Hopkins-Page 8118A Sawyer Brown Rd Nashville, TN 37221 615-673-1120

May 13, 2023

CONFIDENTIAL

FILTER FIRST FOUNDATION 8115 ISABELLA LANE STE 1 BRENTWOOD, TN 37027

Dear Hannah:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Hopkins-Page

Linaspl

Filing Instructions

FILTER FIRST FOUNDATION

Exempt Organization Tax Return

Taxable Year Ended December 31, 2022

Date Due:

May 15, 2023

Remittance:

None is required. Your Form 990 for the tax year ended 12/31/22 shows no

balance due.

Mail To:

Department of the Treasury Internal Revenue Service Center

Ogden, UT 84201-0027

If a private delivery service is used, mail to:

OSPC

1973 Rulon White Blvd. Ogden, UT 84201-1000

Signature:

The return should be signed and dated on Page 1 by an officer representing the

organization.

_{Fom} 990

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047
2022
Open to Public Inspection

<u>A</u>	For the	e 2022 calendar year, or tax year beginni	ng , and ending									
В	Check if a	applicable: C Name of organization				D Employe	r identification number					
	Address c	change FILTE	R FIRST FOUNDATION									
	Name cha	Doing business as				87-3	604284					
H		Number and street (or P.O. box if mail is n			Room/suite	E Telephon						
닏	Initial retur Final retur					615-663-3066						
	terminated	d I i i i i i i i i i i i i i i i i i i										
\Box	Amended	return F Name and address of principal officer:	TN 37027			G Gross rec	eipts 103,027					
Ħ	Annlicatio				H(a) Is this a grou	up return for s	ubordinates? Yes X No					
ш	Аррисаны	· · I IIIIIII IICCDII			_		A. A.					
		18 W COLTER ST	3.7. 05010		H(b) Are all subo							
_		PHOENIX	AZ 85013		- I II NC,	anach a list.	See instructions					
<u>+</u>		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	-							
1	Website				H(c) Group exer	nption numbe						
			ociation Other	(L Y	ear of formation:		M State of legal domicile:					
. 1	Part I											
	1 8	Briefly describe the organization's mission o	r most significant activities:				***************************************					
<u> </u>		SEE SCHEDULE O										
паг	······································											
Governance	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.											
ô	2 9						•					
95	3	Number of voting members of the governing	body (Part VI, line 1a)			. 3	0					
ţį	4	Number of independent voting members of t	the governing body (Part VI, line 1b)			. 4	0					
Activities	5	Total number of individuals employed in cale	endar year 2022 (Part V, line 2a)				0					
Ac		Total number of volunteers (estimate if nece			******	. 6	0					
	7a]	Total unrelated business revenue from Part	VIII, column (C), line 12			. 7a	0					
_	<u> </u>	Net unrelated business taxable income from	Form 990-T, Part I, line 11	 	B	. 7b	0					
	ر ۾ ا	Contributions and aroute (Bort VIII. line 4b)			Prior Yea	' 	Current Year					
Revenue	9 1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		I .			<u>86,298</u> 16,729					
Ven	1 40 1			⊦		_						
å	1 44 2	Investment income (Part VIII, column (A), lin	nes 3, 4, and /d)	·····			0					
	1 42 3	Other revenue (Part VIII, column (A), lines 5), 60, 80, 90, 100, and 11e)	·····			103 007					
_		Total revenue – add lines 8 through 11 (mus					103,027					
	13 (Grants and similar amounts paid (Part IX, co	and similar amounts paid (Part IX, column (A), lines 1–3)									
	ہ ہدا		ts paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX, column (A), lines 5–10)									
Expenses	46-1	Salaties, otter compensation, employee bei	neits (Part IX, column (A), lines 5–10)	· · · · · · · · · · · · · · · · · · ·			5,000					
ě	10ar	Professional fundraising fees (Part IX, colun Total fundraising expenses (Part IX, column	In (A), line 11e)	 			<u> </u>					
Ä	1 47 /	Other concessor (Part IV, asking (A) France	(D), line 25) 3, 804	· • ····	<u> </u>		14.050					
		Other expenses (Part IX, column (A), lines 1					14,850					
		Total expenses. Add lines 13–17 (must equa		·····			19,850					
	3	Revenue less expenses. Subtract line 18 fro	m line 12		Beginning of Curr	ent Year	83,177 End of Year					
Net Assets or	20 1	Total assets (Part X, line 16)			- and the second of second	0	83,177					
ASS	21 7	Total liabilities (Part X, line 26)	***************************************	·····- ▶		ŏ	0,5,7,7,0					
2	22 1	Net assets or fund balances. Subtract line 2	1 from line 20	·····	-	Ö	83,177					
	art II	Signature Block		····		<u> </u>						
u	nder per	nalties of perjury, I declare that I have examined t	this return, including accompanying schedules	and stateme	nts, and to the he	st of my kn	owledge and heliof it is					
tr	ue, corre	ect, and complete. Declaration of preparer (other	than officer) is based on all information of which	in preparer h	as any knowledge	9.	omicogo and ociici, it is					
					 -							
Sig	yn 💮	Signature of officer	<u> </u>			Date						
He	ге	<u> </u>										
		Type or print name and title				_						
		Print/Type preparer's name	Preparer's signature	arin	Date	Check	X if PTIN					
Pai	d	REVIN A. HOPKINS	KEVIN A. HOPKINS	_ 	05/13/	23 self-em	— 1					
Pre	parer	Firm's name HOPKINS-PAC		_		m's EIN	62-1762623					
Uşe	Only	8118A SAWYE			<u> </u>							
_		Firm's address NASHVILLE,			Dh	ione no.	615-673-1120					
		S discuss this return with the preparer show	n above? See instructions				Yes No					
	Paperw	ork Reduction Act Notice, see the separate in					Form 990 (2022)					
							•					

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,"		4	
2	complete Schedule A	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	^	
	candidates for public office? If "Yes," complete Schedule C, Part I	ا ا		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
•	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. 98-197 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	۳		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vas." complete Schedule D. Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а				
	complete Schedule D, Part VI	11a	Į	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	11Ь		x
C	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 167 If "Yes," complete Schedule D, Part VIII	11c		X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization enswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- $-$	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		Ī	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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		<u> </u>
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		<u> </u>
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		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	¦		
	If "Yes," complete Schedule G, Part III	_19		<u>x</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
DAA	domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21	000	<u>X</u>

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	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			
240	employees? If "Yes," complete Schedule J	23	 	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
ь	***************************************	24b		 ^
c		- 245		\vdash
٠	to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	·		\vdash
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
Ъ	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		1	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		1	
	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		İ	i
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,		'.	
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			,
а				۱
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	1		
30	"Yes," complete Schedule L, Pert IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	├─	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u> </u>
	complete Schedule N. Part II	1 22		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
		33	ł	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1.55		
	or IV and Part V line 1	34		x
3 5a	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? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
LPa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	E-1	_	Yes	No
1a h	Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable 1a	- `	, ,	
b	Enter the number of Forms W-2G included on line 1a, Enter -0- if not applicable Did the organization comply with backup with helding rules for reportable and applicable			١,
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		· ·	<u></u>
	The state of the s	1c	l	X

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					'
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		_`_		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•••		3a		Х
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	a financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		Х
ь	If "Yes," enter the name of the foreign country			,		i
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	ts (FBAR),	l;		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a '		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
ъ	If "Yes," did the organization include with every solicitation an express statement that such contributio					
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	• • • • • • •			٠	-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	cods		۵		ز نے رہ
	and continue provided to the mount?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		"		*=====================================
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntrac	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne		PI	
	sponsoring organization have excess business holdings at any time during the year?		• • • • • • • • • • • • • • • • • • • •	8		
9	Sponsoring organizations maintaining donor advised funds.			,		
а	Did the sponsoring organization make any taxable distributions under section 4966?	• • • • • •		9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		•	!	4	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				į
ъ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		•			
а	***************************************	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources			:		
	against amounts due or received from them.)	11b				_
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	· · · · · · · · · · · · · · · · · · ·	12b			,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				,	
а				13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
þ	Enter the amount of reserves the organization is required to maintain by the states in which		ı			
	the organization is licensed to issue qualified health plans	13b	_	_		1
C		13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
ь 46	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					-
	excess parachute payment(s) during the year?			15	_	Х
40	If "Yes," see instructions and file Form 4720, Schedule N.		_			35
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	le?	16		X
17	If "Yes," complete Form 4720, Schedule O.	4:				J
"	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity that would result in the imperition of an excise toy under certification 4053 as 4053.					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes" complete Form 6069	• • • • • •	• • • • • • • • • • • • • • • • • • • •	_ <u>17</u>		

_	1990 (2022) FILTER FIRST FOUNDATION 87-3004204	f 1		aye o
_Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se	e inst	ructio	ns.
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>	
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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	ŀ		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with] [
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	₃		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the assessing house members or stockholders?	6		x
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	Ť		
14	and a second process of the processing bands of	7a		х
_	ane or more members of the governing body?	ı a		
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		x
	stockholders, or persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		x	à
a	The governing body?	8a		_
þ	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			.
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ae.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	<u>.</u>	<u></u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		$ldsymbol{ld}}}}}}$
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	İ.,		
	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			Ι_,
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x ~
- Ь	Other officers on box and box and the annual of the	15b		X
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	1.02		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			i
100	Change of a grippe of district and against a district of district	16a		_x_
.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	102		 -
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			į
		406	14.0000	
500	organization's exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NONE			•••••
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
4-	Own website Another's website Opon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ANNAH 9104 HERITAGE DR			
BI	RENTWOOD TN 37027 615	-66	3-3	066

Form 990 (2022) FILTER FIRST FOUNDATION Part VIII 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

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- . List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Name and title Reportable Average Reportable Estimated amount box, unless person is both an compensation compensation of other hours officer and a director/trustee) from related from the compensation per week organization (W-2/ organizations (W-2/ flist anv from the ndividual trustee ey employee stitutional trustee 1099-MISC/ 1099-MISC/ organization and hours for related related organizations 1099-NEC) 1099-NEC) compensaled organizations below dotted line) (1) HANNAH 20.00 0.00 X 5,000 0 PRESIDENT (2) BROOKE CLAY 2.00 TREASURER 0.00 X 0 0 (3) TANI JONIER 2.00 0.00 X BOARD MEMBER 0 0 0 (4) CASEY PARKER 2.00 BOARD MEMBER 0.00 0 0 (5) HALLIE HOUSE 10.00 0.00 X SECRETARY 0 0 (7)(8) (9) (10)(11)

The Subtotal To Total from continuation sheets to Part VIII, Section A Total from continuation sheets to Part VIII, Section A Total from continuation sheets to Part VIII, Section A Total from continuation sheets to Part VIII, Section A Total from continuation sheets to Part VIII, Section A Total from continuation sheets to Part VIII, Section A Total case in the sheet s	Pa	rt VII . Section A. Officers (A) Name and title	(B)	(d	o not	Pos Check	C) ition more	than c	ne	and Highest Compensated (D) Reportable	(E)	(F) Estimated amount
1b Subbotal C Total from continuation sheets to Part VII, Section A d Total (add lines 1h and 1e) To	hours per week (list any hours for related organization below			off	ficer a	nd a d	linecto	r/Irust	ee)	compensation from the organization (W-2/ 1099-MISC/	compensation from related organizations (W-2/ 1099-MISC/	of other compensation from the organization and
1b Subtotal Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total and the organization is the service of the		i										
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1e) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, trustee, key employee, or highest compensation from the employee on line 1st 1st 1st, 2st complete Scheduls J for such individual d For any individual sisted on line 1st is the sum of reportable compensation and other compensation from the organization and related organizations greater tines 115,000 of 1st 2st 2st 2st 2st 2st 2st 2st 2st 2st 2												
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1e) 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 of reportable compensation from the organization is tany former officer, director, truste, key employee, or highest compensation from the employee on line 1at if If Yes, * complete Schedule J for such individual and the compensation from the organization and related organizations greater than \$150,000 of Yes, * complete Schedule J for such individual and the compensation from the organization and related organization greater than \$150,000 of Yes, * complete Schedule J for such individual and the compensation from the organization of the organization of the compensation from any unrelated organization or individual for such person. Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization of the college of the coll		,										
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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) (c) (c) (c) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f	5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization and related organization line 1 for services rendered to the organization.	ormer officer, diracement of the sum nizations greater areceive or acceptantion? If "Y	ecto fule of re than	r, tru J for eport 1 \$15	able 50,00 pens	h ind com 00? i	fividi ipens f "Ye	al satio s," n ar	on and other compensation complete Schedule J for such any unrelated organization or	from the ch individual	3 X X
Name and business address Description of services Compensation Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		Complete this table for your five	ve highest compa	ensa	ated ensa	inde;	pend for t	lent o	cont	tractors that received more to	than \$100,000 of in the organization's tax ve	ear.
received more than \$100,000 of compensation from the organization 0												
received more than \$100,000 of compensation from the organization 0		 							 -			
received more than \$100,000 of compensation from the organization 0												
received more than \$100,000 of compensation from the organization 0												
DAA Form 990 (202		Total number of independent received more than \$100,000	contractors (inclu of compensation	ding fror	but the	not l	límit aniz	ed to	tho	ose listed above) who	0	Form 990 (2022)

1170	III.V	Check if	Schedule O cont	ains a	response or note	to any line in thi	s Part VIII	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				<u> </u>	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated camp	aigns	1a					1, 1
	b	Membership due		1b	_	, S.			
	C	Fundraising eve		1c				•	
	d	Related organiza		1d		17]. • <u>`</u>		
S,E	e	Government grants (co	• • • • • • • • • • • • • • • • • • • •	1e] , . ,			·
i Si	f	All other contributions,	gifts, grants,		06.000		a · · ·		, ,
a t	q	and similar amounts not included above g Noncash contributions included in		1f	86,298]	, 5 ^m 1	* .*	
פַּפַ									
<u>ਹੱ ਜ਼ੋ</u>	_ h	Total. Add lines	<u>1a–1f</u>			86,298	<u> </u>	<u> </u>	
					Business Code	16,690	16 600	<u> </u>	<u>'</u> -
ice	2a					39	_		-
ž s	Ь	PROGRAM IN	COME - OTHER			39	39		
Program Service Revenue	C			. 					
Ě	a			• • • • • • •					
Pro	e								
	f	-	n service revenue			16 700	lgar and see see	760	<u> </u>
	g		2a-2f			16,729		. "	- <u>- </u>
	3		me (including dividend					'	
		other similar am		4				-	
	4		estment of tax-exemp		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	5	Royalties	,			, ,	, ,		
	_		(i) Real		(ii) Personal				
	6a		6a				• • ••	*	<u> </u>
	b	Less: rental expenses					l - '	4	·
	C	Rental inc. or (loss)	6c			٠			,
	d 7a	Net rental income Gross amount from		· · · · · · · ·			ļ		
	,,	sales of assets	(i) Securities	1	(ii) Other			ight.	
		other than inventory	7a						
anı	b	Less: cost or other					-		
Ver		basis and sales exps.	7b	_				* 4 +	
Other Revenue	C	Gain or (loss)	7c		<u>[</u>		"	1	
Эēг	d		s)						_
ō	8a	Gross income from	_						ate Pray a
		(not including \$, ag		
		of contributions rep	orted on line			*		** *	the transfer of
		1c). See Part IV, lir	ne 18	8a		,	,	• •	
	þ	Less: direct expe	enses	8b		ы і			
	C	Net income or (I	oss) from fundraising	events			1.0		
	9a	Gross income fr	om gaming				\$ 7		
		activities. See P	art IV, line 19	9 a				, ,	
	b	Less: direct expo	enses	9b				Ŀ	
	C	Net income or (l	oss) from gaming acti	vities					
	10a	Gross sales of in	nventory, less				2 2 2 3 4 3		
		returns and allow	wances	10a				1	
	b	Less: cost of go	ods sold	10b		200		,	
	С	Net income or (I	oss) from sales of inve	entory .					
8					Business Code		Ţ.	4	; " •
e e	11a	* * * * * * * * * * * * * * * * * * * *	*						
턥	b	*******************							
Miscellaneous Reyenue	C								
ž,	d	All other revenue	e						
		Total. Add lines	11a-11d					The second second	
			See instructions			103,027	16,729	Ó	0

Page 10

Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			nplete col <u>umn (A).</u>	
<u></u>	ot include amounts reported on lines 6b, 7b,		(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			Parisia subariora	
•	and domestic governments. See Part IV, line 21				
2				- ' , ' ' ''	, · · · · · · · · · · · · · · · · · · ·
	individuals. See Part IV, line 22			. ` .	<u>.</u>
3	Grants and other assistance to foreign	•			
	organizations, foreign governments, and			· ·	
	foreign individuals. See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	5,000	5,000		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			•	
7	Other salaries and wages		•		<u> </u>
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)			·	
9	Other employee benefits		· · · · · ·		
10 11	Payroll taxes Fees for services (nonemployees):				
a					
b	Management				
C	- P*****I***************************			-	
d	Accounting Lobbying	,			
e	Professional fundraising services. See Part IV, line 17	"	, ,		
f	Investment management fees				
g			,		
_	(A) amount, list line 11g expenses on Schedule O.)				
12		1,679	1,679		-
13	Office expenses		-		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	992	992		<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			.	
21	Payments to affiliates	1 105	1 105		
22 23	Depreciation, depletion, and amortization	1,105	1,105		
24	Other expenses, Itemize expenses not covered		12 0 0 0 0 0		1
	above (List miscellaneous expenses on line 24e. If		[
	line 24e amount exceeds 10% of line 25, column		*		
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAM EXPNSE	4,982	4,982		<u> </u>
b	FUND RAISING EXPENSE	3,804			3,804
C	WEBSITE	1,221	610	611	-,
d	OPERATIONS	753	753		
8	All other expenses	314	266	48	
25	Total functional expenses. Add lines 1 through 24e	19,850		659	3,804
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)				

Part X | Balance Sheet

* =-""	 • ,2,	Check if Schedule O contains a response or note	to any line in this Part X			П
			<u></u>	(A) Beginning of year		(B) End of year
	1	Cashnon-interest-bearing	-		1	48,617
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	A a a a u máis - a a a ú Ll 4			4	_
	5	Loans and other receivables from any current or former		4.7		* , * .
		trustee, key employee, creator or founder, substantial co			٠-	
		controlled entity or family member of any of these perso	•		5	
	6	Loans and other receivables from other disqualified pers	**********************		· •	* 1
w	-	under section 4958(f)(1)), and persons described in section	-		6	ر ماه ساخت منظور منظور المنظور br>المنظور المنظور
Assets	7	Notes and loans receivable, net			7	
As	8					
	9				9	
	l -	Prepaid expenses and deferred charges	· [·····]·····		<u> </u>	
	TUA	Land, buildings, and equipment: cost or other	4.0	the first the second	~ ,	
	Ι.	basis. Complete Part VI of Schedule D		المستششرة أمينا فعنت فسيتح بمشك		
		Less: accumulated depreciation			10c	
	11	Investments—publicly traded securities			11	
	12				12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	34,560
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 3)	<u>3)</u>	0	16	83,177
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV o	f Schedule D		21	
g	22	Loans and other payables to any current or former office	er, director,	7		9.2
Liabilities		trustee, key employee, creator or founder, substantial co				
ā		controlled entity or family member of any of these perso			22	
Ï	23	Secured mortgages and notes payable to unrelated third			23	
	24	Unsecured notes and loans payable to unrelated third pa	retice		24	
	25	Other liabilities (including federal income tax, payables t				
		parties, and other liabilities not included on lines 17-24).		· ·		
			•		25	
	26	of Schedule D		0		0
		Organizations that follow FASB ASC 958, check here	• X			7
ŝ		and complete lines 27, 28, 32, and 33.	.			"
ž	27	Mot secrete without dance rectrictions		A Company of the Comp		02 177
ala	28	Net assets with donor restrictions	•••••		27	83,177
ъ.	10	***************************************			28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che	ck nere	The second second	$\langle \beta \rangle$	
2	20	and complete lines 29 through 33.		A 11		أدنت سنستست
ţ	29	Capital stock or trust principal, or current funds			29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment	t tund		30	
ξ	31	Retained earnings, endowment, accumulated income, o			31	
Z	32	Total net assets or fund balances	0	32	83,177	
	33	Total liabilities and net assets/fund balances		L O	33	83,177

Form 990 (2022)

Part XI.

1

2

3

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5

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8

9

Part XII

Schedule O.

the audit, review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Form 990 (2022)

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За

FIL020 FILTER FIRST FOUNDATION

87-3604284

Federal Statements

FYE: 12/31/2022

Statement 1 - Form 4562, Line 42 - Amortization

	Amortization _Beg Date_		Amortizable Amount	Code Section	Period / <u>Percent</u>		rrent Year nortization_
STUDY GUIDE COPYRIGHT	1/01/22 1/01/22	\$	900 65	248 248	15.0 15.0	\$	60 4
VIDEO SERIES WEBSITE	8/01/22 2/01/22		32,400 2,300	248 248	15.0 15.0		900 141
TOTAL		\$ <u></u>	35,665			ş-	1,105

5/13/2023 5:40 PM

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer Identification number

			FILTER FIRST					
Þ	art I	Reas	on for Public Charity	Status. (All organizations	s must c	omplete	this part.) See instruction	ns
				e it is: (For lines 1 through 12,		_		
1	Ň			ociation of churches described				
2	П			A)(ii). (Attach Schedule E (For		,		
3	H			ce organization described in se		(b)(1)(A)(i	ii).	
4	Н			d in conjunction with a hospital				ospital's name,
•	L	city, and stat	= '					,
5	\Box	•		of a college or university owned	i or onerat	ed by a gr	vernmental unit described in	
	ш	_	b)(1)(A)(iv). (Complete Part		or operat	, g.	Tommontal ann adoption in	
6				overnmental unit described in a	section 17	0(b)(1)(A)	(v).	
7	H			substantial part of its support fi				
•	L		section 170(b)(1)(A)(vi). (C		om a gov	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 or , o, go p	-
8	П			70(b)(1)(A)(vi). (Complete Par	rt II.)			
9	H			cribed in section 170(b)(1)(A)		ed in conir	inction with a land-grant colle	αe
_	ш			of agriculture (see instructions)				5 -
		university:		,				
10	\Box	An organizat	ion that normally receives (1) more than 33 1/3% of its sup	port from o	ontributio	ns, membership fees, and gro	155
	_			pt functions, subject to certain				
			-	id unrelated business taxable i	•		•	
	$\overline{}$	-	_	0, 1975. See section 509(a)(2				
11	Н			exclusively to test for public sa				
12	Ш			exclusively for the benefit of, to				
				ions described in section 509(scribes the type of supporting o				
	_	_	-	•• ••	-		•	
	а	_		erated, supervised, or controlle	-			ing
				ver to regularly appoint or elect omplete Part IV, Sections A a		or the an	ectors of trustees of the	
	ь			pervised or controlled in conne		ite eumnor	ted omanization(s), by having	
				ting organization vested in the				
				Part IV, Sections A and C.	outine poin	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on the state of th	
	С	_ ·	• •	upporting organization operate	d in conne	ction with	and functionally integrated w	rith.
				tructions). You must complet				•
	d			I. A supporting organization op				
				e organization generally must s				ess
		_ `	•	nust complete Part IV, Section				
	е			eived a written determination f			a Type I, Type II, Type III	
			mber of supported organizati	n-functionally integrated suppo	rung orgar	nzation.		
	f		., .	ne supported organization(s).	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
	g		T -		Ded to the			4.9.4
•		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	_No		
(A)								
(B)	_							
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(C)								
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(E)								
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ota	d		• ,		٠.			

Part II

Page 2

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2022 (f) Total (a) 2018 (b) 2019 (c) 2020 (d) 2021 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (d) 2021 (e) 2022 (f) Total (c) 2020 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Page 3

Schedule A (Form 990) 2022

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

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

	ii ale ergernzenen izue te	444411	10 10010 no 100 n				
Sec	tion A. Public Support	- -					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 201 <u>9</u>	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	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 fax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)				,		
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	1					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ъ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			_			
c	Add lines 10a and 10b				<u></u>		
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			_			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or organization, check this box and stop her			_	as a section 501(c)		
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2022 (line 8	, column (f), divide	ed by line 13, colun	າກ (f)	• • • • • • • • • • • • • • • • • • • •	15	%
16	Public support percentage from 2021 Scho	edule A, Part III, lir	<u>ne 15</u>			16	%_
	tion D. Computation of Investme				<u>.</u>		
17	Investment income percentage for 2022 (li			3, column (f))			<u>%</u>
	Investment income percentage from 2021 S			•••••••		<u></u>	%
19a							
L	17 is not more than 33 1/3%, check this bo						Ц
b							
20	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	190, cneck this bo	x and see instruction	ons	

Schedule A (Form 990) 2022

Supporting Organizations ∴ Part IV j

(Complete only if you checked a box on line 12 on 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 Sup	porting Organizations
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- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- 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.
- 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.
- 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.
- 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.
- 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	1	
2		
 3a		
3b		
3c		
 4a		
4b	1	i
4c	<u></u>	
•		1
5a	;	
5b		
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Shaller or		
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8		
9a		
9b		
9c		
10a		
	A (Form 9	90) 2022

Page	5
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Schedu	lule A (Form 990) 2022 FILTER FIRST FOUNDATION	<u>87-3604284</u>	Pa	age 5
Par	rt IV ! Supporting Organizations (continued)			
		Yes	<u>s 1</u>	<u>No</u>
11	Has the organization accepted a gift or contribution from any of the following persons?	N N N N N N N N N N	7 m	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 111			
	11c below, the governing body of a supported organization?	11a	+	
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11	lc, in in it	.3	i
	provide detail in Part VI.	11c		
Secti	tion B. Type I Supporting Organizations	<u> </u>		
		Yes	s _	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or men	mbership of one or		٠. د
•	more supported organizations have the power to regularly appoint or elect at least a majority of the org.	ranization's officers.		5 J. 3
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported org			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were all			· (\$1)
	supported organizations and what conditions or restrictions, if any, applied to such powers during the to			
•	Did the organization operate for the benefit of any supported organization other than the supported	I +	2 3	[6]
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	n Part	· 3	
		P P		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2	عدد ا	District of
04	supervised, or controlled the supporting organization.			
Sect	tion C. Type II Supporting Organizations			<u> </u>
		Ye	i S :: 1	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the dire	1 . 16 %	1	7
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how con		,	F 35
	or management of the supporting organization was vested in the same persons that controlled or mana	I I		
	the supported organization(s).			
<u>Sect</u>	tion D. All Type III Supporting Organizations	· · · · · · · · · · · · · · · · · · ·	—	
		Ye	s	<u>No</u>
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the	he prior tax	. [-]	ر ياك
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copie	ندين المسلم es of the	<u> </u>	د".
	organization's governing documents in effect on the date of notification, to the extent not previously pro-	ovided? 1		_
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supp	parted []	٠, [7,
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Pal	rt VI how		مالية سنجي
	the organization maintained a close and continuous working relationship with the supported organization			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations	1.T	·	•
	a significant voice in the organization's investment policies and in directing the use of the organization's	I .	, • a	4
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization	1 • 1	ساد اعقادی	
	supported organizations played in this regard.	3		
Sect	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	veer (see instructions)		
'a		your (ood modulettert).		
ь				
		mmental antity (see instructions)		
C		Ye	\equiv	No
2	Activities Test. Answer lines 2a and 2b below.	P	7.3 Y	- CC
a	• • • • • • • • • • • • • • • • • • • •	1 4 1		1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ident	1 2.7 1 27	<u>.</u>	
	those supported organizations and explain how these activities directly furthered their exempt purp)0868,		ren Como
	how the organization was responsive to those supported organizations, and how the organization deter-		<u> </u>	
	that these activities constituted substantially all of its activities.	2a		e ag
b	· · · · · · · · · · · · · · · · · · ·		<u> </u>	i. Se
	involvement, one or more of the organization's supported organization(s) would have been engaged in	P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	r
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) w		سفنا أنسناه	
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	the same		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			ا جا اصفار
	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	es of each	(_	<u> </u>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this n	regard3b	$_ \bot$	

Schedu	ule A (Form 990) 2022 FILTER FIRST FOUNDATION		87-3 <u>604</u> 2	284 Page	<u>. 6</u>
Par	t V : Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	a <u>niza</u>	tions		_
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			ee	
	instructions. All other Type III non-functionally integrated supporting organizations mus	st com	plete Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			_
	Recoveries of prior-year distributions	2			
3		3			
4	Add lines 1 through 3.	4			
	Depreciation and depletion	5		<u></u> _	
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of	1			
	property held for production of income (see instructions)	6			_
7	Other expenses (see instructions)	7			
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see	(4.)	*	• *	
	instructions for short tax year or assets held for part of year):	+			
	Average monthly value of securities	1a	 		_
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			_
	Total (add lines 1a, 1b, and 1c)	1d		· · · -	- ,
•	Discount claimed for blockage or other factors	١,		;	•
	(explain in detail in Part VI):	+	1	· · · · · · · · · · · · · · · · · · ·	
2	Acquisition indebtedness applicable to non-exempt-use assets	2_			_
3		3			_
4	,		1		
	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			
	Recoveries of prior-year distributions	7	-		
	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	, T		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
	Check hare if the current year is the pragnization's first as a non-functionally integrated	Type I	Il supporting organization		

Schedule A (Form 990) 2022

(see instructions).

FILTER FIRST FOUNDATION Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required—provide 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 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 an (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019..... d From 2020 e From 2021. f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder, Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Schedule A (Fon	m GGE) 2022	FILTER	FIRST	FOUNDAT	ION		87-3604284	Page 8
Part VI	Supplemental Inf III, line 12; Part IV B. lines 1 and 2; F	formation. Pro , Section A, line Part IV, Section /, line 1; Part V	vide the ees 1, 2, 3 C, line 1; Section	explanations b, 3c, 4b, 4c, Part IV, Sec B, line 1e; Pa	required by Pa , 5a, 6, 9a, 9b, ction D, lines 2 art V, Section	art II, line 10; , 9c, 11a, 11b : and 3; Part I D, lines 5, 6,	Part II, line 17a or o, and 11c; Part IV, V, Section E, lines and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

87-3604284

Employer identification number Name of the organization

FILTER FIRST	FOUNDATION	87-3604284
Organization type (check on		-
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private found	ation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ו
	501(c)(3) taxable private foundation	
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a	ı Special Rule. See
General Kule		
	iling Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instruction artributions.	
Special Rules		
regulations under sec 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Fed from any one contributor, during the year, total contributions of the greater ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Par	Part II, line 13, 16a, or r of (1) \$5,000; or
contributor, during the literary, or educations	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece e year, total contributions of more than \$1,000 exclusively for religious, chart al purposes, or for the prevention of cruelty to children or animals. Complete instead of the contributor name and address), II, and III.	ritable, scientific,
contributor, during the contributions totaled during the year for an General Rule applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive year, contributions exclusively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions the exclusively religious, charitable, etc., purpose. Don't complete any of the past to this organization because it received nanexclusively religious, charitable one during the year	no such hat were received arts unless the e, etc., contributions
must answer "No" on Part IV,	at isn't covered by the General Rule and/or the Special Rules doesn't file Sch /, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on et the filing requirements of Schedule B (Form 990).	

эле 2

Name of organization FILTER FIRST FOUNDATION

Employer identification number 87-3604284

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part (d) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 1 OPERATION LIGHT Person X Payroll 1422 MONETTA AVE \$ 50,000 Noncash TN 37216 NASHVILLE (Complete Part II for noncash contributions.) (d) (c) (b) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. 2.... GEORGE WELLONS WEALTH GROUP Person 8115 ISABELLA LN Payroll 7,000 SUITE 1 Noncash BRENTWOOD (Complete Part II for noncash contributions.) (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** <u>No.</u> Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroli Noncash (Complete Part II for noncash contributions.)

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization 87-3604284 FILTER FIRST FOUNDATION FORM 990 - ORGANIZATION'S MISSION FILTER WAS CREATED BY SISTERS AND CO-FOUNDERS HALLIE HOUSE AND HANNAH GEORGE TO COMBAT THE SERIOUS AND HARMFUL IMPACTS WE ARE SEEING SOCIAL MEDIA HAVE ON OUR YOUNG PEOPLE. WITH 10 CHILDREN BETWEEN THE TWO OF THEM, AGES 4 TO 17, THEY FOUND THAT ALTHOUGH THERE ARE PLENTY OF RESOURCES FOR PARENTS ON THE DANGERS OF UNBRIDLED SMARTPHONE AND SOCIAL MEDIA USE ON TEENS, THERE WAS LITTLE ON THE MARKET THAT ACTUALLY FOCUSED ON EDUCATING THE PRE-TEENS SPURRED ON BY THIS REALIZATION FILTER WAS BORN. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return. Go to www.irs.gov/Form4562 for Instructions and the latest information. OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Identifying number

	FILTER	FIRST FOUN	DATION			87-	360	4284
	ess or activity to which this form relates							
_	NDIRECT DEPRECIATION TO Expen		artu Undar Castia	- 170		-		
FLEG	rt Election To Expen				omniete Pa	rt I		
1	Maximum amount (see instruction	-/					1	1,080,000
2	Total cost of section 179 property		e instructions)	,	• • • • • • • • • • • • • • • • • • • •	•••••	2	
3	Threshold cost of section 179 property	piaceo in service (ser perty hefore reduction	in limitation (see instru	ctions)		• • • • • • • • • • • • • • • • • • • •	3	2,700,000
4	Reduction in limitation. Subtract lin	ne 3 from line 2. If ze	ro or less, enter -0-	,,,,,,,,	• • • • • • • • • • • • • • • • • • • •		4	
5	Dollar limitation for tax year. Subtract lin						5	
<u></u>	(a) Description			ost (business use		c) Elected cost		
	.				i			
					j			
7	Listed property. Enter the amount				7			, ند
8	Total elected cost of section 179 p	roperty. Add amount	s in column (c), lines 6	and 7			8	
9	Tentative deduction. Enter the sm	aller of line 5 or line	8				9	
10	Carryover of disallowed deduction	from line 13 of your 2	2021 Form 4562				10	
11	Business income limitation. Enter	the smaller of busine	ss income (not less that	n zero) or line :	5. See instruct	ions	11	
12	Section 179 expense deduction. A				,		12	
13	Carryover of disallowed deduction				13			
	Don't use Part II or Part III below f							* * * * * * * * * * * * * * * * * * *
	rt II Special Depreciati					ea proper	ty. Se	e instructions.)
14	Special depreciation allowance for		, , ,					
45	during the tax year. See instruction						14 15	<u> </u>
15 16	Property subject to section 168(f)(Other depreciation (including ACR	r) election ''''''					16	
	rt III MACRS Depreciat						<u>j 10</u>	_
	It iii iii iiii Depreciat	ion (bon t includ	Section A	ee manuone	,,,,,			
17	MACRS deductions for assets plan	ced in service in tax :		2022		<u> </u>	17	0
18	If you are electing to group any assets placed						<u> </u>	
			vice During 2022 Tax			reciation S	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property	2"						
b	5-year property	i						
С.	7-year property							
<u>d</u>	10-year property	*						
e	15-year property							
f	20-year property	10						
	25-year property	_		25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
<u> </u>	property		-	27.5 yrs.	MM	\$/L		
ī	Nonresidential real property			39 yrs.	MM	S/L		
	· · · -	cote Discod in Soni	ice During 2022 Tax Ye	or Uning the	MM Altornative Dr	S/L		<u> </u>
20a	Class life	Sets Flaced III Sel Al	ce During 2022 Tax Te		Allernative Di	S/I		-
	12-year			12 yrs.		S/L		
	30-year		<u> </u>	30 yrs.	мм	S/L		
	40-year			40 yrs.	MM	S/L		
	rt IV : Summary (See inst	tructions.)	<u> </u>	1 ,,,,,	1		-	
<u></u> 21	Listed property. Enter amount from						21	
22	Total. Add amounts from line 12, I	lines 14 through 17, li						
	here and on the appropriate lines	of your return. Partne	rships and S corporation	ns—see <u>instru</u>		********	22	
23	For assets shown above and place portion of the basis attributable to							
	houses of the phase attributable to	COULDING AUGUST (23	I			•

_			~
Pa	α	е	Z

Form	4562 (202	(JOHDMITOL	•			0, .									Page 2
P	art V	Listed Prope	erty (include a	automobil	es, cei	tain c	ther ve	hicles,	certair	aircra	ft, and	ргоре	rty use	d for		
		entertainmen	nt, recreation, ehicle for which y	or amuse	ement.)	ndard	milesae	rate or đ	eductino	lesse e	vnence	comple	le only 2	24a		
		24b, columns (a) through (c) of S	Section A, a	If of Sect	ion B <u>,</u>	and Sec	tion C if a	pplicabl	е.						
		Section A	—Depreciation	and Other	Informa	tion (C	aution:	See the i	nstructio	ns for li	mits for	passeng	er autor	nobiles.)		
<u>24a</u>	Do you ha	ve evidence to support U	he business/investmen	nt use claimed?		_,	Yes	No	24b	If "Yes,"	is the	evidence	written?	<u> </u>	Yes	<u> N</u>
_	(a)	(b)	(c) Business/	{d)	١.	(e)		(f)		(g)		(h)			l) ection 179
	e of property rehicles first)	Date placed in service	investment use percentage	Cost or ot	her basis		asis for dep pusiness/inv	estment	Recover period	'	Method/ onvention		Depreciat deduction			ost
			, , ,				use on							_	 	
25		depreciation allow									١,					3
		ear and used mor				se. se	e m <u>struc</u>	uons] 4	!5			l	
26	Property	/ used more than !	1 a qualified	a business i	use:				1							
			%	ı												
			- ^			+			1							
			%			-										
27	Property	used 50% or less		ısiness use												
<u></u>	1100011	2552 50 75 5. 155										- 1				
			%			1				S/I	<u>L</u> -					
]	
			%							S/I	<u>L-</u>				. l	
28	Add am	ounts in column (h	ı), lines 25 throug	gh 27. Entei	r here an	d on li	ne 21, pa	ge 1			∟2	28				ŗ
29		ounts in column_(i)												. 29		
							nation or									
		section for vehicle													es	
to yo	our emplo	yees, first answer	the questions in	Section C to												
					1	a) icle 1		(b) hicle 2		c) icle 3	1	(d) hicle 4	1 '	(e) iicle 5		f) icle 6
30		isiness/învestment		-			``									
	•	r (don't include co							 				1			
31		mmuting miles dri		ear					 							
32		her personal (nonc	commuting)													
	miles di			* * * * * * * * * * * * * * * * * * * *		_	+		-		 -		-			
33		iles driven during t	-													
				*****	\	l Na	 	l No.	V	N ₂	V	l Na	V	Na	Vaa	No
34		e vehicle available	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes_	No	Yes	No
25		ing off-duty hours?			-	-	+	+	-		 	+	 	 	1	
35		vehicle used prin														
36		owner or related er vehicle availabl	••••••				+	 	 	┼-				 	1	
30	is alluti		Section C—Que		Employ	18/6	o Provi	do Vobio	loc for I	lee by 1	L Chair Ei	molovos	<u> </u>	1	<u> </u>	
Ansı	ver these	questions to deter								_						
		owners or related	-	•	011 10 00		.5			,						
37		maintain a written			its all pe	rsonal	use of ve	hicles, in	nciuding	commu	ting, by				Yes	No
	•	ployees?		•	•				•							
38		maintain a written														
	-	es? See the instr								_						
39		treat all use of veh		-												
40	Do you	provide more than	five vehicles to	your employ	ees, obt	ain inf	ormation	from you	r emplo	yees ab	out the				1	
		he vehicles, and re										 .				
41	Do you	meet the requirem	ents concerning	qualified au	itomobile	demo	nstration	use? Se	e instru	ctions		 .			<u> </u>	
		your answer to 37	, 38, 39, 40, or 4	1 is "Yes,"	đon't cor	nplete	Section	B for the	covered	vehicles	5.				-	
<u> </u>	art VI i	_Amortization	n	·												
		(a)		(2				(c)		(d	1)	(e) Amortiza			(f)	
		Description of costs		Date ame beg			Amorti	zable amou	nt	Code s	ection	period	or	Amortiz	ation for thi	is year
												percent	age			
42		ation of costs that		ur 2022 tax	year (se	e instr	uctions):			Т"	-		Т			
3	ee Si	ATEMENT	L			-		2=	C C E						7	10
42	A	otion of some that	hogan before	114 DODO 44					, 665	<u>'I</u>			1 42	_		,105
43 44		ation of costs that											43		1	.105

05/13/2023 5:40 PM

FIL020 FILTER FIRST FOUNDATION

87-3604284

FYE: 12/31/2022

Form 990, Page 1

Asset	D	escription	Date I <u>n Service</u>	Cost	Bus %	Sec 179Bonus	Basis for Depr	Per	Conv Meth	Prior		Current
Amor 1 2 3 4	tization: Study Guide Copyright Video Series Website		1/01/22 1/01/22 8/01/22 2/01/22	900 65 32,400 2,300 35,665		-	900 65 32,400 2,300 35,665	15 15 15 15	MO Amort MO Amort MO Amort MO Amort		0 0 0	60 4 900 141 1,105
	Less: Less:	d Totals Dispositions and Transfer Start-up/Org Expense Grand Totals	'S -	35,665 0 0 35,665			35,665 0 0 35,665				0 0 0	1,105 0 0 1,105

FIL020 FILTER FIRST FOUNDATION 87-3604284 Depreciation Adjustment Report

05/13/2023 5:40 PM

FYE: 12/31/2022

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
COIIII	OTHE	<u> Masei</u>	Description			110101011000
			There are no assets that meet the criteria of the	his report		

FIL020 FILTER FIRST FOUNDATION

87-3604284

FYE: 12/31/2022

Future Depreciation Report FYE: 12/31/23

05/13/2023 5:40 PM

Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Tax	AMT	
Amorti: 1 2 3 4	zation: Study Guide Copyright Video Series Website	1/01/22 1/01/22 8/01/22 2/01/22	900 65 32,400 2,300 35,665	60 5 2,160 153 2,378	0 0 0 0 0	
Grand Totals			35,665	2,378	0	

FIL020 FILTER FIRST FOUNDATION

87-3604284

FYE: 12/31/2022

Federal Statements

5/13/2023 5:40 PM

Form 990, Part IX, Line 24e - All Other Expenses

Description	_	Total Expenses		Program Service		Management & General		Fund <u>Raising</u>	
R&D BUSINESS REGISTRATION FEE BUSINESS EXPENSE - OTHER	\$ 	266 41 7	\$	266	\$	41 7	\$		
TOTAL	\$	314	\$	266	\$	48	\$	0	