Form **8879-TE**

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IRS E-file Signature	Authorization
for a Tax Exem	pt Entity

For calendar year 2023, or fiscal year beginning

, 2023, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer CONCIDED MUE ITIV INC

EIN or SSN 81-3/97857

	CONSIDER INF DI	THE THE	01	-349/03/
Name a	and title of officer or person subject to tax			
David	Towns of Dolors and D	EXECUTIVE DIRECTOR/T	REASURER	
Part				
Form sor 10 a which	5330 filers may enter dollars and cent below, and the amount on that line for	are using this Form 8879-TE and enter the a s. For all other forms, enter whole dollars or or the return being filed with this form was b -0-). But, if you entered -0- on the return, the	nly. If you check the box on line 1a, plank, then leave line 1b, 2b, 3b, 4b	, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, o, 5b, 6b, 7b, 8b, 9b, or 10b,
1a	Form 990 check here	b Total revenue, if any (Form 990, Par	rt VIII, column (A), line 12)	1b <u>895,810.</u>
2a	Form 990-EZ check here	b Total revenue, if any (Form 990-EZ,		
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)		
4a	Form 990-PF check here	b Tax based on investment income	(Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)		5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4		
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)		
8a	Form 5227 check here	b FMV of assets at end of tax year (F	Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	.,,	9b
10a	Form 8038-CP check here	b Amount of credit payment request	ed (Form 8038-CP, Part III, line 22)	10b
Part		ature Authorization of Officer or F		
	· · · · · · · · · · · · · · · · · · ·	I am an officer of the above entity or		
		, (EIN)		
entry t financ later th payme persor	o the financial institution account indial institution to debit the entry to this nan 2 business days prior to the payment of taxes to receive confidential infonal identification number (PIN) as my second	J.S. Treasury and its designated Financial A icated in the tax preparation software for pa account. To revoke a payment, I must cont nent (settlement) date. I also authorize the firormation necessary to answer inquiries and signature for the electronic return and, if app	yment of the federal taxes owed on act the U.S. Treasury Financial Age nancial institutions involved in the p resolve issues related to the payme	this return, and the nt at 1-888-353-4537 no rocessing of the electronic ent. I have selected a
	heck one box only X I authorize CLIFTONLARS	CONAT.T.EN T.T.P	to enter r	my PIN 94112
L		ERO firm name	to enter i	Enter five numbers, but do not enter all zeros
	with a state agency(ies) regulating on the return's disclosure consen As an officer or person subject to return. If I have indicated within the	023 electronically filed return. If I have indicated charities as part of the IRS Fed/State proget screen. It ax with respect to the entity, I will enter mynis return that a copy of the return is being for my PIN on the return's disclosure consenter.	ram, I also authorize the aforementing PIN as my signature on the tax year illed with a state agency(ies) regulation	of the return is being filed toned ERO to enter my PIN ar 2023 electronically filed
		•		Data
Signatur	e of officer of person subject to tax	THIS IS NOT IT TERMS	JE COPI	Date
	EFIN/PIN. Enter your six-digit electron		-	
	er (EFIN) followed by your five-digit sel	-	91901155902	
TIGITIE.	2. (E. I.V) Tollowed By your IIVO digit Sol		Do not enter all zeros	
submi		PIN, which is my signature on the 2023 electer requirements of Pub. 4163, Modernized 6		
ERO's	signature ROSALINDA MA	ARIKAR, CPA	Date11/14/2	24
		FDO Must Date This Fam. 0		
	Do Not (ERO Must Retain This Form - Se		
<u></u>		Submit This Form to the IRS Unle	ss nequested 10 D0 30	Form 8879-TE (2023)
FOT P	ivacy Act and Paperwork Reduction	II ACLINOLICE, SEE INSTRUCTIONS.		FULLI 001 3-1 L (2023)

LHA 302521 01-05-24

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

А	For the	e 2023 calendar year, or tax year beginning and	enaing		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	CONSIDER THE LILY INC.			
	Name chang	Doing business as		81-34978	57
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	2473 S. HIGLEY RD STE 104 BOX 201		480-212-	3611
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	923,425.
	Amen			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: KIMBERLY HOMMEL		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
T .	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)(0)$	or 527	1	list. See instructions
	Websi			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: AZ
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: OUR	WORK I	S DEDICATED	TO ENDING
Activities & Governance	3	HUMAN TRAFFICKING ONE PERSON AT A TIME TH			
nar	2	Check this box if the organization discontinued its operations or dispos			
Ver	3			3	8
မ်	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
<u>ر</u> م	5 5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			3
ě.	6	Total number of volunteers (estimate if necessary)			7
.≥	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ă	(b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	 ~	The difference business taxable meeting from each 1,1 art 1, mile 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,156,726.	871,971.
Ę	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		133.	127.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,593.	23,712.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,182,452.	895,810.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		891,505.	953,472.
	1			0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		102,189.	82,612.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
e	h	Total fundraising expenses (Part IX, column (A), line 25) 9,00	17.	•	•
Ř	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		107,044.	85,258.
	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,100,738.	1,121,342.
	1			81,714.	-225,532.
	<u> 19</u>	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	50	632,329.	404,512.
\SS6	21	Total liabilities (Part X, line 16)		0.52,525.	0.
let /	22	Net assets or fund balances. Subtract line 21 from line 20		632,329.	404,512.
P	art II	Signature Block		032,323	404,312.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	e and etateme	inter and to the heet of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			knowledge and belief, it is
truc	, 001100	t, and complete. Declaration of proparti (other than officer) is based on an information of wi	non proparoi	ilas any knowledge.	
Sig		Signature of officer		L Date	
		KIMBERLY HOMMEL, EXECUTIVE DIRECTOR/TREAS	HIBER		
He	re	Type or print name and title	OKEK		
			Ti	Date Check	PTIN
Pai	ч	Print/Type preparer's name		1/14/24 self-employ	
			л, ср		1-0746749
	parer			Firm's EIN 4	1 0/40/43
USE	Only	Firm's address 1145 BROADWAY, SUITE 1300		Dk 2 E	2_272_1555
_	:-	TACOMA, WA 98402		Phone no. 45	3-272-1555
Ma	y the If	RS discuss this return with the preparer shown above? See instructions			X Yes No

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	<u> </u>
	OUR MISSION IS TO END HUMAN TRAFFICKING AND EXPLOITATION, ONE GIRL AT	
	A TIME. WE DO THIS BY RESCUING YOUNG GIRLS AT RISK OF BEING SOLD OR	
	ABUSED, PURSUING JUSTICE BY HOLDING PERPETRATORS ACCOUNTABLE,	
	PROVIDING SAFE HOMES FOR SURVIVORS, AND OFFERING EDUCATION AND SUPPORT	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	10
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	10
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,097,337. including grants of \$953,472.) (Revenue \$32,441.	
	GRANTS ARE PROVIDED FOR THE PURPOSE OF FIGHTING HUMAN TRAFFICKING AND	_
	EXPLOITATION BY GRANTING TO ORGANIZATIONS IN THE PHILIPPINES WHO	
	PROVIDE FILIPINO GIRLS AND WOMEN OPPORTUNITIES THROUGH SCHOOLING	
	ASSISTANCE, CAMP COSTS ASSISTANCE, EMPLOYMENT, JEWELRY MAKING PROGRAMS,	
	AND BASIC NECESSITIES AS A MEAN TO CONNECT WITH THESE WOMEN AND BUILD MEANINGFUL RELATIONSHIPS.	—
	MEANINGFUL RELATIONSHIPS.	—
		—
		—
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
		_
		_
		—
		_
		_
		_
		—
4c	/O-1 \/ (F	
40	(Code:) (Expenses \$	_ ′
		_
		_
		—
		—
		—
		_
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,097,337.	
	Form 990 (20	23)

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Form 990 (2023) CONSIDER THE LILY INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ا		
′		7		x
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	- '-		
8	, ,			x
•	Schedule D, Part III	8		
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		<u> </u>
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		X
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			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ч	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
_		116		
f		445		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			₩.
	Schedule D, Parts XI and XII	12a		<u> X</u>
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		<u> </u>
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u>.</u>		
13	,	19		х
00-	complete Schedule G, Part III			X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2023) CONSIDER THE LILY INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on									
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
	Schedule J	23		X						
24a	a 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		<u> </u>						
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b								
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease									
	any tax-exempt bonds?	24c								
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>						
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			٠,,						
	Schedule L, Part I	25b		X						
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			\ 						
	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			x						
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27								
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?	28a		x						
	"Yes," complete Schedule L, Part IV	28b		X						
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		<u> </u>						
C		28c		x						
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation									
00	contributions? If "Yes," complete Schedule M	30		x						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>								
-	Schedule N, Part II	32		x						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations									
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and									
	Part V, line 1	34		Х						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х						
	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?		Х							
_	Note: All Form 990 filers are required to complete Schedule O									
Par										
	Check if Schedule O contains a response or note to any line in this Part V			旦						
	1 1 -		Yes	No						
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable									
С										
	(gambling) winnings to prize winners?	1c	Х							

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

					Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a	3								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns? .		2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line $3b$, provide an explanation on Schedule	Ο.		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X					
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	ts (FBAR).			Х					
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			3,7					
	any contributions that were not tax deductible as charitable contributions?			6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributi			۱							
_	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).			_	Х						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	Λ	Х					
b			et e al	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uirea			x					
	to file Form 8282?			7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7.		Х					
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e 7f		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo		200 as required?	7g							
g h	If the organization received a contribution of qualified intellectual property, did the organization file re-			79 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/11							
Ü		-		8							
9											
а											
b											
10	Section 501(c)(7) organizations. Enter:			9b							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:		•								
а	Gross income from members or shareholders	11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?			13a							
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1								
	organization is licensed to issue qualified health plans	13b		-							
С	Enter the amount of reserves on hand	13c									
14a				14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					,,					
	excess parachute payment(s) during the year?			15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.					77					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		X					
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17							
	If "Yes," complete Form 6069.			_	000	(0000)					
332005	12-21-23			Form	330	(2023)					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AZ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KIMBERLY HOMMEL - 480-212-3611			
	4244 E RAINBOW DR, GILBERT, AZ 82595			

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-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	on nor any related	orga	niza	tion	con	nper	nsat		lirector, or trustee.	Г
(A)	(B)			((C)	_		(D)	(E)	(F)
Name and title	Average		not c	Pos heck	more	than		Reportable	Reportable	Estimated
	hours per			ss per				compensation	compensation	amount of
	week (list any						Ť	from the	from related organizations	other compensation
	hours for	direct				٥		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tr		oyee	ed mo		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KIMBERLY HOMMEL	line) 40.00	Ĕ	Ĕ	₹	<u>\$</u>	를 '등	윤			
TREASURER/EXEC DIREC	40.00	X		X				40,000.	0.	0.
(2) BRIAN HOMMEL	1.00			<u> </u>				1070001	•	•
VICE PRESIDENT		Х		х			,	0.	0.	0.
(3) NICK HUNDLEY	1.00			7						
PRESIDENT		Х		X				0.	0.	0.
(4) STEVEN SOUZA	1.00									_
DIRECTOR	1 00	X						0.	0.	0.
(5) BECKY HERREMA	1.00									
DIRECTOR	1 00	Х				_	_	0.	0.	0.
(6) ALLISON KENNEDY	1.00	-		37	ĺ					
SECRETARY (7) MIKE PROPE	1 00	Х		Х	_	\vdash	-	0.	0.	0.
(7) MIKE BROWN DIRECTOR	1.00	X						0.	0.	0.
(8) RYAN GROSSMAN	1.00	Α		├		\vdash	-	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
				H			H		•	•
				<u> </u>	<u> </u>	_				
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		-								
		-		⊢	-	\vdash				
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		1								
										000

Section A. Officers, Dire	ectors, Trustees, Key Emp	oloye	es,			ghes	it C	ompensated Employee	s (continued)			
(A)	(B)			(C Posi				(D)	(E)			F)
Name and title	Average hours per	(do not check more than or						Reportable	Reportable			nated
	week					s both r/trust		compensation from	compensation from related			unt of her
	(list any	ctor						the	organizations			nsation
	hours for	or dire	9			ated		organization	(W-2/1099-MISC	;/		n the
	related organizations	ustee	truste		9	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	ization elated
	below	individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	<u></u>	1099-NEO)				zations
	line)	Indivi	Instit	Officer	Key er	Highe emplo	Former				3	
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		\Box								\dashv		
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		\vdash		_						\dashv		
		- 1										
dh. Cubtatal				_	7			40,000.		0.		0.
1b Subtotal c Total from continuation sheet								0.		0.		0.
d Total (add lines 1b and 1c)								40,000.		0.		0.
2 Total number of individuals (incl												
compensation from the organization	· ·	4				,		,	,			C
					7						Υ	es No
3 Did the organization list any for	mer officer, director, trusto	ee, ke	еу е	mplo	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Sche											3	<u> </u>
4 For any individual listed on line												1,,
and related organizations greate	,		•								4	X
5 Did any person listed on line 1a											5	х
rendered to the organization? Section B. Independent Contractor		<u> </u>	or su	cn p	ers	on .			• • • • • • • • • • • • • • • • • • • •		3	21
Complete this table for your five			nden	nt co	ntra	actor	rs th	nat received more than \$	100.000 of compe	nsati	ion from	
the organization. Report compe												
	(A)							(B)			(C)	
Name ar	nd business address	NO	NE	;				Description of s	ervices	Co	ompens	ation
							\dashv					
							\dashv		+	—		
							\dashv					
2 Total number of independent co	ontractors (including but no	ot lim	ited	to t	hos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from	n the organization				C)						
										ſ	Form 99	0 (2023

Form 990 (2023) CONSIDER THE LILY INC.

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	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
Sυ	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S S		Fundraising events 1c	10,049.				
fts,		I Related organizations 1d	10,045.				
ij gi							
ons,		Government grants (contributions) 1e					
utio er (1	All other contributions, gifts, grants, and	061 022				
ĕ			861,922.				
ont		Noncash contributions included in lines 1a-1f		071 071			
O g		Total. Add lines 1a-1f		871,971.			
		•	Business Code				
ce	2 8	·					
Program Service Revenue	ŀ	·					
S	•	•					
ran Sev	•	·					_
90	•						
<u>-</u>	1	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		127.			127.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		Less: cost or other basis					
Φ	•	and sales expenses 7b					
her Revenue		Gain or (loss) 7c					
eve		Net gain or (loss)					
<u>~</u>		Gross income from fundraising events (not					
	0 6	including \$ 10,049. of					
δ		contributions reported on line 1c). See					
		. , , , , , , , , , , , , , , , , , , ,	16,000.				
		Part IV, line 18 8a Less: direct expenses 8b	24,771.				
			24,1114	-8,771.			-8,771.
		Net income or (loss) from fundraising events		0,771.			0,1110
	9 8	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns	25 205				
			35,285.				
		Less: cost of goods sold 10b	2,844.	20 441	20 441		
\rightarrow	(Net income or (loss) from sales of inventory		32,441.	32,441.		
တ			Business Code	4.0			
e e	11 a	MISCELLANEOUS	900099	42.			42.
Miscellaneous Revenue	ı						
cell Seve	(
Ais	(I All other revenue					
	•	Total. Add lines 11a-11d		42.			
	12	Total revenue. See instructions		895,810.	32,441.	0.	-8,602.

332009 12-21-23

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 953,472. individuals. See Part IV, lines 15 and 16 953,472. Benefits paid to or for members Compensation of current officers, directors, 40,000. 32,000. 4,000. 4,000. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 36,215. 28,972. 3,622. 3,621. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 6,397. 5,757. 640. 10 Payroll taxes Fees for services (nonemployees): Management Legal 900. 900. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 61,363. 61,333. 30. column (A), amount, list line 11g expenses on Sch O.) 6,981.3,002. 2,583. Advertising and promotion 12 3,187. 1,594. 1,593. 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 8,824. 8,824. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 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 O.) 4,003. 2,802. 1,201. **DUES & SUBSCRIPTIONS** All other expenses 1,121,342. 1,097,337. 14,988. 9,017. Total functional expenses. Add lines 1 through 24e 25 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)

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 163,043. 619,369. 1 Cash - non-interest-bearing 228,509. 0. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 12,960. 12,960. 15 Other assets. See Part IV, line 11 15 632,329. 404,512. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 0. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 0. 0. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 0. 30 30 632,329. 31 404,512. 31 Retained earnings, endowment, accumulated income, or other funds 404,512. Total net assets or fund balances 632,329. 32 32 632,329. 404,512. 33 Total liabilities and net assets/fund balances 33

Pa	T 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		5,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,12	1,3	<u>42.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	-22	5,5 2,3		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4					
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	- 1	2,2	85.	
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	40	4,5	12.	
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b			
			Form	990	(2023)	

332012 12-21-23

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

Open

2023

Open to Public Inspection

Employer identification number Name of the organization CONSIDER THE LILY INC. 81-3497857 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (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.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 8 Public support, servertine 8 two five 4 8 Cercisinon B. Total Support 8 Cercisino B. Total Support 8 Circussinone from interest, dividends, payments received on securities loans, ents, royalties, and income from similar sources 9 Net income from interest, dividends, payments received on securities loans, ents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assess (explain in Part VI) 11 Total support. Add lines 7 through 10 12 Cross receipts from related activities, etc. (see instructions) 13 First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 8, column (f), divided by line 11, column (f)) 15 8 3 1/3% support test 2 202. If the organization of line 14 to box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization did not check a box on line 13, da 1, fib., or 17a, and line 15 is 10% or more, and if the organization meets th	Sec	Section A. Public Support							
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Schedule A (Form 990) 2023	18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar			

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

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

Se	ction A. Public Support	elow, please comp	nete i ait ii.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1) = 1 : 1	(-)	(0) = 1 = 1	(4,7=3==	(3) = 3 = 3	(,, , , , , , , , , , , , , , , , , , ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(4,) = 0.10	(3)	(2) = 3 = 1	(4,) = 0 = =	(0) = 0 = 0	(1) 1010
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•		. , . , .	. —
	check this box and stop here	- 0 1 D					
	ction C. Computation of Publi						
	Public support percentage for 2023 (I		•	column (f))		15	%
	Public support percentage from 2022 ction D. Computation of Inves	·				16	%
	•			10 l (f)\		147	
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2023. If the					-41	
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the			•	• •		
	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

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		
	3a		
	3b		
	_		
	3c		
	_		
	4a		
	Al-		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ol-		
	9b		
	90		
	9с		
	10a		
	150		
	10b		
_	A /Farm	~ 000	2002

332024 12-21-23 Schedule A (Form 990) 2023

Par	rt IV 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		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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		
Sect	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	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 instruction	3).		
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	nstructior		l
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			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
р	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Schedule A (Form 990) 2023

5

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

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

6

Schedule A (Form 990) 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 859. 2019 AMOUNT: \$ 284. 2021 AMOUNT: \$ 2022 AMOUNT: \$ 230. 42. 2023 AMOUNT: \$

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Employer identification number

CONSIDER THE LILY INC. 81-3497857 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

CONSIDER THE LILY INC.

81-3497857

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	ANDREW AND WHITNEY BARTLOW 1581 SHAWNEE ROAD PONOMA, KS 66076	\$18,765.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RYAN GROSSMAN 2403 BENNETT POINT RD QUEENSTOWN, MD 21658	\$ 34,144.	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
3	IAN AND ALLISON KENNEDY 27691 ROLLING WOOD LANE SAN JUAN CAPISTRANO, CA 92675	\$ 40,540.	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
4	BRUCE AND SHERI VINCENT 258 ROBIN DR SARASOTA, FL 34236	\$\$	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
5	KING'S RANSOM 420 WATER STREET SUITE 106 KERRVILLE, TX 78028	\$\$	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
323452 12-06	NATIONAL PHILANTROPIC TRUST 165 TOWNSHIP RD STE 1200 JENKINTOWN, PA 19046	\$\$_	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

CONSIDER THE LILY INC.

81-3497857

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
7	BIG LEAGUE IMPACT, INC PO BOX 1620 TEMPE, AZ 85280	\$ <u>46,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	NATIONAL CHRISTIAN FOUNDATION 70 E. 91ST ST STE 100 INDIANAPOLIS, IN 46240	\$ 81,931.	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
9	FIDELITY CHARITABLE FUND PO BOX 770001 CINCINNATI, OH 45277	\$ <u>21,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	BANK OF AMERICA CHARITABLE FUND 100 FEDERAL ST BOSTON, MA 02110	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash If 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.)

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE	OPERATIONAL SUPPORT	953 472	WIRE TRANSFER	0	N/A	N/A
		PACIFIC	OPERATIONAL SUPPORT	955,472.	WIRE TRANSFER	0.	N/A	N/A
			recognized as charities by the for counsel has provided a sect				1	1

3 Enter total number of other organizations or entities

Part III				ites. Complete	f the organization answered "Yes" or	n Form 990, Part	IV, line 16.	
(a)	Part III can be duplicated if a Type of grant or assistance	dditional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
								appraisar, earier)

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: THE BOARD, THROUGH ITS OFFICERS, REVIEWS AND APPROVES ALL REQUESTS FOR FUNDS. THE BOARD REQUIRES PERIODIC ACCOUNTING SHOWING THE PURPOSES FOR WHICH THE FUNDS WERE EXPENDED. TWO DIRECTORS MUST SIGN OFF ON ALL MONETARY TRANSACTIONS AND EVERY TRANSACTION IS RECORDED. THE PHILIPPINES ORGANIZATION IS AUDITED EVERY YEAR FOR ANY DISCRETIONS.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Internal Revenue Service Name of the organization Employer identification number 81-3497857 CONSIDER THE LILY INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-13-23

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Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		or furidialsing event contributions and gro	33 11001116 0111 01111 990	-LZ, lines i and ob. List e		S greater triair \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FARM	WE ARE	NONE	(add col. (a) through
			FUNDRAISER	FAMILY		col. (c))
a)			(event type)	(event type)	(total number)	COI. (C))
'n						
Revenue	1	Gross receipts	7,169.	18,880.		26,049.
Œ						
	2	Less: Contributions	1,169.	8,880.		10,049.
	3	Gross income (line 1 minus line 2)	6,000.	10,000.		16,000.
	4	Cash prizes				
	5	Noncash prizes		700.		700.
Direct Expenses				F 400		
ben	6	Rent/facility costs	2,183.	5,199.		7,382.
ŭ			4 600			4 600
ec S	7	Food and beverages	4,680.			4,680.
⊡			3,500.	4,683.		0 102
		Entertainment		3,826.		8,183. 3,826.
	l .	Other direct expenses Direct expense summary. Add lines 4 through	a			24,771.
		Net income summary. Subtract line 10 from li				-8,771.
Pa	rt I	Gaming. Complete if the organization a		1,990, Part IV, line 19, or r		0,7720
		\$15,000 on Form 990-EZ, line 6a.			operiou more inum	
		·	() 5:	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
e e						
ď	1	Gross revenue				
S	2	Cash prizes				
nse						
x	3	Noncash prizes				
Direct Expenses						
je je	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	_	Direct consequence Add Frage O. Henry de	F in a drawn (d)			
	′	Direct expense summary. Add lines 2 through	i 5 in column (a)			
	۰	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line r	monnine i, column (u)			<u> </u>
9	Fn	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac	_	states?		Yes No
		No," explain:				
-						_
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
		Yes," explain:	•	• •		
	_		<u> </u>			
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 CONSIDER THE LILY INC.	31-34	1978	357	Page 3
11	Does the organization conduct gaming activities with nonmembers?		\	es (☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			es	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		13a		%
	o An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
•	Enter the hame and address of the person who propares the organization s garning special events books and records.				
	Name				
	- Name				
	Address				
	Address				
150	Poss the argenization have a contract with a third party from whom the argenization receives gaming revenue?			⁄es	No
154	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			163	140
D	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization of the properties of the propert	ınt			
	of gaming revenue retained by the third party \$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		<u> </u>	′ es	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
	organization's own exempt activities during the tax year \$				
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part	III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
	· · · · · · · · · · · · · · · · · · ·				

Schedule G	i (Form 990)	CONSIDER THE	LILY	INC.	81-3497857	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				
-						
				*		
-						
ī-						

SCHEDULE O (Form 990)

Department of the Treasury

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

CONSIDER THE LILY INC.

Employer identification number 81-3497857

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

PROGRAMS. ADDITIONALLY, WE EMPOWER FAMILIES THROUGH EMPLOYMENT

OPPORTUNITIES OF JEWELRY MAKING THAT TRANSFORM THEIR CIRCUMSTANCES,

HELPING PREVENT FUTURE EXPLOITATION.

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY RELATIONSHIP BETWEEN KIMBERLY HOMMEL AND BRIAN HOMMEL.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD.

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

PRIOR TO FILING, THE CFO PROVIDES A COPY OF THE 990 TO ALL OFFICERS AND

BOARD MEMBERS FOR REVIEW. FORMAL REVIEW OF THE 990 IS CONDUCTED AT THE

FIRST BOARD MEETING FOLLOWING THE FILING DATE.

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

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

DISCLOSURE OF INTERESTS THAT COULD GIVE RISE TO CONFLICTS BY OFFICERS,

DIRECTORS AND MANAGEMENT ARE REVIEWED BY THE BOARD ANNUALLY AND ANY ACTION,

IF NECESSARY, IS TAKEN AT THE BOARD MEETING. MONITORING IS PERFORMED

REGULARLY BY THE OFFICERS TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST. ANY

QUESTION OF A CONFLICT IS ADDRESSED WITH THE INTERESTED PERSON, WHO IS

REQUIRED TO DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST AND BE

AFFORDED THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD AND

EXECUTIVE DIRECTOR. IF A CONFLICT IS IDENTIFIED, THE APPROPRIATE ACTION IS

LHA 332211 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** CONSIDER THE LILY INC. 81-3497857 TAKEN, INCLUDING LIMITATIONS TO THE INDIVIDUAL'S INFLUENCE ON RELATED BUSINESS MATTERS. FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS REQUIRED BY LAW TO BE SUBJECT TO PUBLIC DISCLOSURE ARE AVAILABLE AT THE ORGANIZATION'S PLACE OF BUSINESS DURING REGULAR BUSINESS HOURS. COPIES OF SUCH DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Go to www.irs.gov/Form926 for instructions and the latest information.

▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Par	rt I U.S. Transferor Information (see instructions)				
	e of transferor	Identifyii	ng numbo	er (see in	structions)
CC	DNSIDER THE LILY INC.	81-3	34978	357	
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		Yes		No
2	If the transferor was a corporation, complete questions 2a through 2d.				
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by				
	five or fewer domestic corporations?		Yes		No
b	Did the transferor remain in existence after the transfer?		Yes		No
	If not, list the controlling shareholder(s) and their identifying number(s).		_		
	Controlling shareholder Ide	entifying n	umber		
c	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? If not, list the name and employer identification number (EIN) of the parent corporation.		Yes] No
	Name of parent corporation EIN of	f parent co	orporati	on	
d	Have basis adjustments under section 367(a)(4) been made?	\Box	Yes	X	No
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section	on 367),			
	complete questions 3a through 3d.				
а	List the name and EIN of the transferor's partnership.				
	Name of partnership Ell	N of partn	iersnip		
			1		1
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		Yes		│ No │
	Is the partner disposing of its entire interest in the partnership?	L	Yes		No
d	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	_	1		1
Dog	securities market? rt II Transferee Foreign Corporation Information (see instructions)		Yes		No
Par	, , ,				
4	Name of transferee (foreign corporation) 5a	Identifyin	g numb	er, if a	any
	ONSIDER THE LILY FOUNDATION PHILIPPINES INC.				
6	· · · · · · · · · · · · · · · · · · ·	Reference	ID num	ber	
	WOODPECKER DRIVE, VICTORIA VALLEY SUBDIVISION				
INA	TIPOLO CITY, RIZAL PHILIPPINES 00	<u>09-392</u>	2-760)	
7 RF	Country code of country of incorporation or organization				
8	Foreign law characterization (see instructions)				
	OCIAL WELFARE CORPORATION		1	77	1
9	ls the transferee foreign corporation a controlled foreign corporation? 1 04-01-23 LHA For Paperwork Reduction Act Notice, see separate instructions.	L	Yes m 926 (l	X Pov. 1	
ა∠4531	1 04-01-23 LHA For Paperwork Reduction Act Notice, see separate instructions.	ror	111 520 (1	ıı∈v. I	1-2U 10)

Part III Information			inetructi	nne)	01 5	ED TO DI Page Z
Section A - Cash	negaranig mana	sier of Froperty (see	ii iSti ucti	5115)		
Type of property	(a) Date of transfer	(b) Description of property	date	(c) arket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2023			953,472.		
10 Was cash the only pro	inder of Part III and g					X Yes No
Section B - Other Pro	(a)	(b)		(c)	(d)	(e)
property	Date of transfer	Description of property		arket value on e of transfer	Cost or other basis	Gain recognized on transfer
Stock and securities						
Inventory						
Other property (not listed under another category)						
Property with						
built-in loss						
Totals						
(including a branch that If "Yes," continue to linct Immediately after the transferee foreign corp If "Yes," continue to lin	oreign branch (includi	hat transferred substantially ded entity) to a specified 10 nes 12c and 12d, and go to estic corporation a U.S. shame 12d, and go to line 13. In gross income as required ad in section 367(d)(4)?	all of the whole of the line 13.	assets of a foreign beforeign corporation?	d to a	Yes No Yes No Yes No Yes No Yes No
Section C - Intangible	Property Subject	ct to Section 367(d)				
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

Form **926** (Rev. 11-2018)

1 - 7 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	No
h	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		No
c	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		110
·	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
Ч	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable	103	110
u	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) >\$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
	time thereafter, a platform contribution as defined in riegulations seed on 1.402 ((a)(1):		110
Sup	plemental Part III Information Required To Be Reported (see instructions)		
	1 (000 1110 1101 1101 1101 1101 1101 11		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 000_ % (b) After 000_ %		
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before		
16 17 18	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before		▼ N-
16 17 18 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before		X No
16 17 18 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes	X No X No X No
16 17 18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes	X No X No X No
16 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No
16 17 18 a b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No
116 17 118 a b c d 119 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No
116 117 118 a b c d 119 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No