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)

OMB No. 1545-0047

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization IDENTITY THEFT RESOURCE CENTER, INC. D Employer identification number Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 71-0910445 Name change 2514 Jamacha Road 502-525 E Telephone number Initial return City or town ZIP code State (888) 400-5530 El Cajon CA 92019 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return 2.519.746 Application pending Name and address of principal officer: irn for subtedinates? Yes X No Eva Velasquez 2514 Jamacha Road, STE 502-525, El Cajon, CA 92019 H(b) Are all subcollinates included? If "No ettach a list. See instructions Tax-exempt status: 501(c)(3) (insert no.) 4947(a)(1) or www.idtheftcenter.org Website: H(g) Group exemption number Form of organization: l X I Corporation Trust Association Other L Yea of formati M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: Bassist individuals who fall victim to Activities & Governance identity theft. ITRC is also instrumental in raising awareness in the community about identity theft and in providing resources for the prevention of identity theft 2 if the organization discontinued its operations of disposed filmore than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 13), 3 18 Number of independent voting members of the governing body (Nert) 4 17 Total number of individuals employed in calendar year 2023 (Part V, ine 2a) 5 14 Total number of volunteers (estimate if necessary) . 6 0 Total unrelated business revenue from Part VIII, column (2) 7a 0 Net unrelated business taxable income from Form 990-T, Part J, line 11 Current Year 8 Contributions and grants (Part VIII, line 1h). 1,055,938 1,624,961 Program service revenue (Part VIII, line 2g). 🛦 9 562,937 425,755 Investment income (Part VIII, column (A), lines 3, and d). 10 66 11 Other revenue (Part VIII, column (A), lines 5, 60,8c, 3s, 10c, and 11e). 0 468.964 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,618,934 2,519,746 Grants and similar amounts paid (Part IX column (A), lines 1–3) . . . 13 0 0 Benefits paid to or for members (Part Da column (A), line 4). 14 0 0 15 Salaries, other compensation, employed be refits (Part IX, column (A), lines 5-10) . 1.269.757 1,569,621 Professional fundraising fees (Part & column (A), line 11e) . 16a 0 0 b Total fundraising expenses (Partill colomn (D), line 25) 17 679,871 872.829 18 1,949,628 2,442,450 19 Revenue less expenses, Septract line 18 from line 12 330,694 Beginning of Current Year 20 Total assets (Part X, ine 941,977 1,217,356 Total liabilities (Part X, 11 2 26). 21 204.808 402.891 22 Net assets of fund balances. Subtract line 21 from line 20 737.169 814.465 Signature Block Under penalties of perjury, I declare that inave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Eva Velasquez CEO/PRESIDENT Type or print name and title Print/Type preparer's name Preparer's stanature Date PTIN Paid Roland W Munger 9/21/2024 self-employed P01871456 Preparer Firm's name Munger & Company, CPAs 47-3342732 Use Only Firm's EIN 1818 Avocado Road, Oceanside, CA 92054 Firm's address 760-730-8020 Phone no. May the IRS discuss this return with the preparer shown above? See instructions . X Yes

No

| | | | 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 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | ^ | \vdash |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | - | \vdash | _ |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part !! | ₄ | | V |
| 5 | is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | 4 | | X |
| _ | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. | _ | | V |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | 5 | | Х |
| ~ | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? | | | |
| | "Yes," complete Schedule D, Part I | | | 1/2 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve then space, | 6 | | Х |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule Destall |] _ | | |
| 8 | | 7 | | Х |
| D | Did the organization maintain collections of works of art, historical treasures, or other sigillar assets? If "Yes," complete Schedule D, Part III | _ | | |
| 9 | | 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. | | | |
| 10 | | 9 | - | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in don't cres inted endowments | l i | | |
| 11 | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| _ | VII, VIII, IX, or X, as applicable. | The s | | |
| 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 | |
| D | 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 | \rightarrow | Х |
| a | 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 2 Fait IX | 11d | | Х |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | \rightarrow | Χ |
| Т | Did the organization's separate or consolidated finantial statements for the tax year include a footnote that addresses | | | |
| ٠ | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | | Χ |
| Za | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| D | Was the organization included in condicated, independent audited financial statements for the tax year? If "Yes," | | | |
| | and if the organization answered "No" to "ne i"2s, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 4a | G. and the state of the state o | 14a | _ | <u>X</u> |
| b | Same and the s | | | |
| | fundraising, business, in estreait, and program service activities outside the United States, or aggregate | | | |
| E | foreign investments valued as 100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u>X</u> |
| 5 | 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 organication? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 6 | 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 |
| 7 | 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 | | Χ |
| 8 | 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 |
| 9 | 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 | \perp | Χ |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. | 20a | | Χ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 1 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. | 21 | | Х |

| Par | rt IV Checklist of Required Schedules (continued) | | | ugo |
|-----|--|------------|----------|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | - | Т |
| | 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 | | | |
| 04- | employees? If "Yes," complete Schedule J. | 23 | X | _ |
| 248 | 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 | 24- | | 1, |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a 24b | | X |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 240 | | + |
| · | 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 | | \vdash |
| | 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 | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualited person in a | | | \top |
| | prior year, and that the transaction has not been reported on any of the organization's prior Form 990 or | | | |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial control for, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schodule L, Part II. | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer director, trustee, key | | ľ | |
| | employee, creator or founder, substantial contributor or employee thereof, a gant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or ramily member of any of these | | | ١,, |
| 28 | persons? If "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties? (See the Schedule | 27 | 15/01/8 | X |
| 20 | L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | 17 12 | |
| а | A current or former officer, director, trustee, key employee, creation or founder, or substantial contributor? If | | | 0.01 |
| • | "Yes," complete Schedule L, Part IV. | 28a | | X |
| b | A family member of any individual described in line 28a? Fig.," complete Schedule L, Part IV | 28b | | X |
| C | A 35% controlled entity of one or more individuals add/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | × | |
| 29 | Did the organization receive more than \$25,000 in forces contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. | 31 | | Х |
| 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 | <u> </u> | X |
| 33 | Did the organization own 100% of an entry disregarded as separate from the organization under Regulations | _ | | ., |
| 34 | sections 301.7701-2 and 301.7701-3? If (Yes, "complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 24 | | V |
| 35a | | 34 35a | | X |
| | If "Yes" to line 35a, rid the enganization receive any payment from or engage in any transaction with a controlled | 332 | | <u> </u> |
| | entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) deginizations. Did the organization make any transfers to an exempt non-charitable related | 555 | | |
| | organization? 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 . 1990 and 1990 | 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 | |
| Par | Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V. | | , | Щ |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | 15 |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | Ţ. | T I |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | Ac | V | -01 |
| | repercise gening (genining) withings to prize withers: | 1c | _ ^ | 1 |

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|-----|--|--------|--------|--------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 14 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country | 100 | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | 277 | 13 |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | \Box |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | ļ | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6ь | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | J-D | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | 18 |
| | 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 | \neg | Х |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property of which it was | | \neg | |
| | required to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | TO N | - | |
| е | Did the organization receive any funds, directly or indirectly, to pay ptemiens of a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract? | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, dig the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and a donor advised fund maintained by the | | =13 | E. |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised ands. | 1 | 343 | 1-6 |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a construction, or related person? | 9b | \neg | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | = 0 | |
| b | Gross receipts, included on Form 990, Part VIII-line 2, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do sor set amounts due or paid to other sources | | | |
| | against amounts due or received from tem | | | |
| 12a | | 12a | | |
| | If "Yes," enter the amount of tax-exampt interest received or accrued during the year | | | M. |
| 13 | Section 501(c)(29) qualified no profit health insurance issuers. | | | |
| a | Is the organization licensed to suggestion the state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | NA. |
| b | Enter the amount at responses the organization is required to maintain by the states in which | | i) e | |
| | the organization is iccosed to issue qualified health plans | | | |
| C | Enter the amount of receives on hand | - 1 | | |
| | | 14a | | Χ |
| b | The state of the s | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | \neg | |
| | excess parachute payment(s) during the year? | 15 | | Х |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 5 14 0 | البيرو | |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | | 16 | - 1 | ^ |
| | If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust or any diagnolified as other passes, angular in any artificial. | 451 | | |
| | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities | | | |
| | F | 17 | | |
| | If "Yes," complete Form 6069. | | | |

Part VI

| Sec | tion A. Governing Body and Management | | | |
|------|--|-------|-------|-----------------|
| | non-re-over-ming-pour una management | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or | | 100 | 181 |
| | if the governing body delegated broad authority to an executive committee or similar | | | 455 |
| | committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | - 31 | æ | F. T. |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | mr. |
| | any other officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | _ | | ^- |
| - | supervision of officers, directors, trustees, or key employees to a management company or other porson? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 999 was hied? | 4 | | Х |
| 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 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | Ŭ | | |
| | one or more members of the governing body? | 7a | | Х |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, | 10 | | |
| _ | stockholders, or persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written a stions undertaken during | 7.0 | | |
| _ | the year by the following: | | 13 | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | x | |
| 9 | Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in PartVII. SectionA, who cannot be reached | | | |
| | at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х |
| Sect | tion B. Policies (This Section B requests information about collicies not required by the Internal Revenue C | - |) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 2934 will members of its governing body before filing the form? | 11a | Х | |
| b | Describe on Schedule O the process, if any, used to 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 | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | Х |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe on Schedule O how this was doge | 12c | Х | |
| 13 | Did the organization have a written whistle lower policy? | 13 | Х | |
| 14 | Did the organization have a written document etention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | 100 |
| | independent persons, comparability data; and contemporaneous substantiation of the deliberation and decision? | | 4 | |
| а | The organization's CEO, Executive Director, or top management official. | 15a | Х | |
| b | | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | 40.0 |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 4/1/1 | ¥Ш. | |
| | with a taxable entroy during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | H | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard | 1/8/ | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | |
| | ion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed CA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5 | 01(c) | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| 40 | X Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol | су, | | |
| 20 | 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 EVA VELASQUEZ (888) 400-5530 | | | |
| | · | | | |
| | 2514 JAMACHA ROAD, SUITES 502-525, EL CAJON, CA 92019 | | | |

Form 990 (2023) IDENTITY THEFT RESOURCE CENTER, INC. 71-0910445 Page
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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 nor any related organization compensated any ourrent officer, director, or trustee.

| | | | | (0 | 2) | | | | |
|-----------------------|---|------|-----------------|-------------|--|------|--|---|--|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unles er and | eck s pe | more the non- rison is but irrector/the irreptor/the irreptor/the kenglovie Kenglovie | an] | 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 |
| (1) Eva Velasguez | 40.00 | | | , | | | | | |
| President/CEO | 0.00 | X | | X | | | 165,510 | | 8,403 |
| (2) James Lee | 0.00 | 1123 | | Х | | | 135,300 | | 13,383 |
| (3) Mona Terry | 0.00 | | | | | | | | |
| VP of Operations | .0.00 | | | Χ | | | 125,300 | | 17,178 |
| (4) Mark Pribish | 2.00 | | | | | | | | |
| Board Member | 0.00 | Х | | | | | | | _ |
| (5) Jim Van Dyke | 2.00 | | | | | | | | |
| Secretary | 0.00 | X | <u> </u> | Х | | | | | |
| (6) James Ruotolo | 2.00 | | | | | | | | |
| Board Member | 0.00 | Х | | | | | | | |
| (7) Kim Aliman | 2.00 | | : | | | | | | |
| Vice Chair | 0.00 | Х | | Х | | | | | |
| (8) John Breyault | 2.00 | | | | | | | | |
| Board Member | 0.00 | Х | | | | | | | |
| (9) Ralph Linares | 2.00 | | | | | | | | |
| Chair | 0.00 | Х | | Х | | | | | |
| (10) Brooke Fortson | 2.00 | | | | | | | | |
| Treasurer | 0.00 | Х | | Х | | | | | |
| (11) Clarissa Carnero | 2.00 | | | | | | | | |
| Board Member | 0.00 | Х | | | | | | | |
| (12) Blair Cohen | 2.00 | | | | | i | | | |
| Board Member | 0.00 | Х | | | | | | | |
| (13) Jason Kratovil | 2.00 | | | | | | | | |
| Board Member | 0.00 | Х | | | | | | | |
| (14) Paul Bond | 2.00 | | | | | | | | |
| Board Member | 0.00 | Х | | | | | | | |

| | Section A. Officers, Directors, Tru | istees, Key Em | ploye | es, | and | ı Hış | ghes | t C | ompensated En | iployees (contin | ued) | | |
|------|---|---|--------------------------------|-----------------------|----------------------|--------------|---------------------------------|------------|--|---|----------------|---|----------|
| | (A) Name and title | (B) Average hours | box, | unle: er an | Pos leck is pe | rson | than of is both | an tee) | (D) Reportable compensation | (E) Reportable compensation | 0 | (F) ted amo | |
| | | per week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC/1099-NEC) | from related organizations (W-2/1099-MISC/1099-NEC) | ir. | pensation om the ization a organizat | ınd |
| | Crystal Sargent | 2.00 | | | | | | | A 4 | 1 | | | |
| | d Member | 0.00 | Х | _ | | Щ | | | | | | | |
| Boar | Kevin Everhart d Member | 2.00 0.00 | х | | | | | | | • | | | |
| -1 | Michele Johnson | 2.00 | ., | | | | | | | | | | |
| | d Member Kimberly Sutherland | 0.00 2.00 | Х | | - | - | | | | | | | |
| | d Member | 0.00 | Х | | | | | 3 | | | | | |
| | Jordan Burris | 2.00 | | | | | 4 | | | | | | |
| Boar | d Member | 0.00 | Х | | | | | | 8.1 | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | - | | | | | | | | |
| (22) | | | | | | | _ | | | | | | |
| (23) | | | | * | 200 | | | | | | | | |
| (24) | | | | • | | | | | | | | | |
| (25) | | | r C | | | | | | | | | | _ |
| 1b | Subtotal | | | ٠ا | | l | | | 426,110 | 0 | | 38.9 | 964 |
| C | Total from continuation sheets to Part VII, Se | clian A | | | | | | | 0 | 0 | | | 0 |
| d | Total (add lines 1b and 1c) | | | | | | | | 426,110 | 0 | | 38,9 | 964 |
| 2 | Total number of individuals (including but no lin | | ted a | bove | e) w | ho r | receiv | ved | more than \$100 | ,000 of | | | _ |
| | reportable compensation from the organic ation | | | | | | | | <u> </u> | | | /aa I | 3 |
| 3 | Did the organization list any former office direct employee on line 1a? If "Yes," complete Schedu | | | | | | | | | | Hill | | No |
| 4 | | | | | | | | | | KS #S . | 3 | 418 | X |
| 4 | For any individual listed on line 1a, state sum of the organization and related organizations great | | | | | | | | | , | | | |
| | individual | | | | | | | | | | 4 | X | |
| 5 | Did any person listed on line to receive or accru | ue compensation | fron | n an | y ur | nrela | ated o | orga | anization or indiv | idual | | | |
| Sect | for services rendered to the organization? If "Ye ion B. Independent Contractors | is, compiete Sci | neau | e J | IOF S | SUGI | i per | SOH | · · · · · · · · · | | 5 | | <u>X</u> |
| 1 | Complete this table for your five highest comper | nsated independ | lent c | ontr | acto | ors t | hat r | ece | ived more than 9 | \$100.000 of | | | _ |
| | compensation from the organization. Report cor | | | | | | | | | | ах уеа | Γ. | |
| | (A) Name and business addre | ess | | | | | | | (B) Description of serv | rices C | (C) ompensa | ıtion | |
| | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | 0 |
| | | | | | | | 1 | | | | | | 0 |
| | | | | | | | - | | | | | | 0 |
| 2 | Total number of independent contractors (include more than \$100,000 of compensation from the contractors). | | ed to | thos | e lis | sted | abov | ve) | who received | | | | |

Part VIII Statement of Revenue
Check if Schedule O contains a response or note to any line in this Part VIII.

| | | | | | · - | | | |
|---|-----|--|-------|---------------|----------------------|--|--------------------------------------|-------------------------------------|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under |
| | | | | | | i i i i i i i i i i i i i i i i i i i | - Cubilloss Tovolido | sections 512-514 |
| .B 40 | 1a | Federated campaigns | 1a | 0 | THE RESERVE | | | |
| Grants | b | Membership dues | 1b | 0 | | | | |
| ō Ş | С | | 1c | 0 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | d | | 1d | 0 | | LANGE OF | | |
| <u> </u> | e | Government grants (contributions) | 1e | 953,914 | | 20 × 11 | | |
| S L | f | All other contributions, gifts, grants, and | | | | | | |
| or the | | | 1f | 671,047 | | | | |
| ~ ~ ~ | g | Noncash contributions included in | | | | | | |
| 4 E | | i | 1g : | \$ o | | | | |
| ं ह | h | Total. Add lines 1a-1f | | | 1,624,961 | | | |
| | | | | Business Code | | | | |
| 8 | 2a | Program Service Revenues | 9 | 900099 | 425,755 | 425,755 | | |
| Σ | b | | - - | | () | | | |
| gram Sera Revenue | c | | | | 0 | | | |
| ES | d | | | | . 0 | | | |
| F 2 | e | | ·· - | | | | | |
| Program Service Revenue | f | All other program service revenue | · - | | | | | |
| | a | Total. Add lines 2a–2f | _ | | 25,755 | | | |
| | 3 | Investment income (including dividends, inte | | | | .,, | | |
| | | other similar amounts) | | | 66 | | | 66 |
| | 4 | Income from investment of tax-exempt bond | | | 0 | | | |
| | 5 | Royalties | | | 0 | | | |
| | • | (i) Real | Ť | (ii) Porsonal | | BIS HILLS | | |
| | 6a | Gross rents 6a | | | | | | |
| | b | Less: rental expenses 6b | _ | - | SHEET IN | | | |
| | c | Rental income or (loss) 6c | 0 | 0 | | | Market Brown | |
| | d | Net rental income or (loss) | | | 0 | | | |
| | 7a | Gross amount from (i) Securities | S & | (ii) (ther | UE NUE | | | |
| | | sales of assets | - N | | | | | |
| | | other than inventory 7a | 0 | 0 | | | | |
| 9 | b | Less: cost or other basis | | - | | | | |
| Revenue | | and sales expenses 7b | ÷0 | o | | | | |
| <u></u> | c | Gain or (loss) 7c | 0 | 0 | | | | |
| E | d | National Action (III) | | | 0 | | | |
| ther | 8a | Gross income from fundraising | | | Detter | H 293.31 I | | |
| Ö | | events (not including \$ | | | | F 53 17 1 | | |
| | | of contributions reported on line 10 | | | | | Section 19 18 | |
| | | See Part IV, line 18. | Ba | 0 | | | | |
| | b | Less: direct expenses | Bb | 0 | | | | |
| | С | Net income or (loss) from fundraising events | | | 0 | | | |
| | 9a | Gross incomparom garting activities. | | | | | Walter Francisco | |
| | | See Part IV line 19 | 9a | O | PERSONAL PROPERTY. | | | |
| | ь | Less: direct expenses | 9b | D | | | | |
| | С | Net income or (loss) from gaming activities. | | | 0 | | | |
| | 10a | Gross sales of inventory, less | | | | | INTERNATION | |
| | | returns and allowances | 0a | 0 | | | | |
| | b | Less: cost of goods sold | 0b | 0 | | | | |
| | | Net income or (loss) from sales of inventory . | . , . | | 0 | | | |
| <u>Ø</u> | | | | Business Code | | | | E NAME) L |
| <u>e</u> 8 | 11a | cy pres award | 9 | 00099 | 468,964 | 468,964 | | |
| an i | b | | | | 0 | | | |
| Miscellaneous Revenue | С | | | | 0 | | | |
| S ₹ | d | All other revenue | | | 0 | | | |
| Σ | _ e | Total. Add lines 11a-11d | | | 468,964 | | H 145 12A | Feb. 11, 85 AV |
| | 12 | Total revenue. See instructions | | | 2,519,746 | 894,719 | Ö | 66 |

Part IX Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must complete all Check if Schedule O contains a response or note | | | | <u> </u> |
|----------|--|-----------------------|--|-------------------------------------|--------------------------------|
| | | | | | |
| | not include amounts reported on lines 6b, 7b, 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 | | · | | William I |
| | and domestic governments. See Part IV, line 21 | 0 | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 0 | | 100 | |
| 4 | Benefits paid to or for members | 0 | | | 277 % 7247 |
| 5 | Compensation of current officers, directors, | | 4 | 1 10 8 | |
| | trustees, and key employees | _426,110 | 231,830 | 104,517 | 89,743 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | <u>*</u> | |
| | persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 911,574 | 795,948 | 48,981 | 66,645 |
| 8 | Pension plan accruals and contributions (include | | 1 | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 140,317 | 107,811 | 16,101 | 16,405 |
| 10 | Payroll taxes, | 91,62 | 70,396 | 10,513 | 10,713 |
| 11 | Fees for services (nonemployees): | • . * | | | |
| а | Management | 0 | | | |
| b | Legal | D D | | | |
| C | Accounting | 97,634 | | 97,634 | |
| ď | Lobbying | * • 0 | | | |
| е | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | • | | | |
| | (A), amount, list line 11g expenses on Schedule O.). | 128,595 | 128,595 | | |
| 12 | Advertising and promotion | 41,354 | 41,354 | | |
| 13 | Office expenses | 1,637 | <u>1,2</u> 57 | 188 | 192 |
| 14 | Information technology | 204,990 | 204,990 | | |
| 15 | Royalties | . 0 | | | |
| 16 | Occupancy | 2,044 | 1,571 | 234 | 239 |
| 17 | Travel | 36,252 | 36,252 | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public oricials | 0 | 2/2 222 | _ | |
| 19 | Conferences, conventions, and meatings . | 317,362 | 317,362 | 2.1- | |
| 20 21 | Interest | 217 | | 217 | |
| 22 | Depreciation, depletion, and amortization | 0 | 4.000 | | |
| 23 | Insurance | 5,314 | 4,083 | 610 | 621 |
| 24 | Other expenses. Ite rize expenses not covered | 3,608 | | 3,608 | |
| 24 | above. (List miscertaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 12% of line 25, column | AND DESCRIPTION OF | | | |
| | (A), amount, list line 240 expenses on Schedule (O.) | | Charles - State - Stat | | |
| а | Payroll Processing Fees | 26,711 | 20.522 | 2.005 | 0.400 |
| b | Meals and Entotainment | | 20,523 | 3,065 | 3,123 |
| C | Dues and Subscriptions | 3,312 394 | 2,545 | 380 | 387 |
| ď | Registration Fees | 2,129 | | 384 | 2 420 |
| e | All other expenses | 1,276 | 1,163 | 113 | 2,129 |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,442,450 | 1,965,700 | 286,555 | 100 105 |
| 26 | Joint costs. Complete this line only if the | 2,442,400 | 1,800,700 | 200,000 | 190,195 |
| | 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) | | | | |

Part X Balance Sheet
Check if Schedule O

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|-----------------------------|--------------|--|--------------------------|------|--------------------|
| | γ | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 322,699 | 1 | 661,511 |
| | 2 | Savings and temporary cash investments | 399,113 | 2 | 326,026 |
| | 3 | Pledges and grants receivable, net | 186,245 | 3 | 124,369 |
| | 4 | Accounts receivable, net | 0 | 4 | 0 |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | What first all the | E FE | |
| | | controlled entity or family member of any of these persons | d\ | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | A Day | | |
| co | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 8 | |
| Assets | 7 | Notes and loans receivable, net | 0 | 7.0 | 0 |
| Ass | 8 | Inventories for sale or use | 10 | 8 | |
| | 9 | Prepaid expenses and deferred charges | 28,298 | 9 | 97,842 |
| | 10a | Land, buildings, and equipment: cost or | | | |
| | ١ | other basis. Complete Part VI of Schedule D 10a 204,955 | | | |
| | l b | Less: accumulated depreciation 10b 197,347 | 5,622 | 10c | 7,608 |
| | 11 | Investments—publicly traded securities | 0 | 11 | 0 |
| | 12 | Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 | Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 | Intangible assets | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | 0 | 15 | 0 |
| | 16 | Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses | 941,977 | 16 | 1,217,356 |
| | 17 18 | Necestra payable and accided expenses | 119,058 | 17 | 163,448 |
| | 19 | Grants payable | 0 | 18 | |
| | 20 | Deferred revenue | 85,750 | 19 | 239,443 |
| | 21 | Tax-exempt bond liabilities . | 0 | 20 | |
| ąp | 22 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former oricer, director, | | | |
| Ħ | | trustee, key employee, creator or founder, substantial contributor, or 35% | | 00 | |
| Lia | 23 | controlled entity or family member of any of these parsons . Secured mortgages and notes payable to unrelated third parties | 0 | 22 | ^ |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0 | 23 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third | | 24 | 0 |
| İ | 23 | parties, and other liabilities not included on lines 17–24). Complete | | | |
| | | Part X of Schedule D | ٥ | 25 | 0 |
| | 26 | Total liabilities. Add lines 17 through | 204,808 | 25 | 402,891 |
| nh | 20 | | 204,000 | 20 | 402,091 |
| Ce | | Organizations that follow FAGB ASC 58, check here X | | | |
| a | 22 | and complete lines 27, 28, 32, and 33. | 207.420 | 07 | |
| Ba | 27 | Net assets without donor matricions | 607,169 | 27 | 724,465 |
| B | 28 | Net assets with donor restrictions | 130,000 | 28 | 90,000 |
| ᆵ | | Organizations that to not follow FASB ASC 958, check here and complete tines 29 through 33. | | | |
| ò | 29 | | | 00 | |
| 뚎 | 30 | Capital stock or trust principal, or current funds | 0 | 29 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or other funds. | 0 | 30 | |
| ₹ | 32 | Total net assets or fund balances . | | 31 | 044.400 |
| S | 33 | Total liabilities and net assets/fund balances | 737,169 | 32 | 814,465 |
| | 55 | Total habilities and het assets/fully bald/ICES | 941,977 | 33 | 1,217,356 |

| Form | 990 (2023) IDENTITY THEFT RESOURCE CENTER, INC. | 71-091 | 0445 | Pa | ge 12 |
|------|---|----------|------|-------|----------|
| Par | t XI Reconciliation of Net Assets | | | | <u> </u> |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | ı | | 2,51 | 9,746 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 2,44 | 2,450 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 7 | 7,296 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | <u> </u> | | 73 | 7,169 |
| 5 | Net unrealized gains (losses) on investments | | | | |
| 6 | Donated services and use of facilities | 3 | | | |
| 7 | Investment expenses | | | | |
| 8 | Prior period adjustments | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 1 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32) | | | | |
| | column (B)) | D | | 814 | 4,465 |
| Pari | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII. | | . , | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Oner | | 77 | | 1145 |
| | If the organization changed its method of accounting from a prior year or checked "Other" explain on | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year we secompiled or | | 4 | -0.0 | |
| | 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 arroundant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements or the year were audited on a | | DE | | |
| | separate basis, consolidated basis, or both. | | | | |
| | X Separate basis Consolidated basis Separate basis | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | - 1 | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process of selection process during the tax year, explain on | | | | |
| | Schedule O. | | (1) | Die C | GAL! |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | - 1 | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 9.000 | 3a | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why on Schooling O. ad describe any stone token to undergo such audits | | - L | l | |

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization Employer identification number

| | | Y THEFT RESOURCE CENTER | R, INC. | <u> </u> | | | /1-09 | 110445 | |
|-----|----------|---|---|--|-------------------------|------------------------------|---|-----------------------------------|---|
| Pai | rt I | Reason for Public Char | ity Status. (All or | ganizations must co | omplete t | his part.) | See instructions. | | |
| Fhe | org | anization is not a private foundat | , | | , | | , | | |
| 1 | | A church, convention of church | es, or association of | f churches described in | n section | 170(b)(1) | (A)(i). | | |
| 2 | L | A school described in section | 170(b)(1)(A)(ii). (Att | ach Schedule E (Form | 990).) | | | | |
| 3 | | A hospital or a cooperative hos | pital service organiz | ation described in sec | tion 170(| b)(1)(A)(iii | i). | | |
| 4 | | A medical research organizatio | n operated in conju | nction with a hospital o | escribed | in section | 1 40(b)(4)(A (iii). Er | iter the | |
| | | hospital's name, city, and state | | | | | | | |
| 5 | | An organization operated for th section 170(b)(1)(A)(iv). (Com | | e or university owned | or operate | ed by a go | erninental unit des | cribed in | |
| 6 | | A federal, state, or local govern | ment or governmen | ital unit described in s e | ection 170 |)(b)(1)(A)(| Q. | | |
| 7 | Χ | An organization that normally redescribed in section 170(b)(1) | | | m a gove | ri mental u | unit or from the gene | ral public | |
| 8 | | A community trust described in | section 170(b)(1)(/ | A)(vi). (Complete Part | II.) | | | | |
| 9 | | An agricultural research organi: | zation described in s | section 170(b)(1)(A)(ix | d) operate | in conjur | nction with a land-gra | ant college | |
| | | or university or a non-land-grar university: | | | | " | | - | |
| 10 | | An organization that normally re | eceives (1) more that | an 33 1/3% of its supp | ort from co | ontribution | s, membership fees | , and gross | |
| | | receipts from activities related to support from gross investment | io its exempt functio income and unrelat | ed business tax tale in | exceptions some (les | s; and (2) r s section : | no more than 33 1/3 511 fax) from busine | % OF Its sses | |
| | | acquired by the organization af | ter June 30, 1975. S | See section 509(a)(2), | (Complet | e Part III.) | | ~~~ | |
| 11 | | An organization organized and | operated exclusivel | y to test or public rafe | ety. See se | ection 509 | a(a)(4). | | |
| 12 | \vdash | An organization organized and | | | | | | the purposes of | |
| | | one or more publicly supported Check the box on lines 12a thro | organizations desc | ribed in section 509(a |)(1) or sec | ction 509(| a)(2). See section 5 | 509(a)(3). | |
| a | ι | Type I. A supporting organization/ | ation operated, sup | ervised, or controlled to | oy its supp | orted orga | anization(s), typically | / by giving | |
| | | the supported organization(s organization, You must con | nplete Part IV, Sect | ions A and B. | тпајонту с | or the direc | MOIS OF HUSIEES OF II | le supporting | |
| b |) | Type II. A supporting organia | zation supervise | controlled in connecti | on with its | supported | d organization(s), by | having | |
| | | control or management of the organization(s). You must c | e supporting creani | zation vested in the sa | ame perso | ns that co | ntrol or manage the | supported | |
| c | | Type III functionally integra | | | n connect | ion with a | and functionally integ | rated with | |
| | , | its supported organization(s |) (see instruction). | You must complete F | Part IV, Se | ctions A, | D, and E. | rated with, | |
| c | ı | Type III non-functionally in | itegrati d. A support | ting organization opera | ated in cor | nection w | ith its supported org | anization(s) | |
| | | that is not functionally integr requirement (see instruction | ate. The organizati | ion generally must sati | isfy a distr | ibution red | quirement and an att | entiveness | |
| е | | Check this box if the organia | | | | | | e III | |
| | , | functionally integrated, or Ty | ne III non-functiona | lly integrated supportir | ng organiz | ation. | 13001, 130011, 130 | 5 M | |
| f | | Enter the number of supported | organizations | | | | | # | 0 |
| ğ | 1 | Provide the following information | n about the support | ed organization(s). | Larra | | | | |
| | (1) | Name of supported organization | (II) EIN | (Ili) Type of organization (described on lines 1–10 | | organization ur governing | (v) Amount of monetary support (see | (vi) Amount of other support (see | ÷ |
| | | | | above (see instructions)) | | ment? | Instructions) | instructions) | |
| | | | | | Yes | No | | | |
| A) | | | | | 165 | NO | | | |
| ~, | | | | | | | | | |
| B) | | | | | | | | | |
| _ | | | | _ | | | | | |
| C) | | | | | | | | | |
| D) | | | | | | | | | _ |
| -, | | | | | | | | | |
| E) | | | | | | | | | |
| ota | il | | | | EVATA I | 6 15 1 | 0 | | 0 |

71-0910445 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Se | ction A. Public Support | | | · | | , | |
|------|---|---|--|--|--|-------------------|-----------|
| Cale | endar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,786,901 | 1,542,235 | 1,472,646 | 1,055,938 | 1,624,961 | 7,482,681 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 1,100,001 | 1,0 12,200 | 1,77 2,0 10 | 1,000,000 | 1,02,300 | ., |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | 1 | 3 | 0 |
| | Total. Add lines 1 through 3 | 1,786,901 | 1,542,235 | 1,472,646 | 1,055,938 | 1,624,961 | 7,482,681 |
| 5 | The portion of total contributions by | 1,700,301 | 1,042,200 | 1,772,070 | 1 40000,0000 | 7 1,024,501 | 1,402,001 |
| • | each person (other than a | | | | 10 | | |
| | 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 | | | | No. | | 7,482,681 |
| Sec | ction B. Total Support | | | | 1 | | -, |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 1,786,901 | 1,542,235 | 1,472,646 | 1,055,938 | 1,624,961 | 7,482,681 |
| 8 | Gross income from interest, dividends, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | * | 11 10 | | .,, | .,,. |
| | payments received on securities loans, | | | 100 | | | |
| | rents, royalties, and income from | | 4/ | | | | |
| | similar sources | 117 | 50 | 108 | 59 | 66 | 400 |
| 9 | Net income from unrelated business activities, whether or not the business is | | C | | | | |
| 40 | regularly carried on | • | | | | | 0 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | • | | | | 468,964 | 468,964 |
| 11 | Total support. Add lines 7 through 10 | | | N States In | 100 H 3 F 3 | | 7,952,045 |
| 12 | Gross receipts from related activities, etc. (se | e instructions) | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the organization, check this box and stop here | <u>K </u> | | r fifth tax year as a | | | |
| Sec | ction C. Computation of Public Sys | <u> </u> | | | | | |
| 14 | Public support percentage for 2023 (line 6 co | | | | | 14 | 94.10% |
| 15 | Public support percentage from 2022 Schede | | | | | 15 | 99.99% |
| | 33 1/3% support test—2023 of the organization and stop here. The organization analysis ses | a publicly support | ed organization . | . (8) 8) 9 4 | | | <u>X</u> |
| | 33 1/3% support test—2022. (the organization qualified box and stop here. The organization qualified | s as a publicly sup | ported organization | n | | . M . S . S S . I | a a · m · |
| 17a | 10%-facts-and-circumstant as est—2023. 10% or more, and if the organization meets the Part VI how the organization meets the facts-organization. | ne facts-and-circun and-circumstances | nstarices test, chec s test. The organiza | ck this box and sto ation qualifies as a | p here. Explain in publicly supported | I | woo e |
| b | 10%-facts-and-circumstances test—2022. 15 is 10% or more, and if the organization me in Part VI how the organization meets the factorganization. | eets the facts-and- ts-and-circumstand | circumstances test ces test. The organ | , check this box an nization qualifies as | d stop here. Expl | ain ted | |
| 18 | Private foundation. If the organization did n | ot check a box on | line 13, 16a, 16b, 1 | 17a, or 17b, check t | this box and see | | |

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.)

| | ii tile organization talia to qui | ally under the | icata nated bei | ovv, picase com | picto i are ii.) | | |
|------|---|-------------------------|----------------------|--------------------|----------------------|----------|---------------|
| | ction A. Public Support | | | | | | (5.7.1.1 |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | 0 |
| 2 | received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise | | | | <u> </u> | | 0 |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | _ | | 0 |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 🚎 🙀 | | | | - 40 | | 0 |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | ₩ | |
| | or expended on its behalf | | | | _ | | 0 |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | 0 |
| 6 | Total. Add lines 1 through 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | 0 |
| 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 | | | . 7 | | | 0 |
| C | Add lines 7a and 7b | 0 | | 0 | 0 | 0 | 0 |
| 8 | Public support (Subtract line 7c from | | 11 | | | | _ |
| | line 6.) | 7 1 = 1 5 15 1 | | | | | 0 |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10a | Gross income from interest, dividends, | 4 | | | | | |
| | payments received on securities loans, rents, | | | | | | _ |
| | royalties, and income from similar sources | | | | _ | | 0 |
| b | Unrelated business taxable income (less | | -0 | | | | |
| | section 511 taxes) from businesses | | • | | | | |
| | acquired after June 30, 1975 | | | | _ | | 0 |
| C | Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Net income from unrelated business | X | | | | | |
| | activities not included on line 10b, whether | | | | | | _ |
| | or not the business is regularly carried on | - | | | | | 0 |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | i | | | | | _ |
| | (Explain in Part VI.) | | | | | | 0 |
| 13 | Total support. (Add lines 110c, 1 | | | | | | |
| | and 12.) | 0 | 0 | 0 | - | 0 | 0 |
| 14 | First 5 years. If the Form 1999 is for the orga | | | | | | |
| | organization, check this box and stop here. | | | <u></u> | | | |
| Sec | ction C. Computation of Public Sup | port Percenta | ige | | | | |
| 15 | Public support percentage for 2023 (line 8, co | olumn (f), divided b | y line 13, column | (f)) | | 15 | 0.00% |
| 16 | Public support percentage from 2022 Schedu | ule A, Part III, line 1 | <u> 15</u> | | المناه فيورو | 16 | 0.00% |
| Sec | ction D. Computation of Investmen | t Income Perc | entage | | | | |
| 17 | Investment income percentage for 2023 (line | : 10c, column (f), di | ivided by line 13, o | column (f)) | | 17 | 0.00% |
| 18 | Investment income percentage from 2022 Sc | | | | | 18 | 0.00% |
| 19a | 33 1/3% support tests—2023. If the organization | | | | | | |
| | not more than 33 1/3%, check this box and s | | | | | | 0.00.00.00.00 |
| b | 33 1/3% support tests—2022. If the organiz | | | | | | _ |
| | line 18 is not more than 33 1/3%, check this I | | | | | | <u>L</u> |
| 20 | Private foundation. If the organization did n | of check a box on | line 14, 19a, or 19 | b check this box a | and see instructions | 8 | |

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

- 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 as, "answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(d), (5), is (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI y and how the organization made the determination.
- 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 exact 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 as it in an experimental 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.
- 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 organization document).
- **b** Type I or Type II only. Was any added or substituted subported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a cant, Itan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(5)). If amily 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 frake coan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Fart I or Schedule L (Form 990).
- 9a Was the organization ontrolled directly or indirectly at any time during the tax year by one or more disqualified person as defined in section 4946 (other than foundation managers and organizations described in section 3. (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 |
|---------|------|-----------|---------|
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| edule A | (For | m 990 | 2023 |

| Part I | V Supporting Organizations (continued) | | | |
|---------|--|----------|-------|-------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | 100 |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | 150 |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| C | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | Hali | |
| | detail in Part VI. | 11c | | |
| Section | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of the governing body, officers acting in their official capacity, or membership of the governing body, officers acting in their official capacity, or membership of the governing body, officers acting in their official capacity, or membership of the governing body, officers acting in their official capacity, or membership of the governing body, officers acting in their official capacity, or membership of the governing body, officers acting in their official capacity, or membership of the governing body, officers acting in their official capacity, or membership of the governing body. | | | M. |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | 3 13 |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | E16 | | 150 |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allegated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1_ | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | de la |
| | organization(s) that operated, supervised, or controlled the supporting organization? If Yes," existain in Part | | | = 100 |
| | VI how providing such benefit carried out the purposes of the supported organization(s) and organizated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Section | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," lesching in Fart VI how control | 359 | | - |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 159 | | |
| | the supported organization(s). | 1 | | |
| Section | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | 13-14 | 1-22 | |
| | 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 | | TE Q | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | _1_ | | |
| 2 | Were any of the organization's officers, directors, of trusties 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 | | 120 | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have | | 143 | 4 |
| | a significant voice in the organization's investment policies and in directing the use of the organization's | 50 | | |
| | income or assets at all times during the tax year? # "Yes," describe in Part VI the role the organization's | | 54 | |
| | supported organizations played in this researd. | 3 | | |
| Section | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the aganization used to satisfy the Integral Part Test during the year (see instru | ction | s). | |
| a [| The organization satisfied the activities Test. Complete line 2 below. | | | |
| b [| The organization is the parant 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 | inetrurt | innel | |
| | | 1100100 | | |
| | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | - 5 |
| | the supported organ ation(s) to which the organization was responsive? If "Yes," then in Part VI identify | -1 | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | 12 | J. a | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | 草草 | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | E | 98 |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | H | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | (1 P) | | |
| | these activities but for the organization's involvement. | 2b | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. | Fill | | 501 |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | MI | |
| | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | |
| | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O | гgar | nizations | |
|--|------------|-------------------------------|-------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | g trus | t on Nov. 20, 1970 (explain i | n Part VI). See |
| instructions. All other Type III non-functionally integrated supporting organ | nizatio | ons must complete Sections | A through E. |
| Pastian & Adjusted Not Income | | (A) Prior Year | (B) Current Year |
| Section A - Adjusted Net Income | | (A) Mibi rear | (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 | 0 | 0 |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of | | 4 | |
| 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 | 0 | 0 |
| | | | (B) Current Year |
| Section B - Minimum Asset Amount | | (A) Prior Year | (optional) |
| Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1 a | | |
| b Average monthly cash balances | TB | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 10 | 0 | 0 |
| e Discount claimed for blockage or other factors | | | and if here is a |
| (explain in detail in Part VI): | 4 | | |
| Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | 0 | 0 |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for a reater amount, | Ť | | |
| see instructions). | 4 | o | 0 |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 0 | 0 |
| 6 Multiply line 5 by 0.035. | 6 | 0 | 0 |
| 7 Recoveries of prior-year distributions | 7 | 0 | 0 |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | 0 | 0 |
| 6 WITHITIANI Asset Aniount (add line 7 to line 6) | 10 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A. Ne 8, column A) | 1 | EUROL I ALE | 0 |
| 2 Enter 0.85 of line 1. | 2 | | 0 |
| Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | 0 |
| | 4 | | 0 |
| 4 Enter greater of line 2 or line 3. | 5 | | 0 |
| 5 Income tax imposed in prior year | 9 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | ^ |
| Analysis. The same of the same | | parated Type III supporting a | organization (see |
| | улле | sgrated Type III supporting t | nganization (see |
| instructions). | | | |

| Schedule | A (Form 990) 2023 IDENTITY THEFT RESOURCE | CENTER, INC. | . 7 | 1-0910445 | Page 7 |
|----------|--|------------------------------------|--|---------------------------------|------------|
| Part ' | Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organi | izations (continued) | | |
| Section | on D - Distributions | | | Current ' | Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exem | pt purposes of supported | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | ses of <u>supported organiza</u> | ations 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | _ | |
| 5 | Qualified set-aside amounts (prior IRS approval required—) | provide details in Part V i |) 5 | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 4.7 | | 0 |
| 8 | Distributions to attentive supported organizations to which t | he organization is respo | nsive | | |
| | (provide details in Part VI). See instructions. | | 26 | | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | 9) | <u> </u> | 0 |
| 10 | Line 8 amount divided by line 9 amount | | 10 | | 0.000 |
| 8 | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distribut Amount fo | |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | | 0 |
| 2 | Underdistributions, if any, for years prior to 2023 | | | 7 Y L' 7 Y | |
| | (reasonable cause required—explain in Part VI). See | | | | |
| | instructions. | | | | LE THE |
| 3 | Excess distributions carryover, if any, to 2023 | | | Rither Heat | -38h X- |
| a | From 2018 | V 6/ 10 | | | |
| b | From 2019 | 100 | | | |
| С | From 2020 | | | | |
| d | From 2021 0 | | | | |
| е | From 2022 , , | | | | |
| | Total of lines 3a through 3e | 0 | | | |
| | Applied to underdistributions of prior years | | _0 | | |
| h | Applied to 2023 distributable amount | | | | 0 |
| i | Carryover from 2018 not applied (see instructions) | | | | PHE |
| | Remainder. Subtract lines 3g, 3h, and 3i from line st | r 0 | | | |
| 4 | Distributions for 2020 from | | | | |
| | Section D, line 7: \$ 0 | | | IL FILL OF | |
| a | Applied to underdistributions of prior years Applied to 2023 distributable amount | | 0 | | |
| | Applied to 2020 distributable amount | | | | Ü |
| C | Remainder. Subtract lines 4a and 4b from the | 0. | THE RESERVE | | |
| 5 | Remaining underdistributions for years arior to 2023, if | | | | |
| | any. Subtract lines 3g and 4a from the 2. For result | | _ | | |
| | greater than zero, explain in Part VI. See instructions. | | 0 | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result ineater than zero, explain | | | | |
| | in Part VI. See instruction | | | | 0 |
| 7 | | | | | 0 |
| 1 | Excess distributions of prover to 2024. Add lines 3j and 4c. | ٥ | | | |
| 8 | Breakdown of his 2. | U U | | | |
| a | Excess from 2019 | | | | |
| a b | Excess from 2020 0 | | | | ell, alell |
| C | Excess from 2021 | | | | CV CZ 0 |
| d | Excess from 2022 | | HARRIST PROPERTY. | The second | 11 0 |
| | Excess from 2023 0 | | | | DET THE |
| | | | | | |

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section

| B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|--|
| Part II Section B Line 10 This amout pertains to cy pres receipts from a class action |
| lawsuit that was awarded to ITRC. |
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Name of organization IDENTITY THEFT RESOURCE CENTER, INC.

Employer identification number 71-0910445

| Part I | Contributors (see instructions). Use duplicate copie | s of Part I if additional space is n | eeded. |
|------------|--|--------------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | Sontiq 9920 Franklin Square Dr Ste 250 Nottingham MD 21236 Foreign State or Province: Foreign Country: | \$ 62,000 | Person X Payroll Noncash Complete Part If for nincash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | American Express 18850 N 56th Street Phoenix AZ 85054 Foreign State or Province: Foreign Country: | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) | (d) Type of contribution |
| 99 | Identity Intelligence Group, LLC 43454 Business Park Drive Temecula CA 92490 Foreign State or Province: Foreign Country: | \$ 50,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| . 10 | Intellectual Technology Inc. 2980 E. Coliseum Blvd Fort Wayne IN 46,09 Foreign State or Province: Foreign Country: | \$ 75,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11 | Wells Fargo 420 Montgrinery Treet San Francisco CA 94104 Foreign State of Province: Foreign Country | \$ 100,500 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Foreign State or Province: Foreign Country: | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization IDENTITY THEFT RESOURCE CENTER, INC. 71-0910445 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors 5 funds are the organization's property, subject to the organization's exclusive legal control? . Did the organization inform all grantees, donors, and donor advisors in writing that grant finds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified concervation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements. 2a b Total acreage restricted by conservation easements. c Number of conservation easements on a certified historic structure included on line 2a. Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation pasement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, aspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement epon a on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) balance sheet, and include if appricable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical reasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. Assets included in Form 990, Part X

| | · / IBERTITI INELTITIZATION | 31102 02:11:2:1, 1112: | | | | 4 44 | | _ |
|------|--|-----------------------------|-------------------|------------------|---|--|-------------|------|
| Pari | | | | | | | | |
| 3 | Using the organization's acquisition, accession | n, and other records, | check any of t | the following th | at make significant | use of its | s | |
| | collection items (check all that apply). | | _ | | | | | |
| а | Public exhibition | d | Loan or exc | hange progran | n | | | |
| b | Scholarly research | е Г | Other | | | | | |
| | = ' | ٠ _ |] 011101 | | | | | - |
| C | Preservation for future generations | | | | | _ | | |
| 4 | Provide a description of the organization's col | llections and explain I | now they furthe | er the organiza | tion's exempt purpo | se in Pa | irt | |
| | XIII. | | | | | | | |
| 5 | During the year, did the organization solicit or | receive donations of | art, historical t | treasures, or of | ther similar | | | |
| | assets to be sold to raise funds rather than to | | | | | Ye | s | No |
| D | | | | | | | | |
| Part | Countries if the constitution of the | illo. | 000 Bod IV | line O or rer | and an internal | on Earl | m | |
| | Complete if the organization answer | red res on Form | 990, Partiv, | line 9, or rep | oritali antourit | OII FUII | - [] | |
| | 990, Part X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an, or other intermedia | ary for contribu | utions or other | ssets of | | | |
| | included on Form 990, Part X? | ; | | | | Ye | s 🔛 🖠 | No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the folio | wing table. | | | | | |
| | | · | | | All I | Amount | | |
| С | Beginning balance | | | | 1c | | | 0 |
| | Additions during the year . | | | | 1d | | | |
| d | | | | | 1e | · | | |
| e | Distributions during the year | | 1 | | 1f | | | 0 |
| f | Ending balance | | | | | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line 2 | 21, for esgrow | custodial ac | count liability? | Ye | s X | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the exp | lanation has b | een provided i | n Part XIII | | | |
| _ | | | | | | - | | |
| Part | | | | E 40 | | | | |
| | Complete if the organization answer | | | | | T | | |
| | (a) (| Current year (b) P | year (d |) Two years back | (d) Three years back | (e) For | ur years ba | ack |
| 1a | Beginning of year balance | 0 | 0 | |) | | | 0 |
| b | Contributions | | | | | | | |
| С | Net investment earnings, gains, | A 100 | | | | | | |
| | and losses | | | | | | | |
| ď | Grants or scholarships | | | | | | | |
| - | Other expenditures for facilities | | - " | - | | | | |
| е | | | | | | | | |
| | and programs | | | | | + | | |
| t | Administrative expenses | | | | ^ | | | |
| g | End of year balance | . 0 | 0 | | | 0[| | С |
| 2 | Provide the estimated percentage of the part | ar end balance | (line 1g, colum | nn (a)) held as: | | | | |
| а | Board designated or quasi-endowment | % | | | | | | |
| ь | Permanent endowment | % | | | | | | |
| C | Term endowment % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2g shot | uld equal 100%. | | | | | | |
| 3a | Are there endowment funds not in the posses | | on that are he | ld and adminis | tered for the | | | |
| Ja | organization by: | 50,011 01 010 01 gui 112 du | | | | | Yes | No |
| | | | | | | 3a(i) | 100 | 140 |
| | (i) Unrelated organizations | | 89 89 89 | | . 83 (3 83 | | | |
| | (iii) | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a, the free that elated organiza | | | e R? | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | organization's endow | ment funds. | | | | | |
| Part | | | | | | | | |
| | Complete if the organization answe | red "Yes" on Form | 990, Part IV, | line 11a. Se | e Form 990, Part | X, line | 10. | |
| | Description of property | (a) Cost or other basis | (b) Cost or ot | | (c) Accumulated | | ook value | |
| | Description of property | (investment) | (other | | depreciation | (-) | | |
| 40 | Land | | - | 0 | THE RESERVE TO SERVE | | | C |
| 1a | | | | 0 | 0 | | | - 0 |
| b | Buildings | | | | | | | 0 |
| C | Leasehold improvements | (| _ | 4,858 | 4,858 | | | _ |
| d | Equipment | | - | 200,097 | 192,489 | | 7. | ,608 |
| е | Other | | | 0 | 0 | | | |
| Tota | LAdd lines 1a through 1e. (Column (d) must ea | qual Form 990, Part X | Cline 10c. coli | umn (B1) | | | 7 | .608 |

| | Complete if the organization answered | | |
|--|--|--|--|
| | Complete in the organization answered | "Yes" on Form 990, | Part IV, line 11b. See Form 990, Part X, line 12. |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financia | Il derivatives | 0 | |
| (2) Closely | held equity interests | 0 | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | <u> </u> |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | · | | |
| | n (b) must equal Form 990, Part X, line 12, col. (B)). | 0 | THE PARTY OF THE P |
| Part VIII | Investments—Program Related. | • | |
| | | "Yes" on Form 990. | Part IV, line 11c. See Form 990, Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | | A |
| (2) | | | |
| (3) | | | |
| | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | <u> </u> |
| (7) | | | |
| (8) | | | |
| | | | |
| (9) | . (C) | 2 | |
| Total. (Colum | n (b) must equal Form 990, Part X, line 13, col. (B)) . | 0 | |
| | Other Assets. | C. | De 4 NV line 44 de Composition de Co |
| Total. (Colum | Other Assets. Complete if the organization answere | "Yes" on Form 990, | Part IV, line 11d. See Form 990, Part X, line 15. |
| Total. (Colum Part IX | Other Assets. | "Yes" on Form 990, | Part IV, line 11d. See Form 990, Part X, line 15. |
| Total. (Colum Part IX (1) | Other Assets. Complete if the organization answere | "Yes" on Form 990, | |
| Part IX (1) (2) | Other Assets. Complete if the organization answere | "Yes" on Form 990, | |
| Total. (Colum Part IX (1) | Other Assets. Complete if the organization answere | "Yes" on Form 990, | |
| Part IX (1) (2) | Other Assets. Complete if the organization answere | "Yes" on Form 990, | |
| (1) (2) (3) (4) | Other Assets. Complete if the organization answere | "Yes" on Form 990, | |
| (1) (2) (3) (4) | Other Assets. Complete if the organization answere | "Yes" on Form 990, | |
| (1) (2) (3) (4) (5) | Other Assets. Complete if the organization answere | "Yes" on Form 990, | |
| (1) (2) (3) (4) (5) (6) | Other Assets. Complete if the organization answere | "Yes" on Form 990, | |
| (1) (2) (3) | Other Assets. Complete if the organization answere | "Yes" on Form 990, | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered. (a) Description (b) must equal Form 980, Part X, line 15, of Other Liabilities. | "Yes" on Form 990, | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column | Other Assets. Complete if the organization answered. (a) Description (b) must equal Form 980, Part X, line 15, of Other Liabilities. | "Yes" on Form 990, | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered (a) Description (b) must equal Form 930. Part X, line 15, of Other Liabilities. Complete if the organization answered line 25. | "Yes" on Form 990, | (b) Book value |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column | Other Assets. Complete if the organization answered (a) Description (b) must equal Form 930. Part X, line 15, of Other Liabilities. Complete if the organization answered line 25. | col. (B)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the column | Other Assets. Complete if the organization answered. (a) Description (b) must equal Form 920, Part X, line 15, of Other Liabilities. Complete if the organization answered line 25. | col. (B)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnary) Part X 1. (1) Federa (2) | Other Assets. Complete if the organization answered. (a) Description (b) must equal Form 920, Part X, line 15, of Other Liabilities. Complete if the organization answered line 25. | col. (B)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columna | Other Assets. Complete if the organization answered. (a) Description (b) must equal Form 920, Part X, line 15, of Other Liabilities. Complete if the organization answered line 25. | col. (B)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnary) Part X 1. (1) Federa (2) (3) (4) | Other Assets. Complete if the organization answered. (a) Description (b) must equal Form 920, Part X, line 15, of Other Liabilities. Complete if the organization answered line 25. | col. (B)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnary) Part X 1. (1) Federa (2) (3) (4) (5) | Other Assets. Complete if the organization answered. (a) Description (b) must equal Form 920, Part X, line 15, of Other Liabilities. Complete if the organization answered line 25. | col. (B)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6) | Other Assets. Complete if the organization answered. (a) Description (b) must equal Form 920, Part X, line 15, of Other Liabilities. Complete if the organization answered line 25. | col. (B)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Annual Column Annual | Other Assets. Complete if the organization answered. (a) Description (b) must equal Form 920, Part X, line 15, of Other Liabilities. Complete if the organization answered line 25. | col. (B)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna X 1. (1) Federa (2) (3) (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answered. (a) Description (b) must equal Form 920, Part X, line 15, of Other Liabilities. Complete if the organization answered line 25. | col. (B)) | Part IV, line 11e or 11f. See Form 990, Part X, |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna X 1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered. (a) Description (b) must equal Form 920, Part X, line 15, of Other Liabilities. Complete if the organization answered line 25. | col. (B)) "Yes" on Form 990, tion of liability | Part IV, line 11e or 11f. See Form 990, Part X, |

| Par | Reconciliation of Revenue per Audited Financial Statements With Revenue per Re Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
|--------------------------|--|-------------------|-----------|
| 4 | Total revenue, gains, and other support per audited financial statements | 4 | 2,519,746 |
| 1 | | | 2,018,740 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 100 | |
| a | Net unrealized gains (losses) on investments | 400 | |
| b | | | |
| C | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| e | Add lines 2a through 2d | 2e | 0.510.710 |
| 3 | Subtract line 2e from line 1 | 3 | 2,519,746 |
| 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. 19 19 19 19 4a | X | |
| þ | Other (Describe in Part XIII.) | | |
| C | Add lines 4a and 4b | 4.4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 2,519,746 |
| Par | t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I | Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lige 12a. | | |
| 1 | Total expenses and losses per audited financial statements | . 1 | 2,442,450 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 7 | |
| а | Donated services and use of facilities | 10H | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 2,442,450 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1. | -11-16 | |
| | | | |
| - | Investment expenses not included on Form 990. Part VIII. lipe / h 🕒 1. 48 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| a b | Other (Describe in Part XIII.) | 4c | 0 |
| a b c | Other (Describe in Part XIII.) | 4c | 2 442 450 |
| a b c | Other (Describe in Part XIII.) | 4c 5 | 2,442,450 |
| a b c 5 | Other (Describe in Part XIII.) | 5 | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |
| a b c 5 Part | Other (Describe in Part XIII.) | 5 t V, line 4; | 2,442,450 |

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

IDENTITY THEFT RESOURCE CENTER, INC.

Employer identification number

71-0910445

| rar | Questions Regarding Compensation | | | |
|--------|--|--|-----------|----|
| 1a | Check the appropriate box(es) if the organization provided an 990, Part VII, Section A, line 1a. Complete Part III to provide a | | Yes | No |
| | | lousing allowance or residence for personal use | | |
| | | ayments for business use of personal spiderical | 13.0 | 85 |
| | | lealth or social club dues or initiation thes | 7.4 | |
| | ☐ Discretionary spending account ☐ P | ersonal services (such as maid, chauffeur, chef) | | |
| b | If any of the boxes on line 1a are checked, did the organization or reimbursement or provision of all of the expenses described explain | | | |
| 2 | Did the organization require substantiation prior to reimbursing directors, trustees, and officers, including the CEO/Executive 1a? | | | |
| 3 | | or not check any boxes for methods used by a regulive Director, but explain in Part III. | | |
| | | on ensation survey or study | 1 | |
| | Form 990 of other organizations | pproval by the board or compensation committee | | |
| 4 | During the year, did any person listed on Form 990, Part VII, sorganization or a related organization: | Section A, line 1a, with respect to the filing | | |
| a | Receive a severance payment or change-of-control sayment? | | | |
| b | Participate in or receive payment from a supplemental risingua | alified retirement plan? | | |
| С | Participate in or receive payment from an equity-bated competer in the persons and provide the a | ensation arrangement? | | |
| 5 | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizati For persons listed on Form 990, Part 11, Section A, line 1a, d compensation contingent on the revenues of | id the organization pay or accrue any | | |
| a b | The organization? | 5a | | X |
| D | If "Yes" on line 5a or 5b, describe in Part III. | 50 S S S S S S S S S S S S S S S S S S S | | Â |
| 6 | For persons listed on Form 90, Fart VII, Section A, line 1a, d compensation contrigent on the net earnings of: | | | |
| а | The organization? | 9 5 7 5 5 6 5 7 5 6 8 9 8 9 8 9 8 9 5 5 5 8 9 8 9 8 9 8 9 8 | \sqcup | X |
| b | If "Yes" on line 6a or 6b, describe in Part III. | 6b | | X |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, d | id the organization provide any nonfixed | | |
| | payments not described on lines 5 and 6? If "Yes," describe in | Part III | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or act to the initial contract exception described in Regulations section. | | | |
| | in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable | le presumption procedure described in | Dimensi I | |

Schedule J (Form 990) 2023 | DENT

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

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

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

| Note: The sum of Columns (D)(I)-(III) for each instead in the total amount of 1990, half of 1990, ha | IISTER ITIDIVIDUAL ITIDSE EQUAN | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | 399-NEC compensation | iono, ime ia, appino | | E SUITORUIS IOI MISKI | |
|--|---------------------------------|--|---|--|---|---|--|
| (A) Name and Title | (i) Base compensation | (II) Bonus & Incentive compensation | (iii) Other reportable compensation | (C) Ketirement and other deferred compensation | (D) Nontaxable benefits | (E) iotal of columns (B)(()-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| Eva Velasquez | 142,361 | 1 23,149 | 0 | 0 | 8,403 | 173,913 | 0 |
| 1 President/CEO | (f) | | | | | ; ; ; ; ; ; ; | |
| 2 | | | | | | | |
| | 8 | | | | | | |
| 6 | + | | | | | | |
| 4 | € € | | | | | | |
| | € | | | | | | |
| 5 | (E) | | | | | | |
| | (1) | | | | | | |
| 9 | (ii) | | | | | | |
| | (0) |) | | | | | |
| 7 | (ii) | | | | | | |
| | (i) | | | * | | 1 | |
| 8 | (ii) | | | | | | |
| | (i) | | | 4 | 1 | 1 | |
| 6 | (ii) | | | | | | |
| | 0 | | r | | | | |
| 10 | (ii) | | | | | | |
| | 0 | | | | (| 1 | |
| ++ | (1) | | | | | | |
| | (E) | | | | | | |
| 12 | (E) | | | | | | |
| | () | 1 | 1 | | | | |
| 13 | (1) | | | | | · | |
| | € | | | | | | |
| 14 | (ii) | | | | | | |
| | (i) | | | | | | |
| स् | (ii) | | | | | | |
| | (0) | 1 | 1 | 1 | | | |
| 16 | (E) | | | | | | |
| | | | | | | Sch | Schedule J (Form 990) 2023 |

| 71-0910445 Page 3 | and 8, and for Part II. Also complete this part | | | | | ************************************** | | | Ŝ | | | Schedule J (Form 990) 2023 |
|---|---|--|--|--|--|--|--|--|---|--|--|----------------------------|
| Schedule J (Form 990) 2023 IDENTITY THEFT RESOURCE CENTER, INC. | 그은 위 | | | | | | | | | | | |

SCHEDULE L (Form 990)

Department of the Treasury

Internal Revenue Service

(7) (8) (9) (10)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Name of the organization Employer identification number IDENTITY THEFT RESOURCE CENTER, INC 71-0910445 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes (1)(2)(3)(4)(5)(6)the year 2 Enter the amount of tax incurred by the organization managers or disqualified personal during Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (f) Balance due (g) In default? (h) Approved (i) Written with organization loan from the by board or agreement? organization? committee? Τo Yes Νo Yes No Yes Nο (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)\$ Total 0 Grants or Assistance Benefiting aterested Persons. Part III Complete if the organization an wered "Yes" on Form 990, Part IV, line 27. ionship between interested (a) Name of interested person (c) Amount of assistance (e) Purpose of assistance (d) Type of assistance n and the organization (1) $\{2\}$ (3)(4)(5)(6)

| 71-0910445 | Page | 2 |
|------------|------|---|
| | | - |

| Part IV | Business Transactions Involve Complete if the organization and | ring Interested Persons. Iswered "Yes" on Form 990, P | art IV, line 28a, 28b, | or 28c. | | |
|---------|--|---|---------------------------|--------------------------------|---------|-------------------------------|
| | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | aring of zation's nues? |
| | | | | | Yes | Nο |
| | dfish Consulting | Board member | 18,077 | IT programmatic services | | Х |
| (2) | | | | | | |
| (3) | | | | | | |
| (5) | | | | • | | |
| (6) | | | | 100 | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | · · · · · · · · · · · · · · · · · · · | | | | | <u> </u> |
| (10) | | <u></u> | | | - | |
| Part V | Supplemental Information. Provide additional information f | for responses to questions on | Schedule I See in | ructions | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | <u></u> | |

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection mployer identification number

| IDENTITY THEFT RESOURCE CENTER, INC. | 71-0910445 |
|--|-----------------|
| Form 990, Part VI, Section B, Line 11: It is a duty of the Officers and key staff members to | |
| provide each member of the Board of Directors an opportunity to review the annual tax filing | |
| prior to submission. This may be done via email correspondence or another convenient to the | |
| particular Board Member. | |
| Form 990, Part VI, Section B, Line 12c: Enforcement of conflicts of interest policy in | |
| connection with any actual or possbile conflict of interest or duality of interest, an | } |
| interested person must disclose the existence of his or her financial interest or affiliation | - w - 2 |
| and all material facts to the Board Members and members of the committee with Board-drue, ated | |
| powers considering the proposed transaction or arrangement. | |
| Form 990, Part VI, Section B, Line 15a: ITRC uses comparability data (non-profits in the area | |
| are bench-marked, private foundations and published not-for-profit compensation surveys are | |
| also used). In addition, other publised survey data for for-profit organizations may be used | |
| as well. All sources are pulled to form a market composite. The Board of Directors is | |
| responsible for estalishing and maintaining a competitive compensation program for the | |
| President/CEO. | |
| Form 990, Part VI, Section C, Line 19: ITRO's governing documents, conflict of interest | |
| policy, and financial statements are available to the public by request or online at | |
| www.idtheftcenter.org. | |
| Form 990, Part VI, Section B. Live 155: ITRC uses comparability data (non-profits in the area | |
| are bench-marked, reveale boundations and published not-for-profit compensation surveys are | |
| also used). In addition, other publised survey data for for-profit organizations may be used | |
| as well. All sources are pulled to form a market composite. The President/CEO/Board of | |
| Directors are responsible for estalishing and maintaining a competitive compensation program | ······ |
| for employees. The Board of Directors approves the President/CEO's hiring plan for staff. | |
| | |