

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

And Then There Were None

Employer identification number 45-3839973

Form 990, Part I, Line 1, Description of Organization Mission:
personal constraints, the gap between an uncomfortable job and another
career path may be financially unbearable. We seek to bridge that
financial gap.
Form 990, Part III, Line 1, Description of Organization Mission:
financial gap.
Form 990, Part VI, Section A, line 7a:
And Then There Were None has members who have the power to elect or appoint
members to the governing body.
Form 990, Part VI, Section A, line 8b:
Board minutes are maintained.
Form 990, Part VI, Section B, line 11b:
Board members are each provided a copy of the 990 for review before filing.
Town 000 Park VI. Gostion P. Line 12s.
Form 990, Part VI, Section B, Line 12c:
The board and employees review and sign the conflict of interest policy
annually.
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:
TX, AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, MO, NC, ND, NH
NJ,NM,NY,NV,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

Schedule O (Form 990) 2023 Page **2**

Management and general expenses Fundraising expenses Total expenses 816,005. Total Other Fees on Form 990, Part IX, line 11g, Col A 816,005. Form 990, Part XI, line 9, Changes in Net Assets:	Name of the organization And Then There Were None	Employer identification number 45 – 3839973
financial statements are made available upon request to the public. Form 990, Part IX, Line 11g, Other Fees: Contract Services: Program service expenses 816,005. Management and general expenses 0. Fundraising expenses 0. Total expenses 816,005. Total Other Fees on Form 990, Part IX, line 11g, Col A 816,005. Form 990, Part XI, line 9, Changes in Net Assets: Rounding adjustment 1. Form 990, Part XII, Line 2c: The process has not changed from the prior year. Amended return explanation This return has been amended to include the joint costs on Page 10,	Form 990, Part VI, Section C, Line 19:	
Form 990, Part IX, Line 11g, Other Fees: Contract Services: Program service expenses 816,005. Management and general expenses 0. Fundraising expenses 0. Total expenses 816,005. Total Other Fees on Form 990, Part IX, line 11g, Col A 816,005. Form 990, Part XI, line 9, Changes in Net Assets: Rounding adjustment 1. Form 990, Part XII, Line 2c: The process has not changed from the prior year. Amended return explanation This return has been amended to include the joint costs on Page 10,	Governing documents, conflicts of interest policy, form 99	0 or other
Contract Services: Program service expenses 816,005. Management and general expenses 0. Fundraising expenses 0. Total expenses 816,005. Total Other Fees on Form 990, Part IX, line 11g, Col A 816,005. Form 990, Part XI, line 9, Changes in Net Assets: Rounding adjustment 1. Form 990, Part XII, Line 2c: The process has not changed from the prior year. Amended return explanation This return has been amended to include the joint costs on Page 10,	financial statements are made available upon request to th	e public.
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Management and general expenses 0. Fundraising expenses 0. Total expenses 816,005. Total Other Fees on Form 990, Part IX, line 11g, Col A 816,005. Form 990, Part XI, line 9, Changes in Net Assets: Rounding adjustment 1. Form 990, Part XII, Line 2c: The process has not changed from the prior year. Amended return explanation This return has been amended to include the joint costs on Page 10,	Contract Services:	
Fundraising expenses 0. Total expenses 816,005. Total Other Fees on Form 990, Part IX, line 11g, Col A 816,005. Form 990, Part XI, line 9, Changes in Net Assets: Rounding adjustment 1. Form 990, Part XII, Line 2c: The process has not changed from the prior year. Amended return explanation This return has been amended to include the joint costs on Page 10,	Program service expenses	816,005.
Total expenses 816,005. Total Other Fees on Form 990, Part IX, line 11g, Col A 816,005. Form 990, Part XI, line 9, Changes in Net Assets: Rounding adjustment 1. Form 990, Part XII, Line 2c: The process has not changed from the prior year. Amended return explanation This return has been amended to include the joint costs on Page 10,	Management and general expenses	0.
Total Other Fees on Form 990, Part IX, line 11g, Col A 816,005. Form 990, Part XI, line 9, Changes in Net Assets: Rounding adjustment 1. Form 990, Part XII, Line 2c: The process has not changed from the prior year. Amended return explanation This return has been amended to include the joint costs on Page 10,	Fundraising expenses	0.
Form 990, Part XI, line 9, Changes in Net Assets: Rounding adjustment 1. Form 990, Part XII, Line 2c: The process has not changed from the prior year. Amended return explanation This return has been amended to include the joint costs on Page 10,	Total expenses	816,005.
Rounding adjustment 1. Form 990, Part XII, Line 2c: The process has not changed from the prior year. Amended return explanation This return has been amended to include the joint costs on Page 10,	Total Other Fees on Form 990, Part IX, line 11g, Col A	816,005.
Rounding adjustment 1. Form 990, Part XII, Line 2c: The process has not changed from the prior year. Amended return explanation This return has been amended to include the joint costs on Page 10,		
Form 990, Part XII, Line 2c: The process has not changed from the prior year. Amended return explanation This return has been amended to include the joint costs on Page 10,	Form 990, Part XI, line 9, Changes in Net Assets:	
The process has not changed from the prior year. Amended return explanation This return has been amended to include the joint costs on Page 10,	Rounding adjustment	1.
The process has not changed from the prior year. Amended return explanation This return has been amended to include the joint costs on Page 10,		
Amended return explanation This return has been amended to include the joint costs on Page 10,	Form 990, Part XII, Line 2c:	
This return has been amended to include the joint costs on Page 10,	The process has not changed from the prior year.	
This return has been amended to include the joint costs on Page 10,		
This return has been amended to include the joint costs on Page 10,		
	Amended return explanation	
line 26. No other changes were made.	This return has been amended to include the joint costs on	Page 10,
	line 26. No other changes were made.	
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