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.

OMB No. 1545-0047 **Open to Public**

Department of the Treasury

Т

Interr	al Reve	nue Service Go to www.irs.gov/Form990 for instructions and the late	st mormation.	Inspection
AF	or th	e 2022 calendar year, or tax year beginning $ m JUL1$, 2022 and ending	<u>JUN 30, 2023</u>	
Bc	heck if	C Name of organization	D Employer identifie	cation number
а				
	Addr	THE INNOCENT LIVES FOUNDATION		
	Name Name		82-11101	16
	Initia returr		uite E Telephone number	r
	Final returr	305 LINDEN ST, 4TH FLOOR	570-309-	
	termi ated	¹⁻ City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	931,086.
	Amer	SCRANION, FA 10505	H(a) Is this a group re	eturn
	Appli dtion	F Name and address of principal officer: CIIKIDIOFILLIK IIADIAGI	for subordinates	? Yes X No
	pend	^{ng} 3956 TOWN CENTER BLVD #171, ORLANDO, FL 32	28 H(b) Are all subordinates in	cluded? Yes No
<u>I</u> T	ax-e>	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) or 🦳	527 If "No," attach a	list. See instructions
<u>J V</u>	Vebs	te: WWW.INNOCENTLIVESFOUNDATION.ORG	H(c) Group exemptio	n number
			Year of formation: 2017	A State of legal domicile: PA
Pa	nrt I	Summary		
~	1	Briefly describe the organization's mission or most significant activities: WE SUPPO		
ů Ľ		VICTIMS OF SEXTORTATION. WE DEFEND AND SUPPOR	RT THE VICTIMS	OF CHILD
rna	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		6
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		6
es 6	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	8
viti	6	Total number of volunteers (estimate if necessary)	6	41
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)	602,320.	130,578.
enu	9	Program service revenue (Part VIII, line 2g)	0.	695,980.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-6,069.	16,860.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,982.	85,230.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	593,269.	928,648.
	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.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	556,099.	430,665.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
- ad x		Total fundraising expenses (Part IX, column (D), line 25) 54,738.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	157,560.	305,352.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	713,659.	736,017.
	19	Revenue less expenses. Subtract line 18 from line 12	-120,390.	192,631.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
ssets	20	Total assets (Part X, line 16)	549,372.	831,268.
it As	21	Total liabilities (Part X, line 26)	18,453.	107,718.
ER.	22	Net assets or fund balances. Subtract line 21 from line 20	530,919.	723,550.
	art II	Signature Block		
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	

Sign	Signature of officer			Date				
Here	CHRISTOPHER HADNAGY, CEO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	TAWNYA KELLEY, CPA			self-employed P01319880				
Preparer	Firm's name H&CO, LLP			Firm's EIN 47-2427769				
Use Only	Firm's address 1000 LEGION PLACE	, SUITE 701						
	ORLANDO, FL 32801			Phone no. 3054448800				
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	LIVIN 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) THE INNOCENT LIVES FOUNDATION	82-1110116	Page 2
Par	t III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u>. </u>
-	TO IDENTIFY ANONYMOUS CHILD PREDATORS AND HELP BRING TH	HEM TO JUSTICE.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Yes	X No
	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	s?Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,		-1
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot revenue, if any, for each program service reported.	hers, the total expenses, and	d
4a		evenue \$ 798,0)70.)
	PUBLIC AWARENESS OF CHILD PREDATORS USING SOCIAL MEDIA		/
	CHILDREN. PRODUCTION OF HOW TO SAFETY GUIDES FOR PARENT		'OR
	SAFE USE OF SOCIAL MEDIA AND OTHER ELECTRONIC COMMUNICA	TION DEVICES.	
4b	(Code:) (Expenses \$ including grants of \$) (Re		<u>)</u>
10)
4c		evenue \$	
40	(Code:) (Expenses \$ including grants of \$) (Re	venue \$)
4d	Other program services (Describe on Schedule O.)		
40	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 591, 283.	,	
		Form 9 9	90 (2022)
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	2		

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Form 990 (2				LIVES	FOUNDATION
Part IV	Checklist of Re	equire	d 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		_X_
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		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	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			37
_	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,			77
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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		<u> </u>
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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
d	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
U		11b		х
~	assets reported in Part X, line 16? If "Yes, " complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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,			
	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	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		<u> </u>
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	0000	Х
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 Form 990 (2022)
 THE INNOCENT LIVES FOUNDATION

 Part IV
 Checklist of Required Schedules (continued)

			Vee	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	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		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		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		
	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			37
-	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	0.51		v
00	Schedule L, Part I	25b		X
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%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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			37
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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			
	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?			
Pa	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1c		
23200/	(gambling) winnings to prize winners?		990	(2022)
				、 -)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	8	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		X
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	t)?	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 A	ccoun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5</u> a	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit			37
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X X
				7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					37
	to file Form 8282?		 I	7c		X
	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 co		t?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u> </u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		<u> </u>
8						
	sponsoring organization have excess business holdings at any time during the year?					<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					
				9a	<u> </u>	<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:	۱	I			
	Gross income from members or shareholders	11a		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
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.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	406	I			
	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand	13c	I	14a		x
						<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		x
	excess parachute payment(s) during the year?			15		
10	If "Yes," see the instructions and file Form 4720, Schedule N.	ince	202	40		y
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	. Incor	ne?	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 ac			-	1	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				000	(0000)
232005	12-13-22			Form	1990	(2022)

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THE INNOCENT LIVES FOUNDATION

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X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		6		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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 ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	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 ch	apters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12 b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," c	lescribe			
	on Schedule O how this was done			120	X	L
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 approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent v	vith a			37
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	ı's			
800	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed PA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990)-T (section 501(c)(3	3)s only) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
40	X Own website Another's website Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	or interest policy, a	nd finai	ncial	
~~	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 boot TEFE CUPTNOUN $-570-309-3014$	oks an	a records			
	<u>JEFF STRINGHAM - 570-309-3014</u> 3956 TOWN CENTER BLVD #171, ORLANDO, FL 32837					
				Le.	m 990	(0000)
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	0					

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)

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

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

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

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

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

(A) Name and title	(B) Average	Average (do not ch						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below	stee or director	cer ar	nd a d	irecto	Highest compensated stord s employee	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	amount of other compensation from the organization and related organizations
	line)	Indivi	Institu	Officer	Key el	Highe	Former			
(1) MITCHELL MCCOMBS	40.00							122 500	0	
COO (2) DOUGLAS ASH	2 00		-			X		132,500.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(3) ERIN GRAY	2.00	~							0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(4) DR. KATHIE MATHIS	2.00									
DIRECTOR		х						0.	0.	0.
(5) ATTORNEY TIMOTHY MALONEY	2.00									
DIRECTOR		Х						0.	0.	0.
(6) STEPHANIE PAUL	2.00									
DIRECTOR		Х						0.	0.	0.
(7) CHRISTOPHER HADNAGY	2.00									
СЕО		Х		X				0.	0.	0.
			-							
			-			-				
222007 10 12 20						•	•	•	•	Form 990 (2022)

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232007 12-13-22

	990 (2022) THE INNOC									82-11	101	16	Pa	age 8
Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)				
	(A)	(B)			(C				(D)	(E)			(F)	
	Name and title	Average	(do		Posi		l than o	ne	Reportable	Reportable		Es	timate	ed
		hours per	box	, unles	s per	son is	s both	an	compensation	compensatio	n	am	nount	of
		week		cer and	d a di	recto	r/trust	ee)	from	from related			other	
		(list any	ector						the	organizations	I		pensa	
		hours for	or dir	e			ated		organization	(W-2/1099-MIS	,C/		om th	
		related	Istee	truste		æ	pense		(W-2/1099-MISC/	1099-NEC)		•	anizat	
		organizations below	ial tru	onal		oloye	ee com		1099-NEC)				d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orga	inizati	ons
			Ē	Ë	9	Ke	Ξē	요			-+			
											$ \rightarrow $			
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									100 500		_			
	Subtotal								132,500.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								132,500.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	listeo	d ab	ove) who	o re	ceived more than \$100,	000 of reportable	ŧ			
	compensation from the organization													1
											-		Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oyee	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual									[3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a										···· [
	rendered to the organization? If "Yes," com											5		Х
Sect	ion B. Independent Contractors	pioto conodule	201			2010	<u>.</u>							
1	Complete this table for your five highest co	mpensated ind	lene	nder	nt co	ontra	actor	s th	at received more than \$	100 000 of comp	ensat	ion fro	m	
	the organization. Report compensation for													
	(A)	ine calendar ye			<u>g</u>				(B)			(C	3	
	Name and business	address	NC	ONE	2				Description of s	ervices	C		nsatio	n
					-				•					
								-						
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2	Total number of independent contractors (ir		at lin	nitod	l to t	thee		L hod	above) who received me	ore than				
2	\$100,000 of compensation from the organiz		51 111	meu	101	1105 0))	eu	above, who received mo	ne unan				
	wroo,ooo or compensation nom the organi	auvii				U	,							

Form **990** (2022)

232008 12-13-22

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THE INNOCENT LIVES FOUNDATION Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons				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	137,086.	123,377.	13,709.	
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	226,153.	181,899.	23,782.	20,472.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	39,354.	31,700. 23,593.	4,971.	2,683. 1,582.
10	Payroll taxes	28,072.	23,593.	2,897.	1,582.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	15,502.		15,502.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	128,102.	125,519.	2,088.	<u>495.</u> 8,733.
12	Advertising and promotion	25,727.	16,994.		8,733.
13	Office expenses	5,955.	1,691.	4,264.	
14	Information technology	35,714.	30,040.	5,674.	
15	Royalties				
16	Occupancy				
17	Travel	54,644.	54,644.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,823.	1,046.	5,707.	70.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
-	amount, list line 24e expenses on Schedule 0.)	11,884.		1,243.	10,641.
a ⊾	INVESTMENT EXPENSES	10,159.		10,159.	10,041.
a	BOURBON BARREL PICK	9,507.			9,507.
C ہہ	BUSINESS GIFTS	785.	230.		555.
d		550.	550.		
	All other expenses	736,017.	591,283.	89,996.	54,738.
25 26	Total functional expenses. Add lines 1 through 24e	, JU, UI/•	JJL, 20J.		54,130.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

10

232010 12-13-22

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15330515 152499 76052.1

Form 990 (2022) Part X Balance Sheet

		Check if Schedule O contains a response or no				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		138,983.	1	544,481.
	2	Savings and temporary cash investments		114,952.	2	24,679.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current o				
		trustee, key employee, creator or founder, subs				
		controlled entity or family member of any of the	se persons		5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons describe		6		
s	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	19,696.
	10a	Land, buildings, and equipment: cost or other				· · ·
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		295,437.	15	242,412.
	16	Total assets. Add lines 1 through 15 (must equ		549,372.	16	831,268.
	17	Accounts payable and accrued expenses	18,453.	17	107,718.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	-			20	
	21	Escrow or custodial account liability. Complete			21	
	22	Loans and other payables to any current or form				
tie		trustee, key employee, creator or founder, subs				
Liabilities		controlled entity or family member of any of the			22	
Lia	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on line	-			
		of Schedule D	· · · ·		25	
	26			18,453.	26	107,718.
		Organizations that follow FASB ASC 958, che				
es		and complete lines 27, 28, 32, and 33.				
and	27	.		530,919.	27	723,550.
Bal	28				28	
pu		Organizations that do not follow FASB ASC 9				
Ъ		and complete lines 29 through 33.				
ğ	29	Capital stock or trust principal, or current funds			29	
Sets	30	Paid-in or capital surplus, or land, building, or each			30	
Ast	31	Retained earnings, endowment, accumulated in			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		530,919.	32	723,550.
_	33	Total liabilities and net assets/fund balances		549,372.	33	831,268.

82-1110116 Page 11

	1990 (2022) THE INNOCENT LIVES FOUNDATION	82-	<u>-1110116</u>	Pa	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	92	8,6	48.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	73	6,0	17.			
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>2,6</u> 0,9				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	72	3,5	50.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash 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?		2a	Х				
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).					
3a	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?				X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	it					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000				

(Form 990)

Total

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.

OMB No. 1545-0047
2022
Open to Public

1

Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.							
Name	of t	the organizati		do to www.ii3.gov/			, latest ini	ormation.	Employer	Inspection identification numbe
		ine ergamzati		TNNOCENT L	IVES FOUNDAT	TON				2-1110116
Par	tl	Reason	for Public (Charity Status.	(All organizations must c	omplete ti	nis part.) S	ee instructior		2 1110110
					For lines 1 through 12, c					
1			•	•	on of churches described		,	1)(4)(i)		
2					Attach Schedule E (Forn		// // // //	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3					anization described in s		V6V1VAVi	;;)		
4		•	•		njunction with a hospital			•	Viii) Enter	the hospital's name
- L		city, and stat	-		ijunotion with a noopital	000011000	Secue			the hospital o hame,
5 [•		or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
U L		0	-	Complete Part II.)		o, opoidi				
6					nental unit described in	section 1	70(b)(1)(A)	(v).		
7	X		-	-	ntial part of its support fi				ne general i	oublic described in
• -				complete Part II.)		onn a gort	Similar		io gonoran	
8					(1)(A)(vi). (Complete Par	t II.)				
9					in section 170(b)(1)(A)(ed in coniu	unction with a	land-grant	college
					ulture (see instructions).					
		university:		5 5 5	(, ,	,	5	
10			on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membersh	ip fees, an	d gross receipts from
					t to certain exceptions; a					
		income and ι	Inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the or	anization a	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11 [An organizati	on organized a	and operated exclusi	vely to test for public sa	fety. See	section 5	09(a)(4).		
12 🛛		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
а] Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	oorted org	anization(s), t	pically by	giving
		the suppor	ted organizatio	on(s) the power to rea	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	/ing
		control or r	nanagement o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrate	∍d with,
		_ its support	ed organizatio	n(s) (see instructions). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	ted organiz	zation(s)
		that is not	functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rea	quirement and	l an attentiv	veness
	_			,	nplete Part IV, Sections					
е		—	0		written determination fro			Туре I, Туре	II, Type III	
					nally integrated supporti	ng organiz	ation.			
		er the number		•						
g		vide the follow i) Name of supp		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	fmonetany	(vi) Amount of other
	(organizatior			(described on lines 1-10	in your govern	ing document?	support (see i		support (see instructions
		3	-		above (see instructions))	Yes	No		,	
				1			1			1

Part II

THE INNOCENT LIVES FOUNDATION

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		442 702			120 570	0100001
_	include any "unusual grants.")	191,545.	443,793.	773,777.	599,338.	130,578.	2139031.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
2	or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	191,545.	443,793.	773,777.	599,338.	130,578.	2139031.
5	The portion of total contributions						
Ŭ	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.						2139031.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	191,545.	443,793.	773,777.	599,338.	130,578.	2139031.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				c	10 000	10.000
	and income from similar sources				-6,069.	19,298.	13,229.
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.)						2152260.
	Total support. Add lines 7 through 10		(no)			12	2132200.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	-		iourth or fifth tax y			
13	organization, check this box and stor			-			
Sec	tion C. Computation of Publi						
	Public support percentage for 2022 (I		-	olumn (f))		14	99.39 %
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o	•				ore, check this bo	
	stop here. The organization qualifies	-					V
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, cheo	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu						
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2022

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THE INNOCENT LIVES FOUNDATION 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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 bus- iness 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 erganization without charge						
~	the organization without charge					+	
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6			(-) ====			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•					ization,
_	check this box and stop here	· · · · · · · · · · · · · · · · · · ·	•			<u></u>	
	ction C. Computation of Publ		•				
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 2 Investment income percentage from			ine 13, column (f))		17	<u>%</u> %
	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2021. If the	-			• •		
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						
	23 12-09-22						ule A (Form 990) 2022
			15			00.00	

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1

Yes No

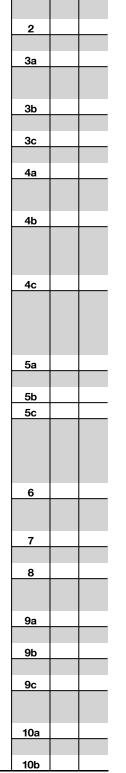
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

16

Schedule A (Form 990) 2022 THE INNOCENT LIVES FOUNDATION

Yes

No

11 a	Has the organization accepted a gift or contribution from any of the following persons?	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?		1.10
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		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported arganization and ware the power to require the organization and ware the organization and ware the organization at the organization of th</i>		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

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

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

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
		, , , , , , , , , , , , , , , , , , ,	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a ______ 2b _____ 3a _____ 3b _____

Schedule A (Form 990) 2022

Yes No

3

232025 12-09-22

2022.05090 THE INNOCENT LIVES FOUNDA 76052.11

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Schedule A	(Form 99	0) 2022
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Schedule A	(Form 990)) 2022	THE	INNOCENT	LIVES	FOUNDATION	
Part V	Type III	Non-	Functionally	Integrated 50	9(a)(3) Su	pporting Organizat	ions

1	Check here if the organization satisfied the Integral Part Test as a qualifyir		Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	1
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Section 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

232026 12-09-22

THE INNOCENT LIVES FOUNDATION

82-1110116 Page 7

_	Schedule A (Form 990) 2022 THE INNOCENT LIVES FOUNDATION 82-1110116 Page 7					
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions				Current Yea	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	3	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributabl Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
_	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022 THE	INNOCENT LIVES	FOUNDATION	82-1110116 Page 8
Part VI	line 1; Part IV, Section A, lines 1, 2, 3b, 3	3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 and 3; Part IV, Section E, lines	quired by Part II, line 10; Part II, lin Ia, 11b, and 11c; Part IV, Section E 1c, 2a, 2b, 3a, and 3b; Part V, line d 6. Also complete this part for any	1; Part V, Section B, line 1e; Part V,
232028 12-09-2	2	2	0	Schedule A (Form 990) 2022

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Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

32-1110	116	
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	THE INNOCENT LIVES FOUNDATION	82-111			
Organization type (cheo	Drganization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	\fbox{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				

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

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

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

Schedule B (Form 990) (2022)

(a)

THE INNOCENT LIVES FOUNDATION

(b)

Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 14,420. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 5,439. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

2022.05090 THE INNOCENT LIVES FOUNDA 76052.11

223452 11-15-22

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

(d)

Page 2

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(c)

15330515 152499 76052.1

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a)		(c)			
No.	(b)	FMV (or estimate)	(d)		
from	Description of noncash property given	(See instructions.)	Date received		
Part I					
		\$			
(a)					
No.	(b)	(c)	(d)		
from	Description of noncash property given	FMV (or estimate)	Date received		
Part I		(See instructions.)			
		_			
		\$			
(a)		(c)			
No.	(b)	FMV (or estimate)	(d)		
from	Description of noncash property given	(See instructions.)	Date received		
Part I					
		—			
		\$			
(a)	<i>"</i> ,	(c)	<i>(</i>))		
No.	(b)	FMV (or estimate)	(d)		
from Part I	Description of noncash property given	(See instructions.)	Date received		
		—			
		\$			
(a)	" >	(c)	())		
No. from	(b)	FMV (or estimate)	(d) Data wasaiwad		
from Part I	Description of noncash property given	(See instructions.)	Date received		
		_			
		—			
		\$			
(a)		(c)	<i></i>		
No. from	(b)	FMV (or estimate)	(d) Data wasaiwad		
from Part I	Description of noncash property given	(See instructions.)	Date received		
		-			
		\$			

Name of organization

THE INNOCENT LIVES FOUNDATION

Employer identification number

82-1110116

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Schedule B (Form 990) (2022)

15330515 152499 76052.1

Schedule B	8 (Form 990) (2022)		Page 4				
Name of or	ganization		Employer identification number				
THE IN	NOCENT LIVES FOUNDATIO	J	82-1110116				
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif	ft				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
Γ							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
F	(e) Transfer of gift						
	Transferee's name, address, a	nd 7 ID + 4	Relationship of transferor to transferee				
F							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	((-, 3	(,				
F		(e) Transfer of gif	ft				
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from			(d) Decemination of how with its hold				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
F		(e) Transfer of gif					
		(e) mansier of gi					
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
223454 11-15-	22		Schedule B (Form 990) (2022)				

SCHEDULE D

(Form	990)
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Part I

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.

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the



Employer identification number

82-1110116

Name of the organization

epartment of the Treasury

Internal Revenue Service

THE INNOCENT LIVES FOUNDATION

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) С 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 232051 09-01-22 25

Sche		OCENT LIVES						82-11			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, checl	k any of the	following tha	t make się	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌	Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ney further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for	contribution	s or other as	sets not ir	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing	table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	e Distributions during the year1e			1e							
f	Ending balance						1f				
	Did the organization include an amount on Fe						ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i								() [h a ala
		(a) Current year	(d)	Prior year	(c) Two yea	IS DACK	(a) Three y	ears back	(e) Four	years	раск
1 a	Beginning of year balance										
b	b Contributions										
С	c Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	•	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	b Permanent endowment%										
С		%									
-	The percentages on lines 2a, 2b, and 2c show	· · · · · ·									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation the	at are held ar	nd administer	red for the	e		Г	Yes	Na
	organization by:									res	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	tunds.							
1 41	Complete if the organization answere) Part I\	/ line 11a S	See Form 990) Part X I	ine 10				
	Description of property	(a) Cost or o		ŕ –	t or other		cumulate	d l	(d) Book	volu	
	Description of property	basis (investr		. ,	(other)		preciation	,u	(u) B00r	value	C
1a	Land				· ··/						
b	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X	nn (R) line 1	0c)	1					0.
		quui onn 330, i all.	<u></u>	<u></u>	<u></u>			Schedule	D (Form	990)	-
									•	,	-

	(b) Book value	(c) Method of valuation: Cost or end	or your market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(0) 20011 10.00		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
	Description		(b) Book value
(1) INVESTMENTS	Description		
(1) INVESTMENTS (2)	Description		
(1) INVESTMENTS (2) (3)	Description		
(1) INVESTMENTS (2) (3) (4)	Description		
(1) INVESTMENTS (2) (3) (4) (5)	Description		
(1) INVESTMENT'S (2) (3) (4) (5) (6)	Description		
(1) INVESTMENTS (2) (3) (4) (5) (6) (7)	Description		
(1) INVESTMENTS (2) (3) (4) (5) (6) (7) (8)	Description		
(1) INVESTMENTS (2) (3) (4) (5) (6) (7) (8) (9)			242,412.
(1) INVESTMENTS (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line			242,412.
(1) INVESTMENTS (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		242,412.
(1) INVESTMENT'S (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	15.)		242,412
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Schedule D (Form 990) 2022

232053 09-01-22

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

THE INNOCENT LIVES FOUNDATION Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Sche	hedule D (Form 990) 2022 THE INNOCENT LIVES FOUNDATION		82-1110116 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per R	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	_
b	Prior year adjustments	2b	_
С	Other losses	2c	_
d	Other (Describe in Part XIII.)		_
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		_
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t XIII Supplemental Information.		

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

232054 09-01-22

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.



THE INNOCENT LIVES FOUNDATION

Employer identification number 82-1110116

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SEX ABUSE AND FIGHT TO ERADICATE THE SPREAD OF CHILD PORNOGRAPHY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S BOARD OF DIRECTORS ARE PROVIDED WITH A COPY OF THE FORM

990, AND A COMPREHENSIVE REVIEW IS CONDUCTED, BEFORE IT IS WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON

REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON

REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	125,519.
MANAGEMENT AND GENERAL EXPENSES	2,088.
FUNDRAISING EXPENSES	495.
TOTAL EXPENSES	128,102.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	128,102.

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

2022 Return Summary	
THE INNOCENT LIVES FOUNDATION	82-1110116
FORM 990:	
TOTAL REVENUE TOTAL EXPENSES EXCESS <deficit> BEGINNING NET ASSETS CHANGES IN NET ASSETS ENDING NET ASSETS</deficit>	928,648. 736,017. 192,631. 530,919. 0. 723,550.
BALANCE SHEET ANALYSIS	
ENDING TOTAL ASSETS ENDING TOTAL LIABILITIES ENDING TOTAL NET ASSETS OR FUND BALANCES	831,268. 107,718. 723,550.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 11	0. 0.
PENNSYLVANIA FORM BCO-10:	
TOTAL REVENUE TOTAL EXPENSES ANNUAL REPORT FILING FEES	0. 0. 150.