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.

Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2023 calendar year, or tax year beginning a	nd ending		
	heck if	C Name of organization	-	D Employer identific	cation number
	Addre chang				
	Name chang	Doing business as		20-88278	79
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	1629 K STREET NW	300	(202) 58	0-7690
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,180,900.
	Ameno return	WASHINGTON, DC 20000		H(a) Is this a group re	
	Application	F Name and address of principal officer: DAVID FRANKED		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u> </u>	ax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 2007	M State of legal domicile: NY
Pa	rt I	Summary			
ө		Briefly describe the organization's mission or most significant activities: CRE			
anc		PREDATORY NETWORKS THAT BENEFIT FROM VIO			
Governance		Check this box if the organization discontinued its operations or dis		l	
λοί				3	2
		Number of independent voting members of the governing body (Part VI, line 1b			11
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			4
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		Net difference business taxable income from 10m 330-1,1 art 1, life 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		3,445,158.	3,150,101.
υe		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,172.	30,098.
R		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	701.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		3,463,330.	3,180,900.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,700,070.	336,586.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		0.	295,585.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
кре		Total fundraising expenses (Part IX, column (D), line 25)	406.		
Ê	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,678,195.	2,416,642.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,378,265.	3,048,813.
		Revenue less expenses. Subtract line 18 from line 12		-1,914,935.	132,087.
t Assets or I Id Balances I			Ве	eginning of Current Year	End of Year
sset Salai	20	Total assets (Part X, line 16)		2,783,307.	2,770,911.
Net A: Fund E	21	Total liabilities (Part X, line 26)		338,747.	194,220.
	rt II	Net assets or fund balances. Subtract line 21 from line 20		2,444,560.	2,576,691.
		Ities of perjury, I declare that I have examined this return, including accompanying sched	ulae and etatam	ante and to the best of my	knowledge and helief it is
	•	itles of perjury, i declare that i have examined this return, including accompanying sched it, and complete. Declaration of preparer (other than officer) is based on all information of		•	kilowieuge allu bellei, it is
ruo,	COITCE		Willon proparci	nas any knowledge.	
Sigr	,	Signature of officer		Date	
der:		DAVID FRANKEL, EXECUTIVE DIRECTOR			
ici		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
aid		MELISSA MODELSON MELISSA MODELS	ON 1	1/15/24 if self-employ	P01603524
	arer	Firm's name PKF O'CONNOR DAVIES ADVISORY, L.			7-3231666
	Only	Firm's address 245 PARK AVENUE, 12TH FLOOR			
	_	NEW YORK, NY 10167		Phone no. 21	2-286-2600
/lav	the I	25 discuse this return with the preparer shown above? See instructions			X Ves No

10511115 756359 2060047.000

Form 990 (2023) THESENTRY.ORG, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
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>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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	Х	
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		Х
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		Х
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		x
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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	·	19		x
20a	complete Schedule G, Part III	20a		X
		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domocio government orti artix, comunit (-), inte 1: II Tes. Complete Schedule I, Parts I and II	41	- 42	L

Part IV	Checklist of Required Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u>X</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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in 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			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
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		<u>X</u>
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		Х
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
55	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par		, 50		
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 17			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	12-21-23	Form	990	(2023)
	5			

Form 990 (2023) THESENTRY.ORG, INC.

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

					Yes	No
2a Enter	r the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
filed t	for the calendar year ending with or within the year covered by this return	2	a	11		
b If at le	east one is reported on line 2a, did the organization file all required federal employment tax retur	rns?		2b	X	
3a Did th	he organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b If "Ye	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	e O		3b		
4a At an	ny time during the calendar year, did the organization have an interest in, or a signature or other	auth	ority over, a			
finan	cial account in a foreign country (such as a bank account, securities account, or other financial	acco	ount)?	4a		X
b If "Ye	es," enter the name of the foreign country					
See i	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Ассо	unts (FBAR).			
5a Was	the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa					X
	es" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
	the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne or	ganization solicit			,,
•	contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
	es," did the organization include with every solicitation an express statement that such contribut	tions	or gifts			
	not tax deductible?			6b		
•	inizations that may receive deductible contributions under section 170(c).					- V
	ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervice	s provided to the pa			X
				7b		
	he organization sell, exchange, or otherwise dispose of tangible personal property for which it w					X
	e Form 8282?	- 1	1	7c		┝┸
	es," indicate the number of Forms 8282 filed during the year	_	d	70		х
	he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c he organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7 <u>e</u>		X
	re organization, during the year, pay premiums, directly of indirectly, on a personal benefit conti group organization received a contribution of qualified intellectual property, did the organization file Fo					125
-	organization received a contribution of qualified intellectual property, did the organization file re- organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file re-		•			
	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			0: /11		
•	anima annonimation have access business haldings at any time during the commo	•	uno .	8		
· ·	nsoring organizations maintaining donor advised funds.					
	he and a service and a service and a service and a service distributions and a service 40000			9a		
	ion 501(c)(7) organizations. Enter:					
a Initiat	tion fees and capital contributions included on Part VIII, line 12	10)a			
	s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10)b			
11 Secti	ion 501(c)(12) organizations. Enter:					
a Gross	s income from members or shareholders	11	la			
b Gross	s income from other sources. (Do not net amounts due or paid to other sources against					
amou	unts due or received from them.)	11	lb			
12a Secti	ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 104	41?	12a		_
b If "Ye	es," enter the amount of tax-exempt interest received or accrued during the year	12	2b			
	ion 501(c)(29) qualified nonprofit health insurance issuers.					
	e organization licensed to issue qualified health plans in more than one state?			13a	1	
	: See the instructions for additional information the organization must report on Schedule O.					
	r the amount of reserves the organization is required to maintain by the states in which the	1	1			
	nization is licensed to issue qualified health plans		Bb			
	r the amount of reserves on hand	13	3c			V
						X
	es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b	+	
	e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		X
	ss parachute payment(s) during the year?			15		1
	es," see the instructions and file Form 4720, Schedule N. e organization an educational institution subject to the section 4968 excise tax on net investmer	nt inc	rome?	16		Х
	e organization an educational institution subject to the section 4966 excise tax on het investments, complete Form 4720, Schedule O.	11 1110	ome?			 ^ `
	56, Complete Form 4720, Concurse O.					
7/ 5000	ion 501(c)(21) organizations. Did the trust or any disqualified or other person engage in any or	ctivi+	ies	ı		1
	ion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any according to the imposition of an excise tax under section 4951, 4952 or 4953?			17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request X Another's website ___ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records DAVID FRANKEL - 917-873-3380

Form **990** (2023)

20006

1629 K STREET NW, 300, WASHINGTON, DC

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than on the state of the state	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DAVID FRANKEL	40.00	.,						242 222		14 040
EXECUTIVE DIRECTOR	70 00	Х		Х				243,333.	0.	14,048.
(2) JOHN PRENDERGAST EXECUTIVE DIRECTOR/SECRETARY	70.00	Х		х				156,765.	0.	41,377.
(3) BONNIE ABAUNZA	1.00							130,703.	•	41,3776
CHAIRMAN	1,00	х		x				0.	0.	0.
(4) DAVID SAGAL	0.25							<u> </u>		
CHAIRMAN THRU APR 2023		Х		х				0.	0.	0.
(5) JOHN LAMBROS	0.25									
TREASURER		Х		Х				0.	0.	0.
(6) WENDY PHILLIPS	0.25									
DIRECTOR THRU FEB 2023		Х						0.	0.	0.
-										
								_		

Form 990 (2023)

	(4)								ompensated Employee		
Nan	(A) ne and title	(B) Average hours per week	box,	not ch unles er and	s per	tion nore t	than o	ne an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
									400,098.	0.	55,425.
	ntinuation sheets to Part VII								400,098.	0.	0. 55,425.
d Total (add line) 2 Total number of	s 1b and 1c) f individuals (including but n	ot limited to the									33,443.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
NATHALIA DUKHAN		
BASTOS, , YAOUNDE, CAMEROON	RESEARCH SERVICES	167,569.
SPECTACLE CONSULTING		
155 COURT STREETPMB 138, BROOKLYN, NY 11201	BUSINESS CONSULTING	122,333.
JALEL HARCHAOUI, C/O LA DANAIDE EURL, 31		
AVENUE DE SEGUR, PARIS, FRANCE	RESEARCH SERVICES	119,862.
NDM RESEARCH AND TRAINING, 29 CHAFFINCH		
ROAD, BECKENHAM, UNITED KINGDOM	RESEARCH SERVICES	113,378.
DANILLE STILZ		
1200 WEST MONROE, CHICACO, IL 60607	RESEARCH SERVICES	101,000.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 5		
	<u> </u>	- 000 ()

Form **990** (2023)

art VIII	Statement of Reven	ue

			Check if Schedule O contains	s a response	or note to anv 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
တ္ထ	1	<u> </u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
جَ ق			Fundraising events						
ffs,			Related organizations						
ig ig									
Sir			Government grants (contributions						
utic er		T	All other contributions, gifts, grants, a		150 101				
έş			similar amounts not included above		150,101.				
		_	Noncash contributions included in lines 1a-1			3,150,101.			
<u>0</u> 8		n	Total. Add lines 1a-1f		1	3,130,101.			
	_				Business Code				
<u>ic</u>	2								
er re		b							
n S		С							
e S		d							
Program Service Revenue		е							
<u>-</u>			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including div	dends, intere	st, and				
			other similar amounts)			30,098.			30,098.
	4		Income from investment of tax-ex-	empt bond p	roceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ē			and sales expenses 7b						
her Revenue		С	Gain or (loss) 7c						
Je v		d	Net gain or (loss)		•				
ē			Gross income from fundraising event						
₽	Ū	_	including \$						
			contributions reported on line 1c)						
			Part IV, line 18						
		h	Less: direct expenses						
			Net income or (loss) from fundrais						
			Gross income from gaming activi	-					
	Ū	u	Part IV, line 19	I					
		h	Less: direct expenses						
			Net income or (loss) from gaming						
			Gross sales of inventory, less retu		<u> </u>				
	10	а	and allowances						
		h							
			Less: cost of goods sold						
\rightarrow		Ü	Net income or (loss) from sales of	miveritory	Business Code				
sn	4.4	_	OTHER INCOME		900099	701.			701.
e e	11				200033	/ / / / ·			/ / / / •
Miscellaneous Revenue		b							
sce Be		C	All adds on very serve						
Ξ̈́			All other revenue			701.			
		e	Total Add lines 11a-11d			3,180,900.	0	^	30 700
	12		Total revenue. See instructions			P, TOU, 300.	0.	0.	30,799.

	TIX Statement of Functional Expense			anlata adumn (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	336,586.	336,586.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	69,577.		69,577.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	456 455	115 005	05.601	21 222
7	Other salaries and wages	176,155.	117,235.	27,691.	31,229.
8	Pension plan accruals and contributions (include	4 500	2 622	4 4 7 0	5 4.6
	section 401(k) and 403(b) employer contributions)	4,583.	2,689.	1,178.	716. 2,862.
9	Other employee benefits	22,190.	10,746.	8,582.	2,862.
10	Payroll taxes	23,080.	11,067.	9,065.	2,948.
11	Fees for services (nonemployees):				
а	Management	100 105	24 - 12	05.44.6	
b	Legal	120,135.	24,719.	95,416.	
С	Accounting	126,643.		126,643.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 056 001	1 460 600	070 661	100 000
	column (A), amount, list line 11g expenses on Sch O.)	1,856,301.	1,462,602.	270,661.	123,038.
12	Advertising and promotion	100 525	105 010	11 041	4 000
13	Office expenses	122,735.	105,912.	11,841.	4,982. 5,964.
14	Information technology	27,637.	6,262.	15,411.	5,964.
15	Royalties	04 557	1 050	22 505	
16	Occupancy	24,557.	1,052.	23,505.	
17	Travel	27,862.	26,076.	1,786.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 400	4 400		
19	Conferences, conventions, and meetings	4,429.	4,429.		
20	Interest				
21	Payments to affiliates	1 005		1 005	
22	Depreciation, depletion, and amortization	1,895.	70 562	1,895.	7 ((7
23	Insurance	104,448.	78,563.	10,210.	7,667.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,048,813.	2,187,938.	681,469.	179,406.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

Form **990** (2023)

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	574,654.	1	1,615,717.
	2	Savings and temporary cash investments	837,082.	2	1,000.
	3	Pledges and grants receivable, net	1,094,543.	3	1,064,440.
	4	Accounts receivable, net		4	84,991.
	5	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	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
_Σ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
۲	9	Prepaid expenses and deferred charges	1 266 691 1	9	4,763.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11	3,231.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,770,911.
	17	Accounts payable and accrued expenses		17	194,220.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties	****	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	338,747.	25	104 220
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	330,747•	26	194,220.
ဖွ		,			
nce	07	and complete lines 27, 28, 32, and 33.	-543,950.	07	929,111.
ala	27	Net assets without donor restrictions		27	1,647,580.
g	28	Net assets with donor restrictions	2,988,310.	28	1,047,300.
١		Organizations that do not follow FASB ASC 958, check here			
ᅙ	00	and complete lines 29 through 33.		20	
şt	29	Capital stock or trust principal, or current funds		29	
SS	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	2,576,691.
ž	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances		32 33	2,770,911.

332012 12-21-23

Form **990** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

OMB No. 1545-0047

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

Open to Public Inspection

THESENTRY . ORG, 20-8827879 INC. 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)) Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2117199.	8076903.	3247746.	3445158.	3150101.	20037107.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2117199.	8076903.	3247746.	3445158.	3150101.	20037107.
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)						12354675.
6	Public support. Subtract line 5 from line 4.						7682432.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2117199.	8076903.	3247746.	3445158.	3150101.	20037107.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	42,719.	5,042.	554.	18,172.	30,098.	96,585.
۵	Net income from unrelated business	12,713.	3,042.	334.	10,172.	30,030.	30,303.
9							
	activities, whether or not the						
40	business is regularly carried on Other income. Do not include gain						
10	· ·						
	or loss from the sale of capital	3,588.	272.	500.		701.	5,061.
44	assets (Explain in Part VI.)	3,300.	2/2•	300.		701.	20138753.
	Total support. Add lines 7 through 10					12	20130733•
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	· ·	,				
13	_	•					
Sac	organization, check this box and storetion C. Computation of Publi						·····
	Public support percentage for 2023 (li			aluma (f)		14	38.15 %
						15	22 25
	Public support percentage from 2022						
102	33 1/3% support test - 2023. If the content have The expenientian qualifies						
	stop here. The organization qualifies						
	33 1/3% support test - 2022. If the constant test and at an increase The appropriate and at an increase test and at a support at	•		•		•	
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	•					•
	and if the organization meets the facts			=	•	VI how the organi	zation
	meets the facts-and-circumstances te	-		*	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
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		(Form 990) 2023

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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
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.")						
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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		
3	Ва		
3	3b		
3	ВС		
	la		
	ra		
4	lb		
4	ŀc		
5	ā		
	_b b		
5	ic		
	6		
	7		
	8		
	0		
g	а		
ç	b		
)c		
1	0a		
1	0b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
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 instructions	;).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	าstruction		Г
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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b

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

2	0 –	8	8	2	7	8	7	9	Page (6
---	-----	---	---	---	---	---	---	---	--------	---

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	+ +		
U	collection of gross income or for management, conservation, or			
		6		
	maintenance of property held for production of income (see instructions)	7		
7	Other expenses (see instructions)	8		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	-		(D) Oart)/aa
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
•	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see
•	instructions)	, intogrator	a 1,700 iii oapportiiig oiga	

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ued)	V
Sect	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	;	3		
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
_ 7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
	Bi til til til til til til til til til ti				
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
<u> </u>	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
<u>b</u>	Excess from 2020				
<u>c</u>	Excess from 2021				
<u>d</u>	Excess from 2022				
<u>e</u>	Excess from 2023				

Schedule A (Form 990) 2023

Part VI

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

20-8827879

2023

Department of the Treasury Internal Revenue Service

THESENTRY . ORG,

INC.

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

Name of the organization Employer identification number

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THESENTRY.ORG, INC.

20-8827879

(a)	(b)	(c)	(d)
No. 1	Name, address, and ZIP + 4	* 1,117,210.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$	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		\$ 605,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

THESENTRY.ORG, INC.

20-8827879

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

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** THESENTRY ORG, 20-8827879 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THESENTRY.ORG, INC.

Employer identification number 20-8827879

Par			s or Acc	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b)	Funds and other accounts
4	Total number at and of year	(a) Bonor advised funds	(5)	Turius and other accounts
1 2	Total number at end of year			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	iced funde	
3	are the organization's property, subject to the organization's	_		
6	Did the organization inform all grantees, donors, and donor a			
U	for charitable purposes and not for the benefit of the donor o			
			`	
Par				
1	Purpose(s) of conservation easements held by the organization		,	
•	Preservation of land for public use (for example, recrea		of a histori	cally important land area
	Protection of natural habitat	· —		ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the forr	n of a cons	ervation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
			I .	2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not		
	on a historic structure listed in the National Register		L	2d
3	Number of conservation easements modified, transferred, rel			tion during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located	_	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	f	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation	easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation ease	ments during the year
	Does and concentration accomment reported on line 2d above	action the requirements of costion 170	/b\/4\/D\/;\	
8	Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on agraments in its revenue and expens		
9	balance sheet, and include, if applicable, the text of the footr	•		
	organization's accounting for conservation easements.	lote to the organization's infancial states	nento trat	describes trie
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	ther Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under FASB ASC 95		and balan	ce sheet works
	of art, historical treasures, or other similar assets held for put	·		
	service, provide in Part XIII the text of the footnote to its finar	·		
b	If the organization elected, as permitted under FASB ASC 95			heet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	, , , , , , , , , , , , , , , , , , , ,		,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	•		\$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2023

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

Par	rt III Organizations Mainta	ining Colle	ections of Ar	t, Histo	rical Tre	easures, or O	ther S	imilar	Assets	(contin	ued)	
3	Using the organization's acquisition	n, accession, a	and other record	s, check	any of the	following that ma	ke signi	ficant u	ise of its			
	collection items (check all that app	ly).										
а	Public exhibition		d	j 🔲 t	_oan or exc	change program						
b	Scholarly research		е	, 🔲	Other							
С	Preservation for future gener	ations										
4	Provide a description of the organiz	zation's collec	tions and explair	n how the	ey further th	ne organization's	exempt	purpos	se in Part	XIII.		
5	During the year, did the organization	n solicit or red	ceive donations of	of art, his	torical treas	sures, or other sir	nilar as	sets				
	to be sold to raise funds rather than	n to be mainta	ained as part of t	he organ	ization's co	llection?				Yes		No
Par	rt IV Escrow and Custodia	al Arranger	nents Comple	te if the o	organizatior	n answered "Yes"	on For	m 990,	Part IV, li	ne 9, or		
	reported an amount on Forr	n 990, Part X,	line 21.									
1a	Is the organization an agent, truste	e, custodian,	or other intermed	diary for d	contribution	ns or other assets	not inc	luded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in											
										Amount		
С	Beginning balance							1c				
d	Additions during the year							1d				
	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an am									Yes		No
b	If "Yes," explain the arrangement in	n Part XIII. Che	eck here if the ex	planation	n has been	provided in Part	XIII					
Par	rt V Endowment Funds C	omplete if the	organization ans	swered "`	Yes" on Fo	rm 990, Part IV, li	ne 10.					
		(a	a) Current year	(b) P	rior year	(c) Two years ba	ck (d)	Three y	ears back	(e) Four	years	back
1a	Beginning of year balance											
b	Contributions											
	Net investment earnings, gains, and	I										
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs									1		
f	Administrative expenses											
g		1										
2	Provide the estimated percentage		year end balance	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endown			%	,	,,						
b	Permanent endowment		%	_								
С	Term endowment	%	_									
	The percentages on lines 2a, 2b, a	nd 2c should e	egual 100%.									
За	Are there endowment funds not in		•	ation that	are held ar	nd administered f	or the					
	organization by:	·	· ·							Γ	Yes	No
	(i) Unrelated organizations?									3a(i)		
	*** =									3a(ii)		
b	If "Yes" on line 3a(ii), are the related											
4	Describe in Part XIII the intended u											
Par	rt VI Land, Buildings, and											
	Complete if the organization	n answered "Y	es" on Form 990), Part IV,	, line 11a. S	See Form 990, Pa	rt X, line	e 10.				
	Description of property		(a) Cost or o	ther	(b) Cost	t or other (c) Accı	ımulate	ed	(d) Book	valu	<u></u>
			basis (investr			(other)		ciation				
1a	Land											
	Buildings									-		
	Leasehold improvements									-		
	Equipment											
	Other											
	Add lines to through 1s. (C.)			V /' 13		(D))						0

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 THESENTRY • OF	RG, INC.	20	-8827879	Page
Part VII Investments - Other Securities				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market v	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 900 Part IV line	11c Soc Form 000 Part V line 13		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market v	ا ماراد
·	(b) Book value	(c) Method of Valuation. Cost of circ	a or year market v	aiuc
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a) [Description		(b) Book va	ılue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))			
Part X Other Liabilities				
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	1	
1. (a) Description of liability			(b) Book va	llue
(1) Federal income taxes				
(2)				
(3)				
(4)			-	

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

(6) (7) (8)

Part	: XI	Reconciliation of Revenue per Audited Financial Statement	ts Wit	th Revenue per Re	turn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total re	evenue, gains, and other support per audited financial statements			1	3,180,944.
2	Amour	its included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	44.		
		ed services and use of facilities	2b			
		eries of prior year grants	2c			
		Describe in Part XIII.)	2d			
		es 2a through 2d			2e	44.
3	Subtra	ct line 2e from line 1			3	3,180,900.
		its included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
		es 4a and 4b			4c	0.
5	Total re	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	3,180,900.
Par	t XII	Reconciliation of Expenses per Audited Financial Statemer	nts W	ith Expenses per F	Returr	1
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	xpenses and losses per audited financial statements			1	3,048,813.
2	Amour	its included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a			
		ear adjustments	2b			
	Other I		2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lin	es 2a through 2d			2e	0.
3	Subtra	ct line 2e from line 1			3	3,048,813.
		its included on Form 990, Part IX, line 25, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lin	es 4a and 4b			4c	0.
5	Total e	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,048,813.
Par	t XIII	Supplemental Information				
Provid	de the c	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines	1b and 2b; Part V, line 4	; Part X	, line 2; Part XI,
ines 2	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal inf	ormation.		
PAR	T X	LINE 2:				
THE	ORC	SANIZATION RECOGNIZES THE EFFECT OF INCO	ME	TAX POSITION	S OI	LY IF
ГНО	SE I	POSITIONS ARE MORE LIKELY THAN NOT TO BE	SU	STAINED. MAN	AGEN	MENT HAS
DET	ERM:	NED THAT THE ORGANIZATION HAD NO UNCERT	'AIN	TAX POSITIO	NS 1	THAT WOULD
REQ	UIRI	E FINANCIAL STATEMENT RECOGNITION OR DIS	CLO	SURE. THE OR	GAN]	ZATION IS
<u> </u>	LONG	SER SUBJECT TO EXAMINATIONS BY APPLICABL	E T	AXING JURISD	ICT]	ONS FOR
PER	IODS	S PRIOR TO 2020.				

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** THESENTRY . ORG, 20-8827879 INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EAST ASIA AND THE PACIFIC PROGRAM SERVICES INVESTIGATIVE ACTIVITIES 110,644. EUROPE (INCLUDING ICELAND & GREENLAND) PROGRAM SERVICES INVESTIGATIVE ACTIVITIES 1,035,104. MIDDLE EAST AND NORTH AFRICA PROGRAM SERVICES INVESTIGATIVE ACTIVITIES 25,800. SUB-SAHARAN AFRICA PROGRAM SERVICES INVESTIGATIVE ACTIVITIES 234,221. 0 0 1,405,769. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a

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

Schedule F (Form 990) 2023

1,405,769.

and 3b)

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 1	500. Fait ii can be dupiid	Lateu II additional space is nee	T	<u> </u>	Γ					
(b) IRS code section and EIN (if applicable)	(c) Region	(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)			
	(b) IRS code section	(b) IRS code section	(b) IRS code section (c) Paging (d) Purpose of	teived more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code section (c) Paging (d) Purpose of (e) Amount	teived more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code section (d) Purpose of (e) Amount (f) Manner of	ceived more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code section (c) Region (d) Purpose of (e) Amount (f) Manner of noncash	ceived more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code section (c) Region (d) Purpose of (e) Amount (f) Manner of noncash of noncash			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

3 Enter total number of other organizations or entities

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.										
Part III can be duplic		pace is needed Region	(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)			

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)	Yes	X 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)	X Yes	☐ No

Schedule F (Form 990) 2023

332075 11-29-23 Schedule F (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
THESENTRY		•					20-8827879
Part I General Information on Grants a							
1 Does the organization maintain records							
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro						/ F 000 P1	N/ Page 04 - Carrage
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEW VENTURE FUND							RESEARCH, ANALYSIS, INVESTIGATION AND
1201 CONNECTICUT AVENUE NORTHWEST							ADVOCACY - IN SUPPORT OF
WASHINGTON, DC 20036	20-5806345	501(C)(3)	336,586.	0.			THE ENOUGH PROJECT AND
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table				1.
3 Enter total number of other organization	s listed in the line	1 table					0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.					
PART I, LINE 2:									
TO FURTHER THE SENTRY'S MISSION, TH	HE SENTRY	ORG, INC.	MAY SUBGR	ANT FUNDING					
TO NONPROFIT ORGANIZATIONS WITH A I	RESEARCH,	HUMAN RIG	HTS, OR IN	VESTIGATIVE					
PORTFOLIO THAT COMPLEMENTS ONGOING	OR PLANN	ED ACTIVIT	IES AT THE	SENTRY.					
GRANT PROPOSALS FOR POTENTIAL SUBGRANTEES ARE REVIEWED BY THE EXECUTIVE									
DIRECTOR. SUBGRANTEE ORGANIZATIONS ARE REVIEWED FOR COHERENCE WITH THE									
SENTRY'S MISSION AND GOOD OPERATION	NAL AND F	'INANCIAL F	RACTICES.						

Part IV Supplemental Information
AGREEMENT AND IS MADE FOR A SPECIFIC PURPOSE APPROVED BY THE ORGANIZATION.
GENERALLY GRANTEES ARE EXPECTED TO REPORT ON THE USE OF GRANT FUNDS AND THE
ORGANIZATION REVIEWS THE USE OF GRANT FUNDS TO CONFIRM THEIR ALIGNMENT WITH
THE EXEMPT MISSION OF THE ORGANIZATION.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: NEW VENTURE FUND
(H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH, ANALYSIS, INVESTIGATION
AND ADVOCACY - IN SUPPORT OF THE ENOUGH PROJECT AND THE SENTRY

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

THESENTRY.ORG, INC.

Employer identification number 20-8827879

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			77
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С		4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the revenues of:			
а	The organization?	5a		Х
h	Any related organization?	5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.	-		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID FRANKEL	(i)	243,333.	0.	0.	12,800.	1,248.	257,381.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN PRENDERGAST	(i)	156,765.	0.	0.	8,131.	33,246.	198,142.	0.
EXECUTIVE DIRECTOR/SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
FORM 990, PART VII, LINE 5, COMPENSATION FROM UNRELATED ORGANIZATION:
THE EXECUTIVE DIRECTOR OF THE ORGANIZATION IS COMPENSATED FOR HIS
SERVICES AS A CORPORATE OFFICER BY AN UNRELATED NONPROFIT ORGANIZATION,
THE NEW VENTURE FUND. JOHN PRENDERGAST WAS COMPENSATED \$169,280 AND
DAVID FRANKEL WAS COMPENSATED \$216,666 (INCLUDING RETIREMENT AND OTHER
NONTAXABLE BENEFITS) IN 2023 BY THE UNRELATED ORGANIZATION.

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FORM 990, PART

AND KLEPTOCRACY.

THESENTRY ORG, INC. **Employer identification number** 20-8827879

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ACCOUNTABILITY FOR ACTORS PERPETUATING AND PROFITING FROM WAR, MASS
ATROCITIES, AND OTHER HUMAN RIGHTS ABUSES. IN ORDER TO TRACK AND
ANALYZE HOW ARMED CONFLICT AND ATROCITIES ARE FINANCED, SUSTAINED, AND
MONETIZED, THE SENTRY USES OPEN SOURCE DATA COLLECTION, FIELD RESEARCH,
AND STATE-OF-THE-ART NETWORK DATA ANALYSIS TECHNOLOGY, AND WORKS IN
PARTNERSHIP WITH LOCAL AND INTERNATIONAL CIVIL SOCIETY ORGANIZATIONS,
JOURNALISTS, AND GOVERNMENTS. THE SENTRY'S INVESTIGATIONS PRODUCE
ANALYTICAL REPORTING THAT ENGAGES CIVIL SOCIETY AND MEDIA, SUPPORTS
REGULATORY ACTION AND PROSECUTIONS, AND PROVIDES POLICYMAKERS WITH THE
INFORMATION THEY REQUIRE TO TAKE EFFECTIVE ACTION.

THE FORM 990 WAS REVIEWED BY THE BOARD'S AUDIT COMMITTEE PRIOR TO FILING AND WAS PROVIDED ELECTRONICALLY TO MEMBERS OF THIS COMMITTEE. THE AUDIT COMMITTEE OF THE BOARD MET TO REVIEW THE DRAFT 990 AND TO PROPOSE ANY RECOMMENDED CHANGES. AFTER THE COMMITTEE'S COMMENTS ARE ADDRESS, ELECTRONICALLY PROVIDED TO THE BOARD FOR ITS REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART I, QUESTION 5, AND PART V, QUESTION 2A:

THE ORGANIZATION CONTRACTED WITH A PROFESSIONAL EMPLOYER ORGANIZATION For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization THESENTRY.ORG, INC. Employer identification number 20-8827879

(PEO) FOR SERVICES, INCLUDING BUT NOT LIMITED TO, PAYROLL, TIMEKEEPING,

EMPLOYEE BENEFITS, HR ADMINISTRATION AND WORKFORCE REGULATORY

COMPLIANCE NEEDS. AS THE EMPLOYER OF RECORD FOR TAX PURPOSES, FORMS

W-2 AND W-3 ARE ISSUED BY THE PEO AND FILED UNDER THE PEO'S FEDERAL

EIN. IN THIS CO-EMPLOYMENT ARRANGEMENT, THE ORGANIZATION IS THE COMMON

LAW EMPLOYER AND, ACCORDINGLY, COMPENSATION IS REPORTED ON FORM 990,

PART VII, SECTION A AND PART IX, LINES 5-10.

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

THESENTRY.ORG, INC. CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY
WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD CURRENTLY MANDATES THAT
ALL DIRECTORS, OFFICERS, AND COMMITTEE MEMBERS ANNUALLY SIGN A CONFLICT OF
INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY
EXIST. THE SIGNED CONFLICT OF INTEREST POLICY IS SUBMITTED TO THE BOARD
SECRETARY WHO REVIEWS THE SIGNED ATTESTATIONS FOR POTENTIAL OR ACTUAL
CONFLICTS. IF A POTENTIAL OR ACTUAL CONLICT EXISTS, THE BOARD OR COMMITTEE
WILL INFORM THE MEMBER OF THE BASIS OF SUCH BELIEF AND AFFORD THE MEMBER AN
OPPORTUNITY TO RESPOND. THE BOARD OR COMMITTEE WILL DISCLOSE THE CONFLICT
OF INTEREST AND HOW THE CONLICT WAS HANDLED. THE PERSON WITH THE ACTUAL
CONFLICT OF INTEREST WILL BE PROHIBITED FROM VOTING ON THE MATTER THAT
GIVES RISE TO THE CONFLICT. IF THERE HAS BEEN SUBSTANTIAL AND REPEATED
FAILURES TO DISCLOSE ACTUAL CONFLICTS OF INTEREST, THE BOARD MAY TAKE
APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, INCLUDING REMOVAL OF THE
MEMBER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,CA,CO,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NM,NV,NY,OH

OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
THESENTRY.ORG, INC.	20-8827879
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FORM 990, AUDITED FINANCIAL STA	ATEMENTS AND
GOVERNING DOCUMENTS OPEN TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
FREELANCE WORKERS:	
PROGRAM SERVICE EXPENSES	1,459,581.
MANAGEMENT AND GENERAL EXPENSES	269,622.
FUNDRAISING EXPENSES	122,645.
TOTAL EXPENSES	1,851,848.
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	2,445.
MANAGEMENT AND GENERAL EXPENSES	567.
FUNDRAISING EXPENSES	239.
TOTAL EXPENSES	3,251.
PAYROLL FEES:	
PROGRAM SERVICE EXPENSES	576.
MANAGEMENT AND GENERAL EXPENSES	472.
FUNDRAISING EXPENSES	154.
TOTAL EXPENSES	1,202.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,856,301.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S FULL BOARD ASSUMES RESPONSIBILITY FOR C	OVERSIGHT OF
THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND T	THE SELECTION Schedule 0 (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization THESENTRY.ORG, INC.	Employer identification number 20-8827879
OF AN INDEPENDENT ACCOUNTANT.	