Form **990**

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.

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

A F	For the	e 2022 calendar year, or tax year beginning and	ending	_	
	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addre				
	Name change			20-48755	56
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	,
	Final return/	1718 CHURCH STREET #331916		805-613-	1
	termin ated	, j		G Gross receipts \$	1,938,482.
L	Ameno	NASHVILLE, IN 3/203		H(a) Is this a group re	
	Applic tion pendir	Finame and address of principal officer: FIII DIF GIDDEI		for subordinates	—
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (se: NOTESFORNOTES.ORG	or 527	1	list. See instructions
	Nebsil	organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number 1 State of legal domicile: CA
	art I	Summary	L Year	or formation: 2000 N	State of legal domicile: CA
		Briefly describe the organization's mission or most significant activities: SEE	PART T	TT LINE 1.	
Se	'	briefly describe the organization's mission of most significant activities.		<u> </u>	
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
Ver	3			3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
જ જ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			43
/itie		Total number of volunteers (estimate if necessary)			50
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		2,515,834.	1,784,743.
eun	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-13,131.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,515,834.	1,771,612.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	1.769.035
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,556,812.	1,768,035.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 164, 22		0.	0.
Ä	D	Total fundraising expenses (Part IX, column (D), line 25) 164, 2. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		401,672.	245,802.
	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,958,484.	2,013,837.
	1	Revenue less expenses. Subtract line 18 from line 12		557,350.	-242,225.
	13	rievende less expenses. Subtract line 10 non line 12	Be	ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		2,688,504.	3,023,685.
ASS	21	Total liabilities (Part X, line 26)		61,989.	71,784.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		2,626,515.	2,951,901.
Pa	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
				10-30-2	<u>23 </u>
Sig		Signature of officer		Date	
Her	е	PHILIP GILLEY, CEO/DIRECTOR			
		Type or print name and title	Tr	Data Jaket E	DTIN
D - '		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		W. CRAIG BALLENTINE W. CRAIG BALLENT	тлив Т	0/30/23 self-employ	
	parer	Firm's name UHY ADVISORS MO, INC.	200	Firm's EIN 4	3-1305800
use	Only	Firm's address 1889 GEN. GEORGE PATTON DR., STE FRANKLIN, TN 37067	400	Dhana na £1	5-750-5537
May	the IE	RS discuss this return with the preparer shown above? See instructions		I Phone no. O I	X Yes No

1,710,708.

Total program service expenses

Form 990 (2022) NOTES FOR NOTES, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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	<u> </u>	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form 990 (2022) NOTES FOR NOTES, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
اء	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2022) NOTES FOR NOTES, INC.

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	_	37	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1,		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		Х
b		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
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? \dots	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a b	Initiation fees and capital contributions included on Part VIII, line 12	\dashv		
11	Section 501(c)(12) organizations. Enter:	1		
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_V
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O. Section 501(a)(21) expenientions. Did the trust or any disqualified or other person engage in any activities.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		
	n roo, complete rollin coco.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	4					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b	4					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a	X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X				
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7				
	on Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37				
	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	Х				
	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			v			
_	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
800	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure	NTS 7	T47 T	NC			
17	List the states with which a copy of this Form 990 is required to be filedTN, GA, CA, NY, MI, OH, IL, MN, DC						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply.						
40	X Own website X Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinand	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records PHILIP GILLEY - 805-613-7308						
	1900 CHURCH ST NASHVILLE TN 37203						

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

INC.

Check if Schedule O contains a response or note to any line in this Part VII

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

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	irector, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week	-	cer an	nd a d	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	99			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		99	n pen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional	١.	nploy	st con	_	1039-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PHILIP GILLEY	40.00		_		_	1 0				
CEO/DIRECTOR		Х		Х				84,706.	0.	0.
(2) EVAN SKOPP	1.00									
TREASURER				Х				0.	0.	0.
(3) IAN SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(4) NATALIE NOONE PRESSLY	1.00	1								
DIRECTOR		Х						0.	0.	0.
(5) JEFF CUELLAR	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(6) MATT KETTMANN	1.00	1								
SECRETARY	1 00			Х				0.	0.	0.
(7) DUNCAN DASHIFF	1.00	ļ								
DIRECTOR	1 00	Х				_		0.	0.	0.
(8) RODERICK HARE	1.00	4								•
BOARD CHAIR	1 00	<u> </u>		Х				0.	0.	0.
(9) AMILCAR WELTON	1.00	٠,,							0	0
DIRECTOR		Х	_			_		0.	0.	0.
		-								
		-								
		1								
		1								
		1								
		L								
]								
										- QQQ (0000)

Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	ΙΗις	gnes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C Posi		1		(D)	(E)		_	(F)	
Name and title	Average hours per		not cl	heck r	more '	than c s both		Reportable compensation	Reportable compensation			timate nount (
	week	offic				r/trust		from	from related	ı		other	
	(list any hours for	Individual trustee or director				_		the organization	organization (W-2/1099-MIS			pensation the	
	related	tee or (ustee			ensateo		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations below	al trusi	onal tru		loyee	com pe		1099-NEC)				d relate	
	line)	ndividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
			=	0	Ж	± e	ш.						
						\vdash							
1b Subtotal								84,706.		0.			0.
c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)								84,706.	000 of roportoble	0.			0.
2 Total number of individuals (including but no compensation from the organization	ot iimited to tri	ose	iiste	u ab	ove) WH	o re	ceived more than \$100,	ooo or reportable	-			0
										ſ		Yes	No
3 Did the organization list any former officer,	•		•		•		•	·	•				х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	oers	on .					5		Х
Complete this table for your five highest contractors	mpensated inc	lepe	nder	nt cc	ntra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for t													
(A) Name and business	address	NC	ONE	?				(B) Description of s	ervices	С	(C ompe) nsatior	า
				-				·					
							+						
							\dashv						
O Total number of independent control. "	a ali valim er Je i st	a+ !:	n:4 -	14- '		n !!-	+c -!	about of the man at the all	ave the				
2 Total number of independent contractors (in \$100,000 of compensation from the organize		ut IIN	IIITEC	ı tO 1	tnos 0		rea	above) who received mo	ore than				

20-4875556

			Check if Schedule O	onta	ains a respo	onse d	or note to any lin	e in this Part VIII			
					•		•	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
ωs	1	а	Federated campaigns		1a						
ant	•		Membership dues								
ية ق			Fundraising events		······						
ifts, r A			Related organizations								
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contri				478,273.				
Sir			All other contributions, gifts,								
e ti		•	similar amounts not included	-		1.	306,470.				
흥판		g	Noncash contributions included in				15,462.				
Ν		_	-					1,784,743.			
<u> </u>			Total: Add lines fa ff				Business Code				
	2	a					Buomoco Godo				
je Je	_	b									
Ser		C									
Z S		d									
gra Re		e									
Program Service Revenue			All other program service	2010	nue						
_		ı a	Total. Add lines 2a-2f								
	3		Investment income (includ								
	0										
	4		Income from investment of				roceeds				
	5		Royalties		•	•					
	9		noyanies		(i) Rea		(ii) Personal				
	6		Gross rents	6a	()	·	(1) 1 01001141				
	·		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)		l						
	7		Gross amount from sales of	·····	(i) Securi		(ii) Other				
	•	u	assets other than inventory	7a	.,		(-)				
		h	Less: cost or other basis	74							
Ð			and sales expenses	7b							
her Revenue		c	Gain or (loss)	7c							
ě			Net gain or (loss)								
프	Ω		Gross income from fundraising								
Ğ.	Ŭ	_	including \$	-	•						
			contributions reported on								
			Part IV, line 18		•	8a					
		b	Less: direct expenses			8b					
			Net income or (loss) from			_					
	9		Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			_					
	10		Gross sales of inventory, I								
			and allowances			10a	150,472.				
		b	Less: cost of goods sold				166,870.				
			Net income or (loss) from					-16,398.	-16,398.		
,			<u> </u>				Business Code				
Miscellaneous Revenue	11	а	OTHER INCOME				900099	3,267.			3,267.
ane		b									
eve		С									
Λisc B		d	All other revenue								
_		е	Total. Add lines 11a-11d					3,267.			
	12		Total revenue. See instruction	ns				1,771,612.	-16,398.	0.	3,267.

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

secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			, , ,	
	,		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	84,706.	73,171.	3,976.	7,559.
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	1,683,329.	1,454,105.	79,015.	150,209.
8	Pension plan accruals and contributions (include	-	-	-	-
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g					
9	column (A), amount, list line 11g expenses on Sch 0.)	35,382.		35,382.	
12	Advertising and promotion	563.		33,3321	563.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	60,707.	59,402.	224.	1,081.
18	Payments of travel or entertainment expenses	0077070	33,1020		2,0020
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,830.	21,830.		
23	Insurance	33,500.	26,393.	7,107.	
24	Other expenses. Itemize expenses not covered	= = , = = = .	= 0 , 0 0 0 0	,==,.	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	60,947.	52,115.	7,064.	1,768.
b	IN-KIND INSTRUMENTS AND	15,462.	15,462.	,	-,
c	OUTREACH ACTIVITIES	8,173.	8,173.		
d	FEES, LICENSES, COMPLIA	5,921.	.,	5,921.	
	All other expenses	3,317.	57.	213.	3,047.
25	Total functional expenses. Add lines 1 through 24e	2,013,837.	1,710,708.	138,902.	164,227.
26	Joint costs. Complete this line only if the organization	, ,	, , , , , , , ,	,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2022)

Form 990 (2022)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			735,961.	1	519,122.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		1,375,759.	3	2,013,758.	
	4	Accounts receivable, net		405,344.	4	314,345.	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
र	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			439.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,079,232.			
	b	Less: accumulated depreciation	157,133.	10c	163,588.		
	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	40.000	14	10.050		
	15	Other assets. See Part IV, line 11	13,868.	15	12,872.		
	16	Total assets. Add lines 1 through 15 (must equ		2,688,504.	16	3,023,685.	
	17	Accounts payable and accrued expenses		61,989.	17	71,784.	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or forn					
Liabilities		trustee, key employee, creator or founder, subs					
ia Ei		controlled entity or family member of any of the	-			22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines of Schedule D	•			O.E.	
	26	Total liabilities. Add lines 17 through 25			61,989.	25 26	71,784.
	20	Organizations that follow FASB ASC 958, che	ock hore	X	01,303.	20	71,701.
Se		and complete lines 27, 28, 32, and 33.	ck liefe				
Š	27				1,230,467.	27	938,143.
3ala	28				1,396,048.	28	2,013,758.
Ē		Organizations that do not follow FASB ASC 9					
Ξ		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32				2,626,515.	32	2,951,901.
~	33				2,688,504.	33	3,023,685.
	•						

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,77			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,01			
3	Revenue less expenses. Subtract line 2 from line 1	3	-242,225			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,62	<u>6,5</u>	<u> 15.</u>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	56	7,6	<u> 11.</u>	
9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	2,95	1,9	01.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits					
			Form	990	(2022)	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

2022

NOTES FOR NOTES, 20-4875556 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 NOTES FOR NOTES, INC. 20-4875556 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

·····	022 (f) Total 743.10078697.
membership fees received. (Do not include any "unusual grants.") 1749331. 2810555. 1218234. 2515834. 1784	743.10078697.
include any "unusual grants.") 1749331. 2810555. 1218234. 2515834. 1784	743.10078697.
·····	743.10078697.
2 Tax revenues levied for the organ-	
ization's benefit and either paid to	
or expended on its behalf	
3 The value of services or facilities	
furnished by a governmental unit to	
the organization without charge	
4 Total. Add lines 1 through 3 1749331. 2810555. 1218234. 2515834. 1784	743.10078697.
5 The portion of total contributions	
by each person (other than a	
governmental unit or publicly	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	
6 Public support. Subtract line 5 from line 4.	10078697.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 20	022 (f) Total
7 Amounts from line 4 1749331. 2810555. 1218234. 2515834. 1784	743.10078697.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources	
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
	267. 61,590.
11 Total support. Add lines 7 through 10	10140287.
12 Gross receipts from related activities, etc. (see instructions)	336,790.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	99.39 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	99.20 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check	
stop here. The organization qualifies as a publicly supported organization	X
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, or	check this box
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14	is 10% or more,
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	e organization
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10% -facts-and-circumstances test - 2021.	ne 15 is 10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI h	now the
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see ins	tructions

Schedule A (Form 990) 2022 NOTES FOR NOTES, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sed	ction A. Public Support	siow, picase comp	olete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	()()	· —
	check this box and stop here						
	ction C. Computation of Publi					1 1	
	Public support percentage for 2022 (li	, , , , , , , , , , , , , , , , , , , ,	•	column (f))		15	%
	Public support percentage from 2021		-			16	%
	ction D. Computation of Inves					T .= T	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 :+
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 1

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
		.03	.13
	1		
	2		
	3a		
	Α.		
	3b		
	3с		
	GC		
	4a		
	4b		
	4c		
	5a		
	Jd		
	5b		
	5c		
	6		
	-		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	401		
- این	10b	n 000)	2020

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
Sect	ion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
C1	the su	pported organization(s).	1		
Seci	ion L	D. All Type III Supporting Organizations		I I	1
				Yes	No
		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	,	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sect	<i>suppo</i>	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1					
' a		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) . The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	etruction	ic)	
2		ties Test. Answer lines 2a and 2b below.	struction	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	· age o
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

instructions).

	t V Type III Non-Functionally Integrated 509		nizations / //		0-48/3336 Page 7
		(a)(3) Supporting Orga	nizations (continu	ued)	0
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	<u> </u>		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		,	
	organizations, in excess of income from activity	on of aumorted organizations	`	3	
_ <u>3</u>	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets	es or supported organizations	<u> </u>	4	
 -	Qualified set-aside amounts (prior IRS approval required - pro		5		
 6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the		-		
Ü	(provide details in Part VI). See instructions.	ic organization is responsive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C. line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

NOTES FOR NOTES, INC.

Employer identification number 20-4875556

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	(b) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ld in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for an	y other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	f a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the o	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conse	ervation ease	ments during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	orcing conservati	on easement	is during the year
•	Door and accounting account was acted as line O(d) about		fti 170/b	\/4\/D\/;\	
8	Does each conservation easement reported on line 2(d) above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	iote to the organization's	imanciai statemer	nts that desc	ribes trie
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Trea	sures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	•	,		
1a	If the organization elected, as permitted under FASB ASC 95		nue statement an	d balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan				
b	If the organization elected, as permitted under FASB ASC 95				works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	,			,
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea			gain, provide	
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Par	rt III Organizations Maintaining Co	llections of Art,	Historical T	reasures, o	r Other S	imilar Ass	ets (continued)	J
3	Using the organization's acquisition, accession	n, and other records,	check any of th	ne following tha	t make signi	ficant use of i	ts	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or e	exchange progra	am			
b	Scholarly research	е	Other_					
С	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain h	ow they furthe	r the organization	on's exempt	purpose in P	art XIII.	
5	During the year, did the organization solicit or	receive donations of a	art, historical tr	easures, or othe	er similar as	sets		
	to be sold to raise funds rather than to be mai	ntained as part of the	organization's	collection?			Yes	No
Par	rt IV Escrow and Custodial Arrang						V, line 9, or	
	reported an amount on Form 990, Part							
1a	Is the organization an agent, trustee, custodia	n or other intermediar	y for contributi	ons or other as	sets not incl	uded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo					,	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expla	anation has be	en provided on	Part XIII			
	rt V Endowment Funds. Complete if							
		(a) Current year	(b) Prior year	(c) Two yea		Three years ba	ck (e) Four years	back
1a	Beginning of year balance							
	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	nt vear end balance (I	ine 1a. column	(a)) held as:			•	
а	Board designated or quasi-endowment		%					
b	Permanent endowment	<u></u> %						
С	Term endowment 9/							
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.						
За	Are there endowment funds not in the posses	•	n that are held	and administer	red for the			
	organization by:						Yes	No
	(i) Unrelated organizations							
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as required	on Schedule F	₹?			3b	
4	Describe in Part XIII the intended uses of the o							
Par	rt VI Land, Buildings, and Equipme							
	Complete if the organization answered	"Yes" on Form 990, F	art IV, line 11a	. See Form 990	, Part X, line	e 10.		
	Description of property	(a) Cost or other	er (b) C	ost or other	(c) Accı	umulated	(d) Book value	 е
		basis (investmer	. ,	sis (other)	. ,	ciation		
1a	Land							
	Buildings							
	Leasehold improvements		56.		13	0,959.	23,39	97.
	Equipment					5,330.	140,19	
	Other	20 21				9,355.	•	0.
	I. Add lines 1a through 1e. (Column (d) must eq		•	e 10c.)			163,58	88.

Schedule D (Form 990) 2022

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a) [11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description 15.)		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of	Description 15.)		25.
(a) [1] (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)		
(a) [C] (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description 15.)		25.
(a) [C] (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	Description 15.)		25.
(a) [C] (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	Description 15.)		25.
(a) [C] (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	Description 15.)		25.
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)		25.
(a) [C] (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description 15.)		25.
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description 15.)		25.
(a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)		25.
(a) [C] (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description 15.)		25.

691,552.

2,013,837.

2,013,837.

2e

3

4c

Sche	edule D (Form 990) 2022 NOTES FOR NOTES, INC.	20-	4875556	Page
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	2,463	,164
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b		•		
С	Recoveries of prior year grants 2c			
d				
е	Add lines 2a through 2d	2e	524	,682
3	Subtract line 2e from line 1	3	1,938	, 482
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а				
b	Other (Describe in Part XIII.) 4b -166,870	•		
С	Add lines 4a and 4b	4c	-166	,870
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	5	1,771	,612
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	2,705	<u>, 389</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 524,682	•		
b	Prior year adjustments 2b			
_	Otherstand		I	

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

b Other (Describe in Part XIII.) c Add lines 4a and 4b

d Other (Describe in Part XIII.)

Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Add lines 2a through 2d

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

4a

PART X, LINE 2:

WE ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND QUALIFY FOR CHARITABLE DEDUCTION. WE ARE NOT CLASSIFIED AS A PRIVATE ORGANIZATION.

IN ACCOUNTING FOR UNCERTAIN INCOME TAXES, WE RECOGNIZED A TAX POSITION AS A BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT GREATER THAN 50 PERCENT LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE LIKELY THAN NOT TEST, NO TAX BENEFIT IS RECORDED. AT DECEMBER 31, 2022, WE HAVE NO UNCERTAIN TAX POSITIONS.

SCHEDULE 0 (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 Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

20-4875556 NOTES FOR NOTES, INC. FORM 990, PART VI, SECTION A, LINE 7A: THE TWO FOUNDING BOARD MEMBERS HAVE THE POWER TO DESIGNATE DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: THE TWO FOUNDING BOARD MEMBERS HAVE THE POWER TO DESIGNATE DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: ORGANIZATION'S PROCESS TO REVIEW FORM 990 NOTES FOR NOTES FINANCE COMMITTEE REVIEWS THE 990 AND APPROVES, FOLLOWED BY THE FULL BOARD APPROVAL. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS FILL OUT A CONFLICT OF INTEREST FORM AND FILE IT WITH THE EXECUTIVE COMMITTEE WHICH REVIEWS IT. FORM 990, PART VI, SECTION B, LINE 15: NOTES FOR NOTES LEADERSHIP REVIEWS COMPENSATION ANNUALLY OF ALL TEAM MEMBERS. PERCENT OF RAISES IS PROPOSED TO THE BOARD WITH ESTIMATED COST PENDING ANNUAL REVIEWS WHICH WILL DETERMINE FINAL COST OF RAISE PACKAGE. CEO MAKES RECOMMENDATIONS FOR ALL OFFICER LEVELS. BOARD OF DIRECTORS INDEPENDENTLY DETERMINES RAISE AMOUNT FOR CEO. CEO IS NOT PRESENT FOR HIS COMPENSATION DISCUSSIONS OR VOTE. BOARD REVIEWS CEO, CEO REVIEWS OTHER EXECUTIVE OFFICERS. FORM 990, PART VI, SECTION C, LINE 19: A COPY OF THE 990 IS AVAILABLE FOR THE PUBLIC ON NOTESFORNOTES.ORG.

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** NOTES FOR NOTES, INC. 20-4875556 FORM 990, PART XI, LINE 8: PRIOR PERIOD ADJUSTMENT- TO CORRECT PROMISES TO GIVE IN PRIOR YEARS, PREVIOUSLY UNREPORTED. FORM 990, PART XII, LINE 2C: PROCESS HAS NOT CHANGED.