ObjectId: 202442919349301234 - Submission: 2024-10-17

Form **990**

Department of the Treasury

Internal Revenue Service

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.

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

TIN: 82-2279600 OMB No. 1545-0047

2023

Open to Public Inspection

Fo	r th	e 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-33	l-2023		•	
Che	ck if a	pplicable: C Name of organization		D Employe	r identifi	cation number
⊃ Add	dress	change LEGAL INSURRECTION FOUNDATION		82-2279	600	
	me ch	Daine horizonea				
_	ial re	2				
_		n/terminated d return Number and street (or P.O. box if mail is not delivered to street address) Room/sui	to	E Telephone	number	
		on pending 18 MAPLE AVE 280	te	(401) 24	6-4192	
•		City or town, state or province, country, and ZIP or foreign postal code		(- /		
		BARRINGTON, RI 028063560		G Gross rec	eipts \$ 1,	230,798
		F Name and address of principal officer:	H(a) Is this		-	
		WILLIAM JACOBSON		dinates?	uiii ioi	□Yes ✓No
		18 MAPLE AVE 280 BARRINGTON, RI 028063560	H(b) Are al		es	
Tax	-exer	•	includ			U Yes UNo
		\smile 501(c)(3) \cup 501(c) () (insert no.) \cup 494/(a)(1) or \cup 52/	H(c) Group	" attach a li		nstructions.
W	ebsit	te: LEGALINSURRECTIONFOUNDATION.ORG	ii(c) Group	exemption	number	
			L Year of forma	tion: 2017	M State o	of legal domicile: RI
Forn	n of o	rganization: Corporation Trust Association Other	= rear or rorma		··· State	or regar dormene. The
Pa	rt I	Summary				
		Briefly describe the organization's mission or most significant activities:				
		TO EDUCATE AND INFORM THE PUBLIC ON LEGAL, HISTORICAL, ECONOMIC, ACADE				
2		CONSTITUTION, LIBERTY AND WORLD EVENTS, THROUGH INVESTIGATIVE NEWS RE MEDIA, INTERACTIVE ONLINE PLATFORMS AND FORUMS.	PORTING, OU	IREACH, RES	SEARCH,	AUDIO-VISUAL
		<i>,</i>				
	•					
		Charalte this have				
	_	Check this box UNumber of voting members of the governing body (Part VI, line 1a)			3	3
2	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	2
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		•	5	4
	6	Total number of volunteers (estimate if necessary)		•	6	
Č	_	` ''		•	\vdash	
		Total unrelated business revenue from Part VIII, column (C), line 12			7a	10,525
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0
			Pric	r Year		Current Year
9		Contributions and grants (Part VIII, line 1h)		626,9	15	1,220,273
		Program service revenue (Part VIII, line 2g)			0	0
Reven	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			5	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,62		10,525
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		654,54	12	1,230,798
	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
88	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		330,27	77	178,556
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
b e	b	Total fundraising expenses (Part IX, column (D), line 25) 71,618				
Ŏ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		381,78	30	644,454
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		712,0	_	823,010
		Revenue less expenses. Subtract line 18 from line 12		-57,5:	_	407,788
S		- p	Beginning (of Current Ye	_	End of Year
Balances			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3 ale	20	Total assets (Part X, line 16)		136,08	33	545,554
5	21	Total liabilities (Part Y line 26)		21	57	1 940

2 5		ente or fund halancoe. Subtract li		· ·	135,826	1,970 543,614
Part II		sets or fund balances. Subtract line	ne zi ironi iine zu	•	135,826	543,614
Inder pena	alties of and be	perjury, I declare that I have ex	amined this return, including accollete. Declaration of preparer (othe			
•	1				2024-10-16	
ign Iere	WILLIA	ure of officer AM JACOBSON PRESIDENT or print name and title			Date	
aid	1,750.0	Print/Type preparer's name	Preparer's signature	Date 2024-10-16	Check if PTIN P0001	1053
repare se Onl		Firm's name MARCUM LLP			Firm's EIN 11-198632	3
Se OIII	ıy	Firm's address 100 WESTMINSTER S			Phone no. (401) 600-4	500
		PROVIDENCE, RI 029				
•		ss this return with the preparer s Reduction Act Notice, see the	shown above? See Instructions. separate instructions.		No. 11282Y	Yes No Form 990 (2023
		,,		Cut.	140. 112021	101111 330 (2023
			——————————————————————————————————————			
orm 990 (2023)					Page
Part III		tement of Program Service	e Accomplishments			Tage
			nse or note to any line in this Part	III		🗆
=	•	ribe the organization's mission:				
			HISTORICAL, ECONOMIC, ACADE GATIVE NEWS REPORTING, OUTR			
ATFORMS						
•						
If "Ye B Did t servi	es," des the orga ices?		ake significant changes in how it o	onducts, any progra	am 	☐ Yes ☑ No
Desc Secti	ribe the		accomplishments for each of its the same required to report the amount			
	CATE AND		650,944 including grants of STORICAL, ECONOMIC, ACADEMIC AND REPORTING, OUTREACH, RESEARCH, A	CULTURAL ISSUES REL		
b (Code	e:) (Expenses \$	including grants of s	5) (Revenue \$)
c (Code	e:) (Expenses \$	including grants of s	\$) (Revenue \$)

4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 650,944			• (2022)
		F	orm 99	0 (2023)
	Page 3			
Form	990 (2023)			Page 3
Pai	Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🐿	11e		No
f 12-	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 Solidate and the second of th	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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 Set to organization a school described in section 170(b)(1)(A)(i)(2) If "Yes," complete Schedule E.	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
D	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No

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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99	0 (2023)
	Page 4			
Form	990 (2023)			Page 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes,"</i> complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Part II. III. or IV. and			

	Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 14			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		F	orm 99	0 (2023)
	Page 5			
Form	990 (2023)			Page 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			<u> </u>
	Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			

а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
	12b			!
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			!
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	Page 6			
	990 (2023) t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" resp	oonse to	
Par	990 (2023) Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Ne lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp	oonse to	Page 6
Par	990 (2023) t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" resp		✓
Par Se	990 (2023) Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Ne lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp	oonse to Yes	
Par Se	990 (2023) t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Ne lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp		✓
Par Se	990 (2023) t VI	o" resp		✓
Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Nalines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp		✓
Se 1a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Nalines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2		No
See 1a b	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Na lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2		No No
See 1a b 2 3	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Na lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 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 3		No No
See 1a b 2 3 4	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Na lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 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 3 4		No No No
See 1a b 2 3 4 5 6	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2 3 4 5		No No No No No
Par See 1a b 2 3 4 5 6 7a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 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 3 4 5 6		No No No No No
Par See 1a b 2 3 4 5 6 7a	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Ne lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year Ia Ia 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 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 employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members, stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	2 3 4 5 6		No No No No No No No No
See 1a b 2 3 4 5 6 7a b	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Ni lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 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 employees? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	2 3 4 5 6		No No No No No No No No
Paris	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Ni lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 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 employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	2 3 4 5 6 7a 7b	Yes	No No No No No No No No

Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Coae	_	
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AR , CA , CO , CT , GA , HI , IL , KS , KY ,			
18	NM , NH , NJ , NY , OH , OR , PA , RI , SC Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	, TN , L	JT , WV	, WI
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: WILLIAM JACOBSON 18 MAPLE AVE 280 BARRINGTON, RI 028063560 (401) 246-4192			
		F	orm 99	0 (2023)
	Page 7			
Form	990 (2023)			Page 7
Par	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees and Independent Contractors	ployee	s,	
	Check if Schedule O contains a response or note to any line in this Part VII			
Se	ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			
1a Co year.	omplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the	he orga	nization	's tax
	List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amon npensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ount		
• L	ist all of the organization's current key employees, if any. See the instructions for definition of "key employee."			
who r	ist the organization's five current highest compensated employees (other than an officer, director, trustee or key employ received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of marganization and any related organizations.		\$100,0	000 from
	ist all of the organization's former officers, key employees, or highest compensated employees who received more than cortable compensation from the organization and any related organizations.	\$100,0	00	
organ	ist all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of ization, more than \$10,000 of reportable compensation from the organization and any related organizations.	f the		
	he instructions for the order in which to list the persons above.			
<u> </u>	Check this box if neither the organization nor any related organization compensated any current officer, director, or truste	e.	1	
	(A) Name and title Average hours per week (list any hours for related (B) Average hours per week (list any hours for related	table nsation elated ations	Estir amo ot compe	mated unt of her ensation

PRESIDENT (2) ANNE SEGAL SECRETARY (3) MARTHA WALLICK 2.00 X X X X 0 0 0	organizations below dotted line)	dividual trustee director	Institutional Trustee;	fficer	ay employee	ighest compensated inployee	ormer	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
PRESIDENT (2) ANNE SEGAL		V		V				0	0	0
(2) ANNE SECRETARY X X 0 0 0 SECRETARY (3) MARTHA WALLICK 2.00	•	X		X				U	U	0
		х		X				0	0	0
		Х		х				0	0	0
Form 990 (2023										

Page 8 -

Form 990 (2023) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	(C) on (do not chec unless person i and a director Institutional Trustee;	s bo	th a iste	n offic e)	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations

										-			
						₩	_	<u> </u>		1			
						\vdash	_	<u> </u>		+			
1b 9	Sub-Total				<u> </u>					<u></u>			
	Fotal from continuation shee Fotal (add lines 1b and 1c) .	-							0		0		0
2	Total number of individuals (in of reportable compensation fro			to those lis	sted abo	ve) wł	o recei	ved mo	re than \$10	0,000			
												Yes	No
3	Did the organization list any f oline 1a? <i>If "Yes," complete Sch</i>									employee on			
	•										3		No
4	For any individual listed on line organization and related organ									tne			
	individual										4		No
5	Did any person listed on line 1	a receive or acc	rue con	npensation	from an	y unre	elated o	rganiza	tion or indiv	vidual for			
	services rendered to the organ	ization? <i>If "Yes,</i>	" compl	ete Schedu	ile J for s	such p	erson				5		No
Se	ection B. Independent Co												
1	Complete this table for your fifrom the organization. Report										mpens	ation	
	nom the organization. Report	(A)			ar criairi	g with	OI WICH	in the t) gamzacion	(B)		(C)
		Name and busine	ss addre	SS					Descr	iption of services		Comper	sation
	Total number of independent cor		ing but	not limited	I to thos	e liste	d above) who r	eceived mo	re than \$100,00	00 of		
	Total number of independent cor compensation from the organiza		ing but	not limited	l to thos	e liste	d above) who r	received mo	re than \$100,00		Form 99 0	(2023)
			ing but	not limited	I to thos	e liste	d above) who r	eceived mo	re than \$100,00		Form 99 0	D (2023)
			ing but	not limited	I to thos		d above) who r	received mo	re than \$100,00		Form 99 0) (2023)
C	compensation from the organiza		ing but	not limited			d above) who r	eceived mo	re than \$100,00		Form 99 0	
Form	compensation from the organiza	tion 0	ing but	not limited			d above) who r	eceived mo	re than \$100,00		Form 99 0	D (2023)
Form	1 990 (2023) Statement of Rev	venue			Page 9				eceived mo	re than \$100,00		Form 99	
Form	compensation from the organiza	venue			Page 9	this Pa	rt VIII	. (B)	(c)		 (D)	Page 9
Form	1 990 (2023) Statement of Rev	venue			Page 9		rt VIII	(Rela	 B) ted or	(C)		 (D) Rever	Page 9
Form	1 990 (2023) Statement of Rev	venue			Page 9	this Pa	rt VIII	Rela exe fun	• • • • • • • • • • • • • • • • • • •	(c)		(D) Rever excluded	Page 9
Form	1 990 (2023) Statement of Rev Check if Schedule O o	renue ontains a respo			Page 9	this Pa	rt VIII	Rela exe fun	B) ted or empt	(C) Unrelated business		(D) Rever excluded	Page 9
Form	990 (2023) Statement of Rev Check if Schedule O of	venue			Page 9	this Pa	rt VIII	Rela exe fun	• • • • • • • • • • • • • • • • • • •	(C) Unrelated business		(D) Rever excluded	Page 9
Form	990 (2023) Statement of Rev Check if Schedule O of	renue ontains a respo			Page 9	this Pa	rt VIII	Rela exe fun	• • • • • • • • • • • • • • • • • • •	(C) Unrelated business		(D) Rever excluded	Page 9
Form Pa	990 (2023) Statement of Rev Check if Schedule O of	venue ontains a respo			Page 9	this Pa	rt VIII	Rela exe fun	• • • • • • • • • • • • • • • • • • •	(C) Unrelated business		(D) Rever excluded	Page 9
Form Pa	ributions, Grants, Membership dues	venue ontains a respo			Page 9	this Pa	rt VIII	Rela exe fun	• • • • • • • • • • • • • • • • • • •	(C) Unrelated business		(D) Rever excluded	Page 9
Form Pa	ributions, Grants, Membership dues	renue contains a respo			Page 9	this Pa	rt VIII	Rela exe fun	• • • • • • • • • • • • • • • • • • •	(C) Unrelated business		(D) Rever excluded	Page 9
Form Pa	ributions, Grants, Membership dues	renue contains a respo			Page 9	this Pa	rt VIII	Rela exe fun	• • • • • • • • • • • • • • • • • • •	(C) Unrelated business		(D) Rever excluded	Page 9
Form Pa Cont Sifts and Othe Simil Anfio	Federated campaigns	renue ontains a respo 1a 1b 1c			Page 9	this Pa	rt VIII	Rela exe fun	• • • • • • • • • • • • • • • • • • •	(C) Unrelated business		(D) Rever excluded	Page 9

	All other contributions, gi and similar amounts not i above						
_	1,220,273 Noncash contributions inc	luded	in I				
	lines 1a - 1f:\$	iluucu	1g				
	658 Total. Add lines 1a-1f	:					
L",	iotal. Add lines 1a-1r	•		1,220,273	3		
	n_			Business Code			
	2a						
2							
9	•						
O.							
Š							
o.	1						
8					1		
Program Sarvice Bavenue	,						
۵	f All other program	servi	ce revenue			 	
	g Total. Add lines 2				П		
	3 Investment income similar amounts) .			iterest, and other			
	4 Income from invest	men	t of tax-exempt bo	nd proceeds			
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental	6b					
	expenses c Rental income or	6c					
	(loss) d Net rental income	05 (locs)				
	• Net rental income	01 ((i) Securities	(ii) Other			
	7a Gross amount	7a	(i) Securities	(II) Other			
	from sales of						
	assets other than inventory						
Revenue	b Less: cost or	7b					
e e	other basis and sales expenses						
		7c					
Other		-					
ŧ	a Gross income from fu						
Ĭ	(not including \$contributions reported	امما	of				
	See Part IV, line 18	•	8a				
	b Less: direct expen	ses	8b		1		
	c Net income or (los			ents	_		
!	9a Gross income from See Part IV, line 19	gami -					
	b Less: direct expen		<u> </u>		4		
	c Net income or (los		<u></u>	es	J		
	2 Het meeme or (103	٠٠, ١١١	o gaming activities		1		
	10aGross sales of inve	entor	y, less				
	returns and allowa	nces	100]		
	b Less: cost of good	s sol	d 10b		_		
	c Net income or (los	s) fr	om sales of invento	ory	_		

	11a _{OTHER} REVENUE	Business Code 541900	10,525		10,525	
	b					
Oth	er R evenueMiscAmt					
	d All other revenue					
	e Total. Add lines 11a-11d		10,525			
	12 Total revenue. See instructions		1,230,798	0	10,525	0
						Form 990 (2023)

	12 Total revenue. See instructions	1,230,79	8	0 10,525	(
			•		Form 990 (2023
		- Page 10 ———			
Forr	n 990 (2023)				Page 1 (
Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organization	ons must complete co	lumn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			\square
	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				
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	165,729	138,115	13,814	13,800
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,827	10,690	1,069	1,068
11	Fees for services (non-employees):				
ā	Management				
ŀ	Legal	22,117		22,117	
•	Accounting	25,931		25,931	
(l Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ģ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	58,495		1,745	56,750
12	Advertising and promotion	2,838		2,838	
13	Office expenses	16,303		16,303	
14	Information technology				
15	Royalties				
16	Occupancy				
	Travel	18,637	18,637		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences. conventions. and meetings				

			-	1		i			1		
20	Intere	est									
21	21 Payments to affiliates22 Depreciation, depletion, and amortization										
22											
23	Insur	ance	7,769					7,769			
24	misce excee	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
;	a AUT	HORS		412,682		412,682					
İ	b WEE	BSITE DEVELOPMENT		26,902		26,902					
•	soc	CIAL MEDIA SERVICES		23,175		23,175					
•	d DUE	ES & SUBSCRIPTIONS		20,743		20,743					
	e All d	other expenses		8,862					8,862		
		I functional expenses. Add lines 1 through 24e		823,010		650,944		10	0,448		71,618
	Joint repor	costs. Complete this line only if the organization ted in column (B) joint costs from a combined ational campaign and fundraising solicitation. Chec if following SOP 98-2 (ASC 958-720).	n								
				— Page 11 ———						Form 9	990 (2023)
Form	n 990	(2023)									Page 11
Pa	art X	Balance Sheet									
		Check if Schedule O contains a response or note	e to an	y line in this Part IX ,							
				-		(A) Beginning of	vear			(B) End of ye	ear
						Degining of				End of y	
	1	Cash-non-interest-bearing		•			135,045	1			545,554
	2	Savings and temporary cash investments			ŀ		1,038	2			
	3	Pledges and grants receivable, net		•	ŀ			3			
	4	Accounts receivable, net			ŀ			4			
	5	trustee, key employee, creator or founder, subst controlled entity or family member of any of the	tantial o	contributor, or 35%				5			
	6	Loans and other receivables from other disqualif section $4958(f)(1)$, and persons described in se	fied per ection 4	rsons (as defined under 1958(c)(3)(B).	er •			6			
2	7	Notes and loans receivable, net						7			
Assets	8	Inventories for sale or use						8			
As	9	Prepaid expenses and deferred charges						9			
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a								
		Less: accumulated depreciation	10b					10 c			
	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							15			
	16	Total assets. Add lines 1 through 15 (must equ					136,083	16			545,554
	17	Accounts payable and accrued expenses	•				257	17			1,940
	18	Grants payable			ŀ			18			
	19	Deferred revenue			ŀ			19			
	20	Tax-exempt bond liabilities		f Cabadula D	ŀ			20			
lities	21 22	Escrow or custodial account liability. Complete P Loans and other payables to any current or form	ner offic	cer, director, trustee, l				21			
-		employee. creator or founder. substantial contrib							I		

ā		or family member of any of these persons	22				
Liab	23	Secured mortgages and notes payable to unrelated third parties	23				
	24	Unsecured notes and loans payable to unrelated third parties	24				
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	25				
	26	·	26			1,940	
or Fund Balances	27	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	27			543,614	
Ba	28	Net assets with donor restrictions	28				
Fund -		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds	29				
Assets	30	Paid-in or capital surplus, or land, building or equipment fund	30				
Ass	31	3, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	31				
Net /	32		32			543,614	
Ž	33	Total liabilities and net assets/fund balances	33			545,554	
		Page 12 ———————————————————————————————————				0 (2023)	
Form	1 990	(2023)				Page 12	
Pa	art XI	Reconcilliation of Net Assets					
		Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>		
1	1 Total revenue (must equal Part VIII, column (A), line 12)						
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	Net	t assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	135,826			
5	Net	t unrealized gains (losses) on investments	5				
6	Dor	nated services and use of facilities	6				
7	Inv	restment expenses	7				
8	Pric	or period adjustments	8				
9	Oth	ner changes in net assets or fund balances (explain in Schedule O)	9			0	
10	Net	t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		543,614		
Pa	art XII	Financial Statements and Reporting					
		Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	<u> </u>	
					Yes	No	
1	If t	counting method used to prepare the Form 990: Cash Cash Other Other he organization changed its method of accounting from a prior year or checked "Other," explain on needule O.					
2	W e	re the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
		Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed co parate basis, consolidated basis, or both:	n a				
	(Separate basis Consolidated basis Both consolidated and separate basis					
b	We	re the organization's financial statements audited by an independent accountant?		2b	Yes		
		Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate l asolidated basis, or both:	basis,				
		✓ Separate basis					
c	of t	Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes		
	If t	he organization changed either its oversight process or selection process during the tax year, explain in Scheo	dule O	•			
3a		a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un idance, 2 C.F.R. Part 200, Subpart F?	iform	3a		No	

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d	1
audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	
	Form	990 (2023
form 990 (2023)		
Additional Data	Return to	Form
Software ID:		
Software Version:		
Form 990, Special Condition Description:		
Special Condition Description		

ObjectId: 202442919349301234 - Submission: 2024-10-17

TIN: 82-2279600

Public Charity Status and Public Support

Department of the Treasury

SCHEDULE A

Internal Revenue Service

(Form 990)

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

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

		ne organization RECTION FOUNDATION					Employer identification	ation number
LEGAL	INSUR	RECTION FOUNDATION					82-2279600	
	rt I	Reason for Public					ee instructions.	
	rganiz	ation is not a private four		•	-			
1		A church, convention of	churches, or as	sociation of churches	described in sect	ion 170(b)(1)((A)(i).	
2		A school described in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 99	90).)		
3		A hospital or a cooperat	ive hospital serv	vice organization descr	ibed in section :	170(b)(1)(A)(i	iii).	
4		A medical research organisme, city, and state:	nization operate	ed in conjunction with	a hospital descril	bed in section 1	. 70(b)(1)(A)(iii). Er	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			sity owned or op	erated by a gove	ernmental unit describ	ped in section
6		A federal, state, or local			scribed in sectio	n 170(b)(1)(A)(v).	
7	✓	An organization that not section 170(b)(1)(A)			s support from a	governmental u	nit or from the genera	I public described in
8		A community trust descri	ribed in sectior	170(b)(1)(A)(vi).	(Complete Part II)		
9		An agricultural research non-land grant college of						ege or university or a
10		non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)						
11		An organization organize			public safety. Se	ee section 509((a)(4).	
12		An organization organize more publicly supported on lines 12a through 12	organizations of	described in section 5	09(a)(1) or sec	tion 509(a)(2)	. See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the san				
С		Type III functionally supported organization(ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organization	n generally must satis	fy a distribution r			
е		Check this box if the org				RS that it is a Typ	pe I, Type II, Type III	functionally
f	Enter	integrated, or Type III n the number of supported	•		•			
g		de the following informati	_					
	(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota	l							
For P	aperv	work Reduction Act Not	ice, see the Ir	structions for	Cat. No. 11285	F	Schedule	A (Form 990) 2023
		or 990-EZ.						-

Page 2

٢	(Complete only if you ch If the organization failed	ecked the box o	n line 5, 7, or 8	of Part I or if the	ne organization	failed to qualify	
S	ection A. Public Support						
	lendar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(0) L	fiscal year beginning in) Gifts, grants, contributions, and						.,
2	membership fees received. (Do not include any "unusual grant.") Tax revenues levied for the	273,789	377,181	581,065	626,915	1,220,273	3,079,223
_	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
1 5	Total. Add lines 1 through 3 The portion of total contributions by	273,789	377,181	581,065	626,915	1,220,273	3,079,223
	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						1,155,855
5	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						1,923,368
5	ection B. Total Support				l		
Ca	lendar year fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	273,789	377,181	581,065	626,915	1,220,273	3,079,223
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				5		5
9	Net income from unrelated business activities, whether or not the						
LO	business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
L1	Total support. Add lines 7 through 10						3,079,228
L2	Gross receipts from related activities,	etc. (see instruction	ons)			12	205,383
L3	First 5 years. If the Form 990 is for this box and stop here						ization, check
_	ection C. Computation of Public				<u> </u>		
	-			(6))		1 1	
L4	Public support percentage for 2023 (lin					14	62.460 %
L5	Public support percentage for 2022 Sc					15	64.280 %
L6a	33 1/3% support test—2023. If the and stop here. The organization quali	•		•		•	box
b	33 1/3% support test—2022. If the box and stop here. The organization	e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 $_{ m 1}$	/3% or more, chec	_
L7a	10%-facts-and-circumstances test and if the organization meets the "fact	t-2023. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
b	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes more, and if the organization meets to	st-2022. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line 1	5 is 10% or
18	meets the "facts-and-circumstances" Private foundation. If the organizati	test. The organiza	ition qualifies as a	publicly supporte	d organization		_
	instructions		<u> </u>			Schedule A (I	▶ □ Form 990) 2023
			——— Page 3				
			rage 3				
	edule A (Form 990) 2023 Part III Support Schedule for	or Organizatio	ns Described i	n Section 509	(a)(2)		Page 3
	(Complete only if you the organization fails	checked the bo	x on line 10 of I	Part I or if the o	rganization faile		er Part II. If
	ection A. Public Support						
	lendar year fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "universal grants")						

	include any unusual grants.).			ĺ	1		<u> </u>
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose					+	
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the					+	
7	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year.					+	
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ction B. Total Support						
	ndar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	fiscal year beginning in) 🟲	(4) 2013	(2) 2020	(6) 2021	(4) 2022	(6) 2023	(1) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income					1	
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is						
	regularly carried on.					1	
12							
	loss from the sale of capital assets						
	(Explain in Part VI.)					 	
13	Total support. (Add lines 9, 10c, 11, and 12.).						
14	First 5 years. If the Form 990 is for the	ne organization's	first second thin	d fourth or fift	h tax vear as a secti	ion 501(c)(3) organization check
14	-	•			•	` , `	
	this box and stop here				<u> </u>		<u> </u>
	ction C. Computation of Public	Support Perce	entage	(6)			
15	Public support percentage for 2023 (lin					15	
16	Public support percentage from 2022 S	Schedule A, Part I	II, line 15			16	
Se	ction D. Computation of Invest	ment Income	Percentage				
17	Investment income percentage for 202	23 (line 10c, colu	mn (f) divided by	line 13, column	ı(f))	17	
	Investment income percentage from 2						
18						18	
19a	33 1/3% support tests-2023. If the	organization did r	not check the box	on line 14, and	line 15 is more than	n 33 1/3%, a	nd line 17 is not
	more than 33 1/3%, check this box and	stop here. The	organization qual	ifies as a publicl	y supported organiz	ation	🕨 🗆
b	33 1/3% support tests-2022. If the						
not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							ightharpoons
							_
20	Private foundation. If the organization	on did not check a	a box on line 14,	19a, or 19b, che	eck this box and see		
						Schedul	e A (Form 990) 2023
			Page 4				
			, age 4				
Sched	dule A (Form 990) 2023						Page 4
							raye 4
Par	t IV Supporting Organization						
	(Complete only if you checked a	box on line 12 c	of Part I. If you ch	ecked box 12a,	of Part I, complete	Sections A a	nd B. If you checked
	box 12b, of Part I, complete Se			12C, of Part I, (complete Sections A	, υ, and Ε. Ι	ir you checked box
	12d, of Part I, complete Section ction A. All Supporting Organize		ompiete Part V.)				

	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.	1		<u> </u>
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).	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.	3a		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3b		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			
7		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	0-		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
_	organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
	Schedule A	(Form	990)	2023
	Page 5 ———————————————————————————————————			
C	dula A (Farm 000) 2022			_
	dule A (Form 990) 2023		F	Page 5
rdſ	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
b	A family member of a person described on 11a above?	11a 11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part			
		_	1	

_	VI.	P. Toma I Comparting Organizations			<u> </u>				
Se	ction	B. Type I Supporting Organizations			Yes	No			
1	appoi descri activi	ne officers, directors, trustees, or membership of one or more supported organizations into or elect at least a majority of the organization's directors or trustees at all times do the in Part VI how the supported organization(s) effectively operated, supervised, or titles. If the organization had more than one supported organization, describe how the ve directors or trustees were allocated among the supported organizations and what or	uring the tax year? If "No," controlled the organization's powers to appoint and/or		162	140			
		ed to such powers during the tax year.	conditions of reserved only if ar	<i>``</i>					
2		ne organization operate for the benefit of any supported organization other than the s ted, supervised, or controlled the supporting organization? If "Yes," explain in Part V							
	carrie	d out the purposes of the supported organization(s) that operated, supervised or con vization.		2					
Se	ction	C. Type II Supporting Organizations							
		5 , pc == ouppo:g o. ga=a			Yes	No			
1	each	a majority of the organization's directors or trustees during the tax year also a major of the organization's supported organization(s)? If "No," describe in Part VI how contains organization was vested in the same persons that controlled or managed the su	trol or management of the	s of 1					
Se	ction	D. All Type III Supporting Organizations		<u> </u>					
					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?								
_									
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).								
_									
3		ason of the relationship described in line 2 above, did the organization's supported or in the organization's investment policies and in directing the use of the organization's							
		g the tax year? If "Yes," describe in Part VI the role the organization's supported org							
Se	ction	E. Type III Functionally-Integrated Supporting Organizations			Į.				
1		the box next to the method that the organization used to satisfy the Integral Part Te	st during the year (see instr	uctions):					
а		The organization satisfied the Activities Test. Complete line 2 below.							
b		The organization is the parent of each of its supported organizations. Complete line	3 below.						
c		The organization supported a governmental entity. Describe in Part VI how you sup	norted a government entity ((see instru	ctions)				
		The organization supported a governmental entity. Describe in Fact 12 now you say	sported a government entry	(See mstra	ccions)				
2	Activi	ties Test. Answer lines 2a and 2b below.			Yes	No			
а	suppo organ respo	ubstantially all of the organization's activities during the tax year directly further the extred organization(s) to which the organization was responsive? If "Yes," then in Part nizations and explain how these activities directly furthered their exempt purposes, nsive to those supported organizations, and how the organization determined that the antially all of its activities.	VI identify those supported how the organization was	ed 2a	163				
h		ne activities described on line 2a, above constitute activities that, but for the organiza	tion's involvement one or mo						
	of the	e organization's supported organization(s) would have been engaged in? <i>If "Yes," expl</i> organization's position that its supported organization(s) would have engaged in these	ain in Part VI the reasons fo						
_	_	vization's involvement.		2b					
3	Parent of Supported Organizations. Answer lines 3a and 3b below.								
	the su	ne organization have the power to regularly appoint or elect a majority of the officers, upported organizations? If "Yes" or "No", provide details in Part VI.		1 of 3a					
b		ne organization exercise a substantial degree of direction over the policies, programs orted organizations? If "Yes," describe in Part VI. the role played by the organization		3b					
			Schedu	le A (Forn	n 990)	2023			
		Page 6							
che	dule A	(Form 990) 2023			F	Page 6			
Pa	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations		•				
1		Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov. 20, 1970 (explain in Pa		e				
	Sect	instructions. All other Type III non-functionally integrated supporting organizations ion A - Adjusted Net Income	(A) Prior Year	(B) Cur	rent Yea onal)	r			
1	Net s	hort-term capital gain 1	+	(-100	,				

_	Description of major respectively.				
3	Recoveries of prior-year distributions Other gross income (see instructions)	3			
4	Other gross income (see instructions) Add lines 1 through 3	4			
_ -	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
	Section B - Minimum Asset Amount		(A) Prior	Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1			
а	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	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 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
<u> 4</u>	Enter greater of line 2 or line 3	5			
	Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	6			
	temporary reduction (see instructions)				
7	Check here if the current year is the organization's first as a non-functionally-int instructions)	tegrate	ed Type III sup		chedule A (Form 990) 2023
	Page 7				
Sche	dule A (Form 990) 2023				Page 7
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations (co	ntinued	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported or excess of income from activity	rganiza	ations, in	2	
	Administrative expenses paid to accomplish exempt purposes of supported organization	s		3	
4	Amounts paid to acquire exempt-use assets	4			
	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5	
	Other distributions (describe in Part VI). See instructions			6	
	, , , , , , , , , , , , , , , , , , ,				
	'otal annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive.	ve (pro	vide	7	
	details in Part VI). See instructions			8	
9	Distributable amount for 2023 from Section C, line 6			9	

10 Line 8 amount divided by Line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
 Carryover from 2018 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023		<u> </u>	<u> </u> hedule A (Form 990) (2023)
		Sci	leudie A (Form 990) (2023)
	Page 8		
	Fage 8		
chedule A (Form 990) 2023			Page 8
Part VI Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section instructions).	9b, 9c, 11a, 11b, and 11c; Pa on E, lines 1c, 2a, 2b, 3a and 3	rt IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Secti	; Part IV, Section C, line 1; ion B, line 1e; Part V
F	acts And Circumstances Tes	et	
<u></u>			
Return Reference	F	explanation	
resum residione		<u>'</u>	chedule A (Form 990) 2023
		50	.neudle A (FOIM 990) 2023

Additional Data Return to Form

Software ID: Software Version:

efile Public Visual Render ObjectId: 202442919349301234 - Submission: 2024-10-17 TIN: 82-2279600 OMB No. 1545-0047

Schedule B

(Form 990)

Schedule of Contributors

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

2023

Department of the Treasury Internal Revenue Service		Go to <u>www.irs.gov/Form990</u>	for the latest information.		2023
Name of the organization LEGAL INSURRECTION F					lentification number
Organization type (che	eck one):			82-2279600	
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization	า		
	4947(a)(1) nonexempt charitable trust	not treated as a private founda	ation	
	☐ 527 polit	ical 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			
			eived, during the year, contribut arts I and II. See instructions for		
For an organiza under sections sections sections a	509(a)(1) and 170(b ny one contributor, c)(1)(A)(vi), that checked Sche	O or 990-EZ that met the 33 ¹ /3% dule A (Form 990 or 990-EZ), Pions of the greater of (1) \$5,000 I and II.	art II, line 13,	16a, or 16b, and that
during the year,	total contributions of	ction 501(c)(7), (8), or (10) filing fill more than \$1,000 exclusive cruelty to children or animals. C	ng Form 990 or 990-EZ that red ly for religious, charitable, scien Complete Parts I, II, and III.	eived from any tific, literary, o	y one contributor, r educational
during the year, If this box is che purpose. Don't o	contributions excluse ecked, enter here the complete any of the	sively for religious, charitable, e total contributions that were parts unless the General Rul	ng Form 990 or 990-EZ that recetc., purposes, but no such cor received during the year for an eapplies to this organization bearing the year	ntributions total exclusively re ecause it recei	iled more than \$1,000. ligious, charitable, etc. ved <i>nonexclusively</i>
990-EZ, or 990-PF), bu	t it must answer "No	o" on Part IV, line 2, of its Forr	he Special Rules doesn't file So n 990; or check the box on line g requirements of Schedule B (F	H of its Form 9	
For Paperwork Reduction for Form 990, 990-EZ, or 99		tructions	Cat. No. 30613X	Sch	nedule B (Form 990) (2023

Name of organization LEGAL INSURRECTION FOUNDATION Employer identification number 82-2279600

Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
•		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2023)			Page 3
Name of or LEGAL INSI	ganization URRECTION FOUNDATION		Employer identification n	umber
			82-2279600	
Part II	Noncash Property (see instructions). Use duplicate copies o	f Part II if additional space is needed.	1 (1)	
(a) No. from Part I	(b) Description of noncash pro	perty given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash pro	perty given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a)	(b)		(c)	(d)
No. from Part I	Description of noncash pro	perty given	FMV (or estimate) (See instructions)	Date received
(a) No. from Part I	(b) Description of noncash pro	perty given	(C) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash pro	perty given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash pro	perty given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
	<u> </u>		,	Schedule B (Form 990) (2023)
		——— Page 4 ————		
Schedule I	B (Form 990) (2023)			Page 4
Name of or LEGAL INSU	ganization URRECTION FOUNDATION		Employer identife 82-2279600	fication number
Part III	Exclusively religious, charitable, etc., contribution \$1,000 for the year from any one contribution organizations completing Part III, enter the total year. (Enter this information once. See instructions of Part III if additional space	tor. Complete columns (a) t al of exclusively religious, c tions.) \(\)	ribed in section 501(c)(7), (8), hrough (e) and the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descripti	ion of how gift is held
.		(a) Tunnefor of 1.19		
-	Transferee's name, address, and ZIP	(e) Transfer of gift	Relationship of transferor to t	ransferee
	-			_

(a) lo. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 R	elationship of transferor to transferee
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
=	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 R	elationship of transferor to transferee
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gift	elationship of transferor to transferee
_	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 R	elationship of transferor to transferee Schedule B (Form 990) (2

Additional Data

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Software ID: Software Version:

Davanus included on Form 000 Dart VIII line 1

ObjectId: 202442919349301234 - Submission: 2024-10-17

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

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

TIN: 82-2279600 OMB No. 1545-0047

Open to Public Inspection

	AL INSURRECTION FOUNDATION	,	noyer identification number
			2279600
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Acc	counts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year		(b) I unus and other accounts
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the asset held in donor advisors in writing that the asset held in donor advisors in writing that the asset held in donor advisors in writing that the asset held in donor advisors in writing that the asset held in donor advisors in writing that the asset held in donor advisors in writing that the asset held in donor advisors in writing that the asset held in donor advisors in writing that the asset held in donor advisors in writing that the asset held in donor advisors in writing that the asset held in donor advisors in writing that the asset held in		funds are the $\hfill \Box$ Yes $\hfill \Box$ No
1	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose private benefit?		
Par	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).		
		n histor	ically important land area
		certine	d historic structure
	□ Preservation of open space		
	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fo easement on the last day of the tax year.	orm of a	Held at the End of the Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
С	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	
	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year	the or	ganization during the
	Number of states where property subject to conservation easement is located		
	Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds?	of viola	ations, Yes No
	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conserv	ation easements during the year
	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserts \$	rvation	easements during the year
	Does each conservation easement reported on line $2(d)$ above satisfy the requirements of section 1 and section $170(h)(4)(B)(ii)$?	L70(h)(4)(B)(i) ☐ Yes ☐ No
	In Part XIII, describe how the organization reports conservation easements in its revenue and experiments balance sheet, and include, if applicable, the text of the footnote to the organization's financial state the organization's accounting for conservation easements.		
ar	Organizations Maintaining Collections of Art, Historical Treasures, or Oth Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ner Si	milar Assets.
а	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue stateme historical treasures, or other similar assets held for public exhibition, education, or research in furth 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 a historical treasures, or other similar assets held for public exhibition, education, or research in furth following amounts relating to these items:		
(i	i) Revenue included on Form 990, Part VIII, line 1		▶\$
	i) Assets included in Form 990, Part X		
	If the organization received or held works of art, historical treasures, or other similar assets for final following amounts required to be reported under FASB ASC 958 relating to these items:		

Paperv	work Reduction Act N	lotice, see the I	nstructions fo	r Form 990.		Ca	t. No. 52	2283D S	chedule I	O (Form 990) 20
				Daga 2						
				— Page 2						
edule D	(Form 990) 2022									Pag
t III	Organizations Ma	aintaining Col	lections of A	rt, Histori	cal Treas	sures, oi	Other	Similar	Assets ((continued)
	the organization's acq		n, and other red	ords, check a	any of the	following t	hat are a	a significan	t use of it	s collection
Items	s (check all that apply):			d						
	Public exhibition				U Loa	an or excha	ange pro	grams		
	Scholarly research			е	Oth	ner 				
	Preservation for future	e generations								
Provi	de a description of the	_	lections and exp	plain how the	y further t	he organiz	ation's e	exempt pur	pose in	
	ng the year, did the organs to be sold to raise fur								□ Ye	es 🗆 No
rt IV	Escrow and Cust Complete if the ord line 21.	ganization answ	vered "Yes" or						ount on F	Form 990, Part 2
	e organization an agent ded on Form 990, Part)								□ Y €	es 🗆 No
If "Ye	es," explain the arrange	ement in Part XIII	and complete t	the following	table:				Amount	
Begir	nning balance						1c			
Addit	ions during the year .						1d			
Distri	ibutions during the year	r					1e			
Endir	ng balance						1 f			
Did tl	he organization include	an amount on Fo	rm 990, Part X,	line 21, for	escrow or	custodial a	ccount li	iability?	. 🗆 Y	es 🗆 No
If "Ye	es," explain the arrange	ement in Part XIII	. Check here if t	the explanation	on has bee	en provided	d in Part	XIII	. \square	
rt V	Endowment Fund									
	Complete if the org	ganization ansv						T		
Pogina	oing of year balance		(a) Current ye	ear (b) P	rior year	(c) Two y	ears back	(d) Three	years back	(e) Four years back
_	ning of year balance . butions							+		
		as and losses						1		
	vestment earnings, gair									
	or scholarships expenditures for facilitie									
	ograms	e5								
Admin	istrative expenses .									
End of	year balance									
Provi	de the estimated perce d designated or quasi-e	ntage of the curre	ent year end ba	lance (line 1g	g, column ((a)) held a	s:	<u> </u>		
	anent endowment 🕨									
	endowment •ercentages on lines 2a		ld equal 100%							
Are t	here endowment funds nization by:				are held a	and admini	istered f	or the		Yes No
(i) U	nrelated organizations									a(i)
	Related organizations									a(ii)
	es" on 3a(ii), are the rel								·	3b
	ribe in Part XIII the inte			enaowment f	unas.					
	Land, Buildings,			5 Form 990	. Part IV	line 11a	See Fo	rm 990 F	Part X lin	ne 10.
LLVI	Complete it the or	danizarion anew				+ + 4.	1 0			
	Complete if the orgiption of property	(a) Cost or oth (investme	ner basis (b	Cost or other				depreciation		(d) Book value
Descri		(a) Cost or oth	ner basis (b					depreciation		
Land	iption of property	(a) Cost or oth	ner basis (b					depreciation		

p		Ī	Í
d Equipment			
e Other			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X,	column (B), line	10(c).)	0
			Schedule D (Form 990) 2022
Pac	ge 3 ————		
	,		
Schedule D (Form 990) 2022			Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form	990, Part IV, lir	ne 11b.See Form	n 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: or end-of-year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related.			
Complete if the organization answered 'Yes' on Form (a) Description of investment		ne 11c. See Forr b) Book value	n 990, Part X, line 13. (c) Method of valuation:
(a) Description of investment		b) book value	Cost or end-of-year market value
(1)			
(2)			
(3)			_
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	>		
Part IX Other Assets. Complete if the organization answered 'Ves' on Form (000 Part IV lin	o 11d Soo Form	o 000 Part V lino 15
Complete if the organization answered 'Yes' on Form 9 (a) Description	JJU, FAIL IV, IIII		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			

(6)			
(7)			
(8)			+
(9)			+
Tota	I. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		_
	rt X Other Liabilities.	•	-1
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form	1 990	
1.	(a) Description of liability		(b) Book value
(1) F	Federal income taxes		
			
	. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	
	ability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial sta		_
orgai	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has		provided in Part XIII VIII <a href="</th">
Sche	Page 4 ———————————————————————————————————		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturn	1.
1	Total revenue, gains, and other support per audited financial statements	1	1,230,798
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.) 2d		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,230,798
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.)		
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,230,798
Par	T XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		T
1	Total expenses and losses per audited financial statements	1	872,048
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
ь			
	Prior year adjustments		
с	Other losses		
d	Other losses 2c Other (Describe in Part XIII.) 2d 49,038		
d e	Other losses	2e	, , , , , , , , , , , , , , , , , , ,
d	Other losses 2c Other (Describe in Part XIII.) 2d 49,038		49,038 823,010

		1 1	
a Investment expenses not included on Form	990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0
Total expenses. Add lines 3 and 4c. (This m	nust equal Form 990, Part I, line 18.)	5	823,010
Part XIII Supplemental Information		'	
	s 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; lso complete this part to provide any additional information.	Part V, line 4; Part	X, line 2; Part XI,
Return Reference	Explanatio	n	
RT X, LINE 2: RT XII, LINE 2D - OTHER ADJUSTMENTS:	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME INTERNAL REVENUE CODE AND APPLICABLE STATE LAY ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AS TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDAN TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ON TAX POSITION WILL BE SUSTAINED ON EXAMINATION TECHNICAL MERITS OF THE POSITION. EXAMPLES OF STATUS OF THE FOUNDATION AND VARIOUS POSITION UNRELATED BUSINESS TAXABLE INCOME (UBTI). THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKI ULTIMATE SETTLEMENT. THERE ARE NO UNRECOGNIZE AS LIABILITIES FOR THE YEAR ENDED DECEMBER 31,2 MEASURES ITS UNRECOGNIZED TAX POSITIONS IN ACTAXES. UNDER THAT GUIDANCE THE AGENCY ASSESSI TECHNICAL MERIT, THAT TAX POSITIONS WILL BE SUSFACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE MEASUREMENT OF UNRECOGNIZED TAX POSITIONS IS AVAILABLE, OR WHEN AN EVENT OCCURS THAT REQUIDANCE THAT REQUIDANCE THE AGENCY ASSOCIATED WITH UNRECOGNIZED TAX POSITIONS IS AVAILABLE, OR WHEN AN EVENT OCCURS THAT REQUIDANCE TAX POSITIONS IN ACTIONS TO THE TAX EXPENSE, RESPECTIVELY, IN THE STATEM NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS; HOWEVANY TAX PERIODS PENDING OR IN PROGRESS. ACCRUAL BASIS EXPENSES 49,038.	M. THE ACCOUNTIDERSES DETER DONESSES	ING STANDARD ON MINATION OF WHETHER IN SHOULD BE RECORDED TION MAY RECOGNIZE THE LIKELY THAN NOT THAT THE ORITIES, BASED ON THE NCLUDE THE TAX EXEMPT HE POTENTIAL SOURCES OF COGNIZED IN THE ED ON THE LARGEST IG REALIZED UPON IDENTIFIED OR RECORDED ATION RECOGNIZES AND FASB ASC 740, INCOME DD, BASED ON THEIR AMINATION BASED ON THE IS EACH PERIOD. THE IN NEW INFORMATION IS INTEREST AND PENALTIES INTEREST EXPENSE AND ES. THE FOUNDATION DID ION IS SUBJECT TO
KI AII, LINE ZD - UTHEK ADJUSTMENTS:	JACCKUAL BASIS EXPENSES 49,038.	61.11	/T 000\ 0000
		Schedule D	(Form 990) 2022

Additional Data Return to Form

Software ID: Software Version:

Schedule L

Department of the Treasury

(Form 990)

ObjectId: 202442919349301234 - Submission: 2024-10-17

Transactions with Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ. Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

TIN: 82-2279600 OMB No. 1545-0047

Open to Public

emai Nevenue Service	6												Ins	pection	on	
Name of the org									ı	Emplo	yer id	entifica	ation i	numbe	er	
LEGAL INSURRECTION FOUNDATION									,	82-2279600						
art I Exce	ss Renefit ⁻	Transactions	(section	501	(c)(3) section	501(c)(4)	and section	n 5016				ns only				
		anization answe											,.			
		qualified person			Relationship						Descrip		((1) Corr	ected?	
				` `		organization	1			t	ransact	ion	Y	es	No	
													\perp			
		ncurred by the						ing the	year	unde	r sectio	n				
4958 3 Enter the a	mount of tax,	if any, on line 2	above,	reimb	oursed by the	organization		: :		:	• \$ • \$					
Part II Lo	ans to and/	or From Interganization answ	erested	d Per	r sons. n Form 990-F	7 Part V line	38a or F	orm 9	90 Pa	art IV	line 26	· or if t	he orc	ıanizati	ion	
rep	orted an amou	int on Form 990	, Part X	, line	5, 6, or 22		30u, 01 1	01111 5.	50, 10	ai C 1 V,		, 01 11 0	110 019	amzacı		
(a) Name of	(b)	(c)			to or from	(e)	(f) Bala) In		h)		(i) Writ		
interested	Relationshi	· • ·	f th	e orga	anization?	Original	due	•	defa	ault?		oved	a	greem	ent?	
person	with organizatio	n loan				principal amount						ard or nittee?				
			To)	From			F	Yes	No	Yes	No	Yes		No	
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otal .						\$										
		stance Bene														
		organization a														
) Name of inte	rested person	(b) Relations interested per			(c) Amoun	t of assistanc	e (d)) Type	of as	sistan	ce	(e) Pu	rpose	of assi	stance	
		organiz		tric												
r Paperwork Red	duction Act Not	ice, see the Inst	ructions	for Fo	rm 990 or 990)-EZ.	Cat. No. 50	0056A				Sched	ıle L (F	Form 99) 0) 202	
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		organization a			es" on Form itionship	990, Part 1 (c) Amo					ion of t	rancact	rion	(2) (Sharing	
				nterested	transa		'	u j De	-script	וטווטו ו	.i ai 15aCl	,1011		of		
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				rgani	zation										nues?	
) COBOCK CON	CHITING		DEL ATT	VE 05	DIDECTOR		71 25	7 004	יייטו	TNIC				Yes	No	
) SOROCK CON	SULITING LLC		KELAII	VE OF	DIRECTOR		/1,35	7 CON	ISULI	ING					No	
								1						 	†	
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Return Reference Explanation

Schedule L (Form 990) 2023

Additional Data

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Software ID: Software Version:

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ObjectId: 202442919349301234 - Submission: 2024-10-17

TIN: 82-2279600

SCHEDULE O

(Form 990)

Department of the Treasury 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 990-EZ.

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

OMB No. 1545-0047

pen to Public Inspection

Name of the organization LEGAL INSURRECTION FOUNDATION

Employer identification number

82-2279600

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION'S PRESIDENT PERFORMS A DETAIL REVIEW OF THE RETURN. THE FILING IS APPROVED BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C	BY REQUEST TO DIRECTORS ASKING FOR DISCLOSURE OF "INTERESTS" UNDER THE CONFLICT POLICY.
FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART XII, LINE 2:	THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS ARE PREPARED IN ACCORDANCE WITH GAAP AND APPLY THE ACCRUAL METHOD OF ACCOUNTING WHILE THE 990 HAS BEEN PREPARED ON A CASH BASIS
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
AMENDED RETURN; PART VIII, LINE 1G	THE RETURN IS AMENDED TO REFLECT NON-CASH CONTRIBUTIONS OF \$658 ON PART VIII, LINE 1G THAT WAS PREVIOUSLY NOT SEPARATELY STATED.

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

Cat. No. 51056K

Schedule O (Form 990) 2023

Additional Data

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Software ID:

Software Version: