PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number X Address change Name change NO ONE LEFT BEHIND 47-1251659 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 703-502-0126 4075 WILSON BLVD 855 7,033,552. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 22203 ARLINGTON, VA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: PHIL CARUSO Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)4947(a)(1) or 527 (insert no.) If "No," attach a list. See instructions WWW.NOONELEFT.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2014 M State of legal domicile: VA Trust Part I Summary Briefly describe the organization's mission or most significant activities: NO ONE LEFT BEHIND HELPS Activities & Governance AMERICA'S WARTIME ALLIES FROM AFGHANISTAN AND IRAO WHO ARE ELIGIBLE 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 8 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** $18,2\overline{38,277}$ 2,259,002. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 0. 10,003. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 18,238,277. 2,269,005 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 149,133. 951,396. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 413,074. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 10. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 4,907,507. 2,728,849. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,056,650. 4,093,319. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,181,627. -1,824,314. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 13,498,193. 11,539,543. Total assets (Part X, line 16) 0. 11,506. 21 Total liabilities (Part X, line 26) 三年 498,193. 528,037 Net assets or fund balances. Subtract line 21 from line 20 ... Part II Signature Block Under penalties of perjury, I declare that I have 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. Signature of officer Date Sign PHIL CARUSO, CHAIRMAN Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature ANDREW E. YOUNG, CPA 11/06/23 self-employed P01203950 ANDREW E. YOUNG, CPA Paid Firm's EIN 54-1498950 RENNER AND COMPANY CPA, P.C. Preparer Firm's name Firm's address 700 NORTH FAIRFAX STREET SUITE 400 Use Only Phone no. (703) 535-1200ALEXANDRIA, VA 22314

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

232002 12-13-22

10101106 783690 190074.001

) (Revenue \$

2022.05000 NO ONE LEFT BEHIND

632,110 • including grants of \$

3,701,756.

Form 990 (2022) NO ONE LEFT BEHIND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		y
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b od	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	l	X

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Form 990 (2022) NO ONE LEFT ВЕНТИР Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	INO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	202		Х
20	"Yes," complete Schedule L, Part IV	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	- 21	
30		30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-31		
02	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
•	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			للم
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(2.5 =
232004	4 12-13-22	Form	33 U ((2022)

022) NO ONE LEFT BEHIND

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

2a 18 to 19			_	Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax neturns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990T for this year? "Yes," to Jims 3b, provide an explanation on Schedule O 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 the financial account? 4b If "Yes," enter the name of the foreign country Such as a bank account, securities account, or the financial account of EARA. 5c Was the organization aprity to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aprity to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aprity to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization and prity to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization and prity to a prohibited tax shelter transaction? 5c Was the organization and prity to a prohibited tax shelter transaction or any time during the tax year? 5c Was the organization and prity to a prohibited tax shelter transaction? 5c Was the Capacity of the organization file Form 8888.7 6c Was the Was the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible? 6c Was the Was the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible? 6c Was the Was the organization include with every solicitation and party for goods and services provided to the payor? 7c Was the Was the organization include with every solicitation and payor than that such contributions or giffs were not tax deductible? 7c Was the Was the organization organization include with every solicitat	2a				
a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filled a Form 990 T for this year? # 'No' to firm \$0, provide an expensation or Schedule 0		filed for the calendar year ending with or within the year covered by this return			
b If Yes, "Itasi if lied a Form 990.T for this year? If 'No' 10 file's Str. provide an explanation on Schedule' O 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 accounts) See instructions for filing requirements for FincSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of printing requirements for FincSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of printing requirements for FincSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instruction of the organization for the organization file Form 8886-7? See Does the organization for organization file Form 8886-7? See Does the organization in molude with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If the "se," did the organization notify the donor of the value of the goods or services provided? Or the form 8282? Or different formal transplant or the section of the value of the goods or services provided? The section of the section of the section of the value of the goods or services provided? The Commission of the section of the section of the value of the goods or services provided? The foll the organization exceived a contribution of care dispose of tangible personal property to which it was required to the foreign account of the section of the sect	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
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b if Yes, "inter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If Yes 1 time 5a or 5b, did the organization the form 8886-77 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that we en rott ax deductibles can fartable contributions? 6c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and a services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductibles of the production o	4a				
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5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c 1' Yes' to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c X c 1' Yes' to line Sa or Sb, did the organization the Form 88861? 5c X c 1' Yes', tid the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles c 5c 7c 7c 7c 7c 7c 7c 7	b	If "Yes," enter the name of the foreign country			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes" to line 5a or 5b, did the organization file Form 8886-T? 8a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization service spanner in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 16 If "Yes," did the organization neceive a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 17 to life Form 8282? 18 If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282? self-led during the year 2 to life Form 8282? 18 If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 to life Horganization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 19 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 3 Sponsoring organization have excess business holdings at any time during the year? 3 Sponsoring organization make and stirribution to a donor, donor advised fund maintained by the sponsoring organization make and stirribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund to the proposition of the propositio		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
to if "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles on the contributions of the second second that such contributions or gifts were not tax deductibles on the second second that such contributions or gifts were not tax deductibles on the second second that such contributions or gifts were not tax deductibles on the second second that such contributions or gifts were not tax deductibles on the second second to the second second that such contributions or gifts were not tax deductibles. 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8888? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 10 If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-0? 8 Sponsoring organization selected a contribution of cushified funds. 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-0? 8 Sponsoring organization selected a contribution of cushified funds. 9 If the organization received a contribution of cushified funds. 9 Sponsoring organization selected a contribution of cushified funds. 9 Sponsoring organization selected and contribution of cushified funds. 9 Sponsoring organization make any taxable distributions under section 4988? 9 Sponsoring organization sel	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
6a	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		•	,,,		_ -
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
			17		

47-1251659

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 **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 if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed __DC , MD , TX , VA , WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records BREAKWATER ACCOUNTING AND ADVISORY GROUP - 703-502-0126 1601 CONCORD PIKE, SUITE 100, WILMINGTON, DE

NO ONE LEFT BEHIND Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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.

(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		Cei ai		II ecit	Tuus	(66)	from	from related	other
	(list any hours for	directo						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	n be		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Ja.	Key employee	Highest compensated employee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) PHIL CARUSO	30.00									
CHAIRMAN		Х		Х				0.	0.	0.
(2) MARIAH SMITH	30.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(3) BLAKE LINDGREN	30.00									
TREASURER		Х		Х				0.	0.	0.
(4) ANNIE YU KLEIMAN	10.00								_	_
CORPORATE SECRETARY		Х		Х				0.	0.	0.
(5) JD DOLAN	10.00									
DIRECTOR		Х						0.	0.	0.
(6) GREG FAIRBANK	10.00									
DIRECTOR		Х						0.	0.	0.
(7) DOUG LIVERMORE	30.00	l								
DIRECTOR	10.00	Х						0.	0.	0.
(8) HOWARD MANUAL	10.00	l								•
DIRECTOR	10.00	Х	_					0.	0.	0.
(9) ALEA NADEEM	10.00								_	•
DIRECTOR	10.00	Х						0.	0.	0.
(10) PARKER NORMANN	10.00	. ,							_	0
DIRECTOR (11) HAL THOMAS	10.00	X						0.	0.	0.
DIRECTOR	10.00	X						0.	0.	0.
(12) LOREN VOSS	30.00	Λ						0.	0.	0.
DIRECTOR	30.00	X						0.	0.	0.
(13) MATT WATTERS	10.00							0.	0.	0 •
DIRECTOR	10.00	х						0.	0.	0.
(14) MICHAEL MITCHELL	40.00	122						· ·		.
EXECUTIVE DIRECTOR	40.00	1		х				18,462.	0.	0.
				<u> </u>				20,402	•	
		1								
		1								
		1								

Form 990 (2022) NO ONE LI	EFT BEHI	ND							47-12	2516	59	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	es,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Output			compensation from the organization (W-2/1099-MISC/	(E) Reportable compensation from related organizations (W-2/1099-MIS 1099-NEC)	S (Estima amour othe compen from organiz and rel organiza	ated at of er sation the ation ated			
		뜨	ll	10	Ke	Hi	<u>R</u>					
Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	l, Section A							18,462. 0. 18,462.		0.		0. 0.
Total number of individuals (including but n compensation from the organization								eceived more than \$100,	000 of reportable	•	Ye	0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	uch individual										3	X
 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	0,000? If "Yes,	" cor	mple	ete S	Sche	dule	J fo	or such individual			4	X
rendered to the organization? If "Yes." com Section B. Independent Contractors											5	Х
Complete this table for your five highest countries or the organization. Report compensation for the organization.										ensatio	n from	
(A) Name and business		NC						(B) Description of s		Cor	(C) npensat	on
Total number of independent contractors (ii \$100,000 of compensation from the organize	•	ot lim	nited	l to t	hos		ed	above) who received mo	ore than			
w 100,000 or compensation from the organiz	<u>-ation</u>									Fo	orm 990	(2022)

Form 990 (2022) NO ONE
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ية إق									
ons,			Government grants (contributions)	1e					
utic		T	All other contributions, gifts, grants, and	1 1	2 259 002				
ĕ			similar amounts not included above	1f	2,259,002.				
ont		•	Noncash contributions included in lines 1a-1f	1g \$,	2 250 002			
<u>0</u> 8		n	Total. Add lines 1a-1f		B	2,259,002.			
					Business Code				
ce	2	а							
ervi		b							
S		С							
ran Sev		d							
Program Service Revenue		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			121,889.			121,889.
	4		Income from investment of tax-exem						
	5		Royalties						
			(1) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (less)						
	7			ecurities	(ii) Other				
		_		552,661.	. ,				
		h	Less: cost or other basis	,					
Φ		-		764,547.					
her Revenue		c		, 111,886.					
eve			Net gain or (loss)			-111,886.			-111,886.
F.			Gross income from fundraising events (r			,			,
	0	а	including \$						
Ò			contributions reported on line 1c). S	-					
			• • • • • • • • • • • • • • • • • • • •						
			Part IV, line 18						
			Less: direct expenses						
	^		Net income or (loss) from fundraising						
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
-		С	Net income or (loss) from sales of in	ventory					
က္					Business Code				
e e	11	а							
Miscellaneous Revenue		b							
cell Sev		С							
Ais		d	All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions	<u></u>		2,269,005.	0.	0.	10,003.

232009 12-13-22

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon		this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	951,396.	951,396.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	18,462.	15,051.	1,505.	1,906.
6	Compensation not included above to disqualified			·	•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	361,549.	294,752.	29,472.	37,325.
8	Pension plan accruals and contributions (include	•	,	,	•
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,277.		4,076.	1,201.
10	Payroll taxes	27,786.	23,226.	1,589.	2,971.
11	Fees for services (nonemployees):	,	.,	,	, =
	Management	82,500.		82,500.	
b	Legal	850.		850.	
	Accounting	59,170.		59,170.	
	Lobbying			37 / = 1 31	
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees	14,204.		14,204.	
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	242,012.	225,273.	16,739.	
12	Advertising and promotion	4,254.	- ,	, , , , ,	4,254.
13	Office expenses	926.		926.	•
14	Information technology	15,551.		1,831.	13,720.
15	Royalties			·	•
16	Occupancy	40,054.		40,054.	
17	Travel	39,593.	37,588.	2,005.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,577.		3,577.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DIRECT PROGRAM EXPENSE	2,154,470.	2,154,470.		
b	BANK SERVICE FEES	37,575.		7,928.	29,647.
С	FUNDRAISING EVENTS	20,525.		,	20,525.
d	MISCELLANEOUS	8,394.		8,394.	,
	All other expenses	5,194.		5,194.	
25	Total functional expenses. Add lines 1 through 24e	4,093,319.	3,701,756.	280,014.	111,549.
26	Joint costs. Complete this line only if the organization	, ,	-,,,	,,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
				L.	Form 990 (2020

Form 990 (2022)

Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			13,051,597.	1	1,533,370.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		100,000.	3	100,000.	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	hese per	sons		5	
	6	Loans and other receivables from other disqu	alified p	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ts	7	Notes and loans receivable, net	124,470.	7	829,366		
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges		·····	155,336.	9	370
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D			_		
	b	Less: accumulated depreciation	10b	3,482.	0.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	8,859,906
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets	66 500	14	016 501		
	15	Other assets. See Part IV, line 11			66,790.	15	216,531
	16	Total assets. Add lines 1 through 15 (must e			13,498,193.	16	11,539,543
	17	Accounts payable and accrued expenses				17	11,506.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sul					
Lial	00	controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unr		Г		24	
	24 25	Unsecured notes and loans payable to unrela Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lin					
		(0				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	11,506.
	20	Organizations that follow FASB ASC 958, or	heck he	e X		20	22/333
es		and complete lines 27, 28, 32, and 33.	oncon ne	ĭ <u></u>			
anc.	27	• , , ,			13,310,654.	27	11,428,037
3ala	28				187,539.	28	100,000.
ρ		Organizations that do not follow FASB ASC			,		·
Fu		and complete lines 29 through 33.	,				
p	29	Capital stock or trust principal, or current fund	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated	T T		31		
Net Assets or Fund Balances	32	Total net assets or fund balances	13,498,193.	32	11,528,037.		
~	33	Total liabilities and net assets/fund balances			13,498,193.	33	11,539,543.

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>05.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 19.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,			
5	Net unrealized gains (losses) on investments	5		145	5,8	<u>42.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	11,	528	3,0	37.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		Γ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm	990	(2022)

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			NE LEFT BE					1-1251659
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti						
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	一	A medical research organization	. •				•	the hospital's name,
		city, and state:	i i	,				,
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (C		loge of allineating attribut	o. opo.a.	-		
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)	
	X	_	-					nublic described in
′	21	An organization that norma		iliai part of its support if	on a gove	mmeman	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C		4VAV-1) (Olate Davi				
8	H	A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	supporting organization	and com	olete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga						aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-		
		organization. You must o			,, -			
b		Type II. A supporting org			ion with it	s sunnorte	nd organization(s) by hav	/ina
		control or management o	•					-
		organization(s). You mus			arrie perso	iis tiiat coi	into of manage the supp	ported
_		¬ ·			in connoct	ion with a	and functionally integrate	od with
С		☐ Type III functionally inte	-				• •	eu witti,
	. —	its supported organization						
d		☐ Type III non-functionally	•					* *
		that is not functionally int	-	* *	-		='	veness
		requirement (see instructi	•	-				
е							Type I, Type II, Type III	
		functionally integrated, or						
f		er the number of supported o						
g		vide the following information		d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monotons	(vi) Amount of other
	(i) Name of supported organization	(ii) EIN	(described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	support (see matructions)	support (see instructions)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1102703.	374,652.	699,144.	18238277.	2259002.	22673778.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1102703.	374,652.	699,144.	18238277.	2259002.	22673778.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4848560.
6	Public support. Subtract line 5 from line 4.						17825218.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1102703.	374,652.		18238277.	2259002.	22673778.
	Gross income from interest,			-			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					121,889.	121,889.
9	Net income from unrelated business					•	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						22795667.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for the					D1(c)(3)	
	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	78.20 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	77.04 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	ne facts-and-circum	stances test, ched	ck this box and st	t op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
					-		(Farm 000) 2022

Schedule A (Form 990) 2022

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

Pai	Tiv Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	· · · · · · · · · · · · · · · · · · ·	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$	V	N 1 -
	Did the consequence had a manch one of the consequence had a settle one outline in the in-official consequence of the consequen		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uction	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2h		
2	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3h below.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3 4		
~	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	to the A (room 990) 2022 NO ONE HERT BEILIND	0		1 1231033 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		1

Schedule A (Form 990) 2022

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

instructions).

Schedule A (Form 990) 2022

Schedule B

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

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

Employer identification number

1	NO ONE LEFT BEHIND	47-1251659
Organization type (chec	c one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)($\textbf{3}$) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule For an organizat	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special cion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totally one contributor. Complete Parts I and II. See instructions for determining a contribu	aling \$5,000 or more (in money or
	ny one contributor. Complete Parts I and II. See instructions for determining a contribu	utor's total contributions.
Special Rules		
sections 509(a)(contributor, duri	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of EZ, line 1. Complete Parts I and II.	o, and that received from any one
contributor, duri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fring the year, total contributions of more than \$1,000 exclusively for religious, charitable ational purposes, or for the prevention of cruelty to children or animals. Complete Parts (b) instead of the contributor name and address), II, and III.	e, scientific,
year, contribution is checked, enter purpose. Don't o	cion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled are here the total contributions that were received during the year for an exclusively religions and the parts unless the General Rule applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	ed more than \$1,000. If this box gious, charitable, etc., se it received <i>nonexclusively</i>
answer "No" on Part IV, I	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 ling requirements of Schedule B (Form 990).	

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

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

NO ONE LEFT BEHIND

47-1251659

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 200,000.	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
2		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 200,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

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

47-1251659

NO ONE LEFT BEHIND

Page 3

Name of organization Employer identification number

NO ONE LEFT BEHIND

47-1251659

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223453 11-15			Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** NO ONE LEFT BEHIND 47-1251659 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

NO ONE LEFT BEHIND

Employer identification number 47-1251659

Pai			or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir		(h) Funda and other accounts			
	-	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	-				
•	are the organization's property, subject to the organization's					
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of	· · · · ·				
Pai		rganization answered "Ves" on Form 990 I				
1	Purpose(s) of conservation easements held by the organizati		arry, mie 7.			
•	Preservation of land for public use (for example, recrea		a historically important land area			
	Protection of natural habitat	· —	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last			
_	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
	Number of conservation easements on a certified historic str					
	Number of conservation easements included in (c) acquired					
	historic structure listed in the National Register	•	2d			
3	Number of conservation easements modified, transferred, re-					
	year					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements in	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(
9	In Part XIII, describe how the organization reports conservati	·				
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the			
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or Ot	har Similar Assats			
ı aı	Complete if the organization answered "Yes" on Form		nei oliillai Assets.			
			nd halanaa ahaat waxka			
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pul	, ,				
	service, provide in Part XIII the text of the footnote to its final	, ,	'			
h	· ·					
ь	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public	•				
	,	exhibition, education, or research in full	lerance of public service,			
	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		\$			
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia				
_	the following amounts required to be reported under FASB A		gain, provide			
a	Revenue included on Form 990, Part VIII, line 1	_	\$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022			

Par	t III	Organizations Maintaining C	ollections of Art	., mistoricai ire	asures, or	Other	Simila	Assets	(contin	ued)	
3	Using	the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that i	make si	gnificant ı	use of its			
	collec	tion items (check all that apply):									
а	Ш	Public exhibition	d	Loan or excl	hange prograr	m					
b	Ш	Scholarly research	е	Other							
С		Preservation for future generations									
4	Provid	de a description of the organization's co	ollections and explain	how they further th	e organizatior	n's exem	npt purpo	se in Part	XIII.		
5	During	g the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other	similar	assets		_		_
		sold to raise funds rather than to be ma							Yes		No
Par	t IV	Escrow and Custodial Arrang		ete if the organization	n answered "\	res" on	Form 990), Part IV, I	ine 9, or		
		reported an amount on Form 990, Par									
1a		organization an agent, trustee, custodi		•					7		٦
		rm 990, Part X?							Yes		No
b	If "Yes	s," explain the arrangement in Part XIII	and complete the foll	owing table:					Amount		
	D	ation below a					1		Amount		
c Beginning balance 1c											
	d Additions during the year 1d 1e 1e Distributions during the year 1e										
_											
f		g balance e organization include an amount on Fo							Yes		No
		s," explain the arrangement in Part XIII.							_ res	H	_ NO
Par		Endowment Funds. Complete i					0	<u></u>			
		Jon plate	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	years	back
1a	Begin	ning of year balance	187,539.	26,901.	` '	,592.	.,	,	,		
	-	ibutions	10,105,000.	4,337,500.	l	,710.	2	83,795.			
		vestment earnings, gains, and losses	, ,					,			
		s or scholarships									
		expenditures for facilities									
		rograms	1,332,633.	4,176,862.	407	,401.	1	99,203.			
f	-	nistrative expenses									
g		f year balance	8,959,906.	187,539.	26	,901.		84,592.			
2	Provid	de the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
а	Board	I designated or quasi-endowment	99.0000	_%							
b	Perma	anent endowment0000	%								
С	Term	endowment 1.0000	%								
	The p	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are th	ere endowment funds not in the posse	ssion of the organiza	tion that are held an	nd administere	d for the	е		_		
	organ	ization by:								Yes	
		nrelated organizations							3a(i)		<u> </u>
	(ii) R	elated organizations							3a(ii)		<u>X</u>
b		s" on line 3a(ii), are the related organiza							3b		
4 Par		ibe in Part XIII the intended uses of the		wment funds.							
rai	LVI	Land, Buildings, and Equipm		Dort IV line 11e S	00 Form 000	Dort V	lina 10				
		Complete if the organization answered	I						(-I) DI		_
		Description of property	(a) Cost or of basis (investm		or other (other)	٠,	ccumulate oreciation		(d) Bool	k valu	е
10	Land		` `	10.1.6	(53101)	uch	o. colation				
		nae									
		ngs hold improvements									
					3,482.		3,4	82.			0.
		ment			5, 402.		J, 1				•
		ines 1a through 1e. (Column (d) must e		V column (B) line 11	<u> </u>						0.
otal	. Auu I	inos ra unough re. (Column (d) must e	quai roiiii 990, Part)	v. columni (B), line 10	<i>JU.J</i>						<u> </u>

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 NO ONE LEFT	BEHIND	47	-1251659 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENT	8,859,906.	END-OF-YEAR MARKET	VALUE
(B)	- , ,		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
· · · ·	8,859,906.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	0,039,900.		
Complete if the organization answered "Yes"	on Form 000 Part IV line :	11c Soc Form 990 Part V line 13	
(a) Description of investment			d of year market value
	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	2 15)		
Part X Other Liabilities.	7 7 0.7		Į.
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1) Federal income taxes			()
(2)			
(3)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,362,426.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-145,842.		
b	Donated services and use of facilities	2b	1,239,263.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	1 1			
е	Add lines 2a through 2d			2e	1,093,421.
3	Subtract line 2e from line 1			3	2,269,005.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,269,005.
	t XII Reconciliation of Expenses per Audited Financial Statemen	nts Wi	th Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,332,582.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,239,263.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	1,239,263.
3	Subtract line 2e from line 1			3	4,093,319.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				, ,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4h			
	Add lines 4a and 4b	1.2		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,093,319.
	t XIII Supplemental Information.				, ,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			; Part >	K, line 2; Part XI,
PAF	T V, LINE 4:				
ENI	OWMENT FUNDS CONSIST OF DONOR RESTRICTED FU	JNDS	FOR VARIOUS	PUI	RPOSES
REI	ATED TO NO ONE LEFT BEHIND'S MISSION AS WEI	L A	S A QUASI-EN	DOWI	MENT
DEC	TONAMED DV MUE DOADD MO BUIND NO ONE LEEM DI	377 T NT	D'A MIAGION		
חקי	GIGNATED BY THE BOARD TO FUND NO ONE LEFT BI	TIN.	O MIDOION.		
PAF	T X, LINE 2:				
IN	ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES	, AC	COUNTING STA	NDAI	RDS
REÇ	UIRE AN ENTITY TO RECOGNIZE THE FINANCIAL S	STAT	EMENT IMPACT	OF	A TAX
POS	ITION WHEN IT IS MORE-LIKELY-THAN-NOT THAT	THE	POSITION WI	LL 1	NOT BE
SUS	TAINED UPON EXAMINATION. MANAGEMENT EVALUAT	red 1	NOLB'S TAX P	OSI	TION AND
COI	CLUDED THERE ARE NO UNCERTAIN TAX POSITIONS	S TH	AT REQUIRE A	DJUS	STMENT TO
THE	FINANCIAL STATEMENTS TO COMPLY WITH PROVIS	SION	S OF THE GUI	DAN	CE
232054	09-01-22			Sched	dule D (Form 990) 2022

Schedule D (Form 990) 2022	NO ONE LEFT	BEHIND	47-1251659 F	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Information	rmation (continued)			
	1000000			

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Schedule I (Form 990) 2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization NO ONE LE	FT BEHIND						Employer identification number 47-1251659
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?				-		
Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations			e line 1 table				

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS TO PURCHASE VEHICLES	178	951,396.	0.	N/A	N/A
		,			
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
FORM 990, SCH I, PART III:					
GRANTS PROVIDED TO SIV HOLDERS TO	D PURCHASE	VEHICLES.	NO ONE LEF	T BEHIND	
ASSESSES THE ELIGIBILITY REQUIREN	MENTS PRIOR	TO DISTRI	BUTING ASS	ISTANCE.	
ASSISTANCE IS TO BE UTILIZED BY T	THE RECIPIE	NTS IN ACC	CORDANCE WI	TH THE	
TERMS OF THE AWARDS.					

SCHEDULE J (Form 990)

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

NO ONE LEFT BEHIND

Employer identification number 47-1251659

			Yes	No
la	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
;	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Form 990 of other organizations X Approval by the board or compensation committee			
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
;	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
.,	If "Yes" on line 6a or 6b, describe in Part III.	35		
,	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
,		7		X
,	not described on lines 5 and 6? If "Yes," describe in Part III	7		
3	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
)	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MICHAEL MITCHELL	(i)	18,462.	0.	0.	0.	0.	18,462.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
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	(i) (ii)								
	(II)						<u> </u>		

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection
Employer identification number

		NO ONE LE	EFT BEHIND			47-	-12516	559	
Par	t I Ty	pes of Property							
	•		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) f determini ribution an	_	s
1	Art - Works	s of art							
2		rical treasures	I						
3		onal interests							
4		publications							
5		nd household goods			60,381.	FMV			
6		other vehicles							
7		planes							
8		l property							
9		- Publicly traded							
10	Securities	- Closely held stock							
11	Securities	- Partnership, LLC, or							
	trust intere	ests							
12	Securities	- Miscellaneous							
13		conservation contribution -							
	Historic st	ructures							
14		conservation contribution - Otl							
15	Real estate	e - Residential							
16		e - Commercial							
17		e - Other	I						
18		s							
19		ntory							
20		medical supplies							
21			l l						
22		artifacts							
23		specimens							
24		ical artifacts							
25		DIVY CREDIT) X	1	500.				
26	Other	GIFT CARDS) X	1	200.	FMV			
27	Other	()						
28	Other	()						
29	Number of	Forms 8283 received by the	organization durin	g the tax year for c	ontributions				
	for which t	he organization completed Fo	orm 8283, Part V, [Donee Acknowledg	ement 29				
								Yes	No
30a	During the	year, did the organization red	ceive by contribution	on any property rep	orted in Part I, lines 1 throug	h 28, that it			l
	must hold	for at least 3 years from the o	date of the initial co	ontribution, and wh	ich isn't required to be used	for			
	exempt pu	rposes for the entire holding	period?				. 30a		X
b	If "Yes," de	escribe the arrangement in Pa	art II.						
31	Does the o	organization have a gift accep	tance policy that re	equires the review	of any nonstandard contribut	tions?	31		Х
32a	Does the o	organization hire or use third p	parties or related or	rganizations to soli	cit, process, or sell noncash				
	contributio	ons?					32a		Х
b	If "Yes," de	escribe in Part II.							
33	If the orga	nization didn't report an amou	unt in column (c) fo	or a type of property	for which column (a) is chec	cked,			
	all and a second and a second	D. A.II							1

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

NO ONE LEFT BEHIND

Employer identification number 47-1251659

NO ONE BELL DEHILD
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR THE SPECIAL IMMIGRANT VISA PROGRAM TO NAVIGATE THE VISA APPLICATION
PROCESS AND TO RESETTLE IN THE UNITED STATES ONCE THEY RECEIVE THEIR
VISA.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR OUR ALLIES IN FRONT OF THE EXECUTIVE AND LEGISLATIVE BRANCHES,
PROVIDE SUBJECT MATTER EXPERTISE TO THE MEDIA, AND PARTNER WITH MAJOR
US BUSINESSES TO PROVIDE OPPORTUNITIES TO THIS NEXT GENERATION OF
AMERICANS.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT OF THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS
BEFORE FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS, AS WELL AS ALL KEY EMPLOYEES AND VOLUNTEERS,
COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT. SUCH
STATEMENT DISCLOSES POTENTIAL CONFLICTED INDIVIDUALS AND/OR ENTITIES. THE
COMPLETED DISCLOSURE STATEMENTS ARE MAINTAINED ON FILE TO DOCUMENT THE
ANNUAL MONITORING. THE ANNUAL MONITORING IS ALSO DOCUMENTED IN THE MINUTES
OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 15A:
COMPARABLE REVIEW OF COMPENSATION IS PERFORMED.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization NO ONE LEFT BEHIND	Employer identification number 47-1251659
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE	AVAILABLE TO THE
PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSIGHT OF THE	INDEPENDENT
AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANTS.	