For calend	ar year 2023 or tax year beginning	May 01,	2023 and en	ding Apr 30,	2024
Name: Name line 2: Address: City, State, and Zip Code:	Victory Mission  43 Soledad Street SALINAS CA 93901			_	94-1554199 831-424-5648
Web site address  Fiduciary name, if applicab Name of officer signing return Title of officer/trustee/fiducing Group exemption number  Check if exemption applicate Accounting method  List states desired  Type of exempt organizate (Form 990)  Organization exempt ure with gross receipts less	le	Frank Gi CEO  Cash: X  Ca  (1) of the Internal sthan \$500,000 a	Revenue Code (exat the end of the year	her: Specify  xcept black lung bence black lung bence care (Form 990-EZ)	efit trust or private foundation)
			_		
	Lso H Ruiz H Actg and Busin    S N Davis Rd	ess Serv		Time in this return:	$ \begin{array}{c c} 302 & \text{minutes} \\ \hline 01/07/2025 \\ \hline P00739821 \\ \\ \hline 82-3146134 \\ \hline 831-424-7100 \end{array} $

## Form **990**

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2023

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

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

A	For the	2023 cal	endar year, or tax year beginning	May 01, 2023	, and e	nding Apr 30,	2024	
		applicable:	C Name of organization Victory N		<del></del>			ition number
$\square$	ddress	change	Doing business as					
=		-	Number and street (or P.O. box if mail is no	t delivered to street address)	Room/suite	94 <b>-</b> 15541	199	
□,	lame ch	ange	43 Soledad Street			E Telephone		
Ir	nitial retu	ım	City or town	State	ZIP code			
_ 		/terminated	SALINAS CA 93901			831-424-	-5648	
ᆜ <u>`</u>	inai retuin	Menninated	Foreign country name Foreign	province/state/county	Foreign postal	code		
╽	mended	return				G Gross rec	eipts \$	501753.
$\Box$	nnlicatio	on pending	F Name and address of principal officer: Fra	ant Green III		H(a) Is this a group return f	or cubordinate	es? Yes X No
ш"	ррпоско	on penang	43 Soledad Str SALINAS	CA 93901				
						H(b) Are all subordinat		
	ax-exer	npt status:	X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 527	If "No," attach a li	st. See insi	tructions
J	<b>Nebsite</b>	:				H(c) Group exemption	number	
K I	orm of	organization	n: X Corporation Trust Associa	ation Other	I Yes	r of formation:		e of legal domicile:
					12.100	- Comaton.	III Otal	le of legal doffliche.
P	art I		mmary		•			
Φ	1		lescribe the organization's mission or			vide food and	i shel	ter
Š			neless men, women, vetera					
Activities & Governance		Operat	ing and maintaining a Re					
Š	2	Check to	his box if the organization dis	continued its operation	s or dispose	d of more than 25%	6 of its n	et assets.
ဖွ	3	Number	of voting members of the governing	body (Part VI, line 1a)			3	3
త	4	Number	of independent voting members of t	he governing body (Par	rt VI, line 1b)		4	
ij	5		mber of individuals employed in cale				5	<del></del>
₹	6		mber of volunteers (estimate if nece				6	
ğ	7a		related business revenue from Part				7a	1.6510
•	l .						-	16512.
	<u> </u>	Net unit	elated business taxable income from	Form 990-1, Part I, line	<del>;                                    </del>		7b	
	١.,	Cantaib.	diana and areata (Dark VIII. line 4h)			Prior Year		Current Year
Revenue	8		utions and grants (Part VIII, line 1h)					
Ģ	9		n service revenue (Part VIII, line 2g)			434	237.	501753.
Ş	10		ent income (Part VIII, column (A), lin					
-	11		evenue (Part VIII, column (A), lines 5,					
	12		enue—add lines 8 through 11 (must equ			434	237.	501753.
	13	Grants a	and similar amounts paid (Part IX, co	lumn (A), lines 1–3)				
	14	Benefits	paid to or for members (Part IX, colo	umn (A), line 4)				
S	15	Salaries,	other compensation, employee benefits	282	975.	25403		
Expenses	16a	Professi	ional fundraising fees (Part IX, colum	nn (A), line 11e)				
ē	b		ndraising expenses (Part IX, column					<del></del>
Ж	17		xpenses (Part IX, column (A), lines 1			150	258	283296.
	18		penses. Add lines 13–17 (must equa			433		308699.
	19		e less expenses. Subtract line 18 fro				004.	193054.
- 28		11010114	5 1000 OXPOINGOS. CUBRICOS INTO TO ITO		· · · · ·	Beginning of Curren		End of Year
Net Assets or Fund Balances	20	Total as	sets (Part X, line 16)				508.	Lilu Oi Teai
Ass	21		bilities (Part X, line 26)				300.	
Wet,	22		ets or fund balances. Subtract line 2					
Pa	-31			i iioni iiie 20	• • • •		508.	
			nature Block y, I declare that I have examined this return, inc	ludina accompania achadul			. 1	
and b	elief. it i	is true, corre	ect, and complete. Declaration of preparer (othe	r than officer) is based on all in	es and statement of which are the	its, and to the best of my tich preparer has any kn	y knowieag owledde	е
			, , , , , , , , , , , , ,				7/2025	5
Sig	n	Sign	ature of officer				1/202.	
Her		1 *	ature or onicer			Date		
	e		Promis Conser TTT		CEO			
	е	I -	Frank Green III		- 020			
	'e	Туре	or print name and title	S	- 010			
		Туре		Preparer's signature	010	Date	theck	1 <sub>if</sub> PTIN
Pai	d	Print	or print name and title t/Type preparer's name	Preparer's signature	- 010	9		] if
Pai	d parer	Type Print	or print name and title  VType preparer's name  SO H Ruiz			01/07/2025	elf-employ	if   ed   P00739821
Pai	d	Type Print Sel	or print name and title  VType preparer's name  SO H Ruiz  's name S & H Actg and Bu	siness Serv		01/07/2025 S Firm's EIN	elf-employ	if   ed   P00739821 46134
Pai Pre Use	d parer	Type Print Sel Firm	or print name and title  VType preparer's name  SO H Ruiz	siness Serv Salinas	CA S	01/07/2025 S Firm's EIN 03907 Phone no.	82-31 831-4	if   ed   P00739821

			•••		
	•••••				
			••••••		
4d	Other program services (Describe	e on Schedule O.)			
	(Expenses \$	including grants of \$	) (Revenue \$	226727. )	
4e	Total program service expenses	308699.	, (		
					Form <b>990</b> (2023)
					1 OIII 000 (2020)

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	-	х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		<u> </u>
	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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		ī - T	
••	VII, VIII, IX, or X, as applicable.		31.33	WE Y
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	eri in fermidi	х
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_ X
	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	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	l		
	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 for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<b>- '</b>		
	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?	4.		
200	If "Yes," complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Par	Checklist of Required Schedules (continued)			
22	Did the aggregation report many than CE 000 of averts as other assistance to aufor describe individuals on		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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$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	240		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	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			
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			-
	or former officer, director, trustee, key employee, creator or founder, substantial 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		(1)	
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		100	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
b	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		^
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31	_	Х
32	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
25-	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		Х
~	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.,
20	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? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38		x
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V		<u>.                                    </u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
U	reportable gaming (gambling) winnings to prize winners?	10		x

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			13.7		725
		2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax r				1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?					Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sche					Т
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	ier a	authority ove	er,		
	a financial account in a foreign country (such as a bank account, securities account, or other finan	cial	account)?.	4a		х
b	If "Yes," enter the name of the foreign country			N	猛	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			R).	W. (A)	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			<u>5a</u>		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran			5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			. <u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and di				1	
	organization solicit any contributions that were not tax deductible as charitable contributions?			. <u>6a</u>	<u> </u>	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution and the statement of the statement	utio	ns or			
-	gifts were not tax deductible?	•		. 6b	1	
7	Organizations that may receive deductible contributions under section 170(c).		_		1.77	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly to			100		
L	and services provided to the payor?				<del> </del>	+
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	┼	┼—
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which i required to file Form 8282?	t wa	as	1_		
	•	7d	i	· <u>7c</u>	1000	10000
d	taran da antara da a					
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit could be organization, during the year, pay premiums, directly or indirectly, on a personal benefit could be organized benefit could be organized benefit could be organized benefit ben				╁	+
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 889				+	+-
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file				+	+
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta				1877	1763
	sponsoring organization have excess business holdings at any time during the year?			8	4 LE . 226	X
9	Sponsoring organizations maintaining donor advised funds.	• •		197-7	19/50	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	ئىدىد الف	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					x
10	Section 501(c)(7) organizations. Enter:			170	1	
а		I0a	1			
b	·	l0b		141		
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	l1a		1800 to		₩s#
b	Gross income from other sources (Do not net amounts due or paid to other sources			1) (4.2) Elsi, (1)		
	against amounts due or received from them.)	l1b			\$200 V	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	orm	1041?	12a		
b	· · · · · · · · · · · · · · · · · · ·	12b		1.47		1000
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				12/2	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.		1	6.5	17.7	
b	Enter the amount of reserves the organization is required to maintain by the states in which			<b>19</b> 17		
		13b		127		
C		13c				4 2 5
14a	Did the organization receive any payments for indoor tanning services during the tax year?					┿
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on School to the organization publicated the position 4050 toward negative to the organization of the provided to the provided			. 14b	1	┼
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu				1	1
	excess parachute payment(s) during the year?			. 15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				<b>  </b>	نسار
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax on net investment of the section 4968 excise tax of tax of the section 4968 excise tax of tax	ent	income?.	. 16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in ar			1		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			17	<u></u>	Х
	If "Yes " complete Form 6060			<b></b>	HE "	

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Section C. Disclosure

9

Victory Mission 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. Section A. Governing Body and Management 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 2 Х 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 Х 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b x Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached

Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	Code.)	1	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12.50	(Also	茅花
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	1.
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by		国的	N.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			開發
а	The organization's CEO, Executive Director, or top management official.	15a	x _	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<b>原語</b>		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	<u> </u>	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1400		W. 6
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	1039		
	the organization's exempt status with respect to such arrangements?	16b	L	

at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . .

17 List the states with which a copy of this Form 990 is required to be filed 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. Other (explain on Schedule O) Own website Another's website Upon request 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 S H Actg and Bus Services 831-424-7100 1463 N Davis Rd SALINAS CA 93907

000 (0000)	Windows Windows										
Part VII	Victory Mission  Compensation of Officers, Dire	ctors, Truste	es, K	ey	Em	plo	yees	s, F	lighest Comp		554199 Page
	Employees, and Independent C	ontractors		Ī		•					
	Check if Schedule O contains a re										<u> </u>
Section A.	Officers, Directors, Trustees, K										
organization's	-								•		
of compensat  List all o	of the organization's <b>current</b> officers, ion. Enter -0- in columns (D), (E), and of the organization's <b>current</b> key emp	(F) if no compe loyees, if any. S	nsatio	on v e in:	vas stru	paid ctio	d. ns for	· de	finition of "key e	mployee."	
who received	organization's five current highest coreportable compensation (box 5 of For the organization and any related organization.	rm W-2, box 6 o									
• List all o	of the organization's <b>former</b> officers, keeportable compensation from the orga	key employees,							d employees wh	o received more	e than
organization, i	of the organization's former directors more than \$10,000 of reportable comp	pensation from t	he or								e of the
<del></del> -	ctions for the order in which to list the s box if neither the organization nor ar	•		n c	mn	one	otod	<b>0</b> D.	current officer	dirontor or truck	•
Check th	s box if flettifer the organization flor ar	ly related organ	Zatio	11 66		C)	aleu	any	current onicer,	director, or trust	ee. I
	(A) Name and title	(B) Average hours	box,	unle	Pos neck ss pe	ition more	e than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Frank	GreenIII	40	x						0	0	0
(2)			^						0	0	U
(3) Arman	do Sanche	40	x	<u> </u>					0	0	0
(4)											
(5)											
(6)									-		
(8)											
10)											
11)											

(12)

(14)

(13)

_ P	Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd l	High:	<u>est</u>	Compensated	Employees (co	ntinue	<u>d)</u>	
	(A) Name and title	(B) Average hours	box, office	unle: er an	Pos neck ss pe	rson	than of the the than of the	n an	(D) Reportable compensation from the	(E) Reportable compensation from related	0	(F) ted amou	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/ 1099-MISC/ 1099-NEC)	fro organ	pensation om the ization an organizati	ıd
(15)													_
(16)													
(17)													
(18)								_					
<u>(19)</u>													
(20)					_								
(21)													
(22)				-									
(23)													
(24)	•••••												
(25)													
1b c d	Subtotal	Section A						L					_
2	Total number of individuals (including but not I	imited to those							ed more than \$1	100,000 of			
	reportable compensation from the organization	1							,,,,,		,	Yes 1	No
3	Did the organization list any former officer, dir employee on line 1a? If "Yes," complete Sche										3		x
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual	ater than \$150,	000?	If "	Yes	, " C	omple	ete			4		x
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "	rue compensati	on fro	om a	any	unr	elate	d o	_		5		x
Sec	tion B. Independent Contractors	ioo, compicto				<del></del>	<u></u>					<u>, , , , , , , , , , , , , , , , , , , </u>	_
1	Complete this table for your five highest compound compensation from the organization. Report compensation from the organization.	•									n'e tav	vear	
	(A) Name and business add		1 1110	Care	51141	<u> </u>	cai c		(B) Description of se		(C) Compens		
													_
		·											
			·										
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ited t	to th	ose	e list	ted al	bov	e) who received				

Form 990 (2023) Victory Mission
Part VIII Statement of Revenue

		Check if Schedule O co	ontains a resp	onse o	r note to any line	in this Part VIII.			🔲
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S S	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
وَ 5	С	Fundraising events		1c					
ifts	d	Related organizations		1d		ļ			
ි. ම්	е	Government grants (contri	butions)	1e					
Sin	f	All other contributions, gifts							
iti Je		similar amounts not includ	ed above	1f					
S	g	Noncash contributions incl							
Ser		lines 1a-1f							
<u> </u>	h	Total. Add lines 1a-1f .	<u> </u>	<u> </u>					
es.	_				Business Code				
<u> </u>	2a	donations				26298.	26298.		
en	b	Contributions 23 2				200429.	183917.	16512.	
n S ′en		Multiple donations				275026.	275026.		
gram Sen Revenue	d	•••••			<u> </u>				
Program Service Revenue	e	All other program contine	· · · · · · · · · · · · · · · · · · ·				<u> </u>		<del></del>
₫.	T	All other program service r			L	501753.	<del> </del>		
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (includ				301733.			· · · · · ·
	"	other similar amounts)							
	4	Income from investment of							
	5	Royalties							
		,	(i) R	eal	(ii) Personal				
	6a	Gross rents	6a			1			
	b	Less: rental expenses.	6b			1			
	С	Rental income or (loss)	6c			1.			
	d	Net rental income or (loss)							
	7a	Gross amount from	(i) Sec	urities	(ii) Other			,	
		sales of assets							
		other than inventory	7a						
Revenue	b	Less: cost or other basis							
vei		and sales expenses .	7b						
Re	١.	Gain or (loss)	7c						
ler	d	Net gain or (loss)		· <del></del>	<del></del>				
Othe	8a	Gross income from fundrai events (not including \$	ising						
		of contributions reported of	n line 1c)	·					
		See Part IV, line 18		8a					
	b	Less: direct expenses		8b		1			
	С	Net income or (loss) from t		ents .					
	9a	Gross income from gaming							
		See Part IV, line 19		9a					
	b	Less: direct expenses		9b					
		Net income or (loss) from		ie <u>s .    .</u>	<u> </u>				
	10a	Gross sales of inventory, le							
		returns and allowances							
	b	Less: cost of goods sold.		10b					
	<u> </u>	Net income or (loss) from	sales of inven	tory .					
Snc	11a				Business Code				
scellaneo Revenue	b	***************************************							
Miscellaneous Revenue	c						<u> </u>		
Sc.	ď	All other revenue							
Ē	e	<del>_</del>							
	12	Total revenue. See instru				501753.	485241.	16512.	

## Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response or note				
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			Stitles Street	distribution of the
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			Carla Carla	Christian Carlotte
	organizations, foreign governments, and foreign				Electric description of the second second
	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	25403.	25403.		
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				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
þ	Legal	4500.	4500.		
C	Accounting	6716.	6716.		
d	Lobbying		Francisco de la Companya de la Compa		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				ļ
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	82698.	82698.		
17	Travel	2210.	2210.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<u> </u>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance	6517.	6517.		
24	Other expenses. Itemize expenses not covered				Company and some the
	above. (List miscellaneous expenses on line 24e. If		The state of the s	E estadore con a	in a second
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)		9518 m. 14, 140	ingvice estade	a graphic tree face.
_		26861.	26861.		
b		18644.	18644.	<u> </u>	
	operations Food Services exp	135150.	135150.		
d		133130.	133130.		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	308699.	308699.		
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)				
					Form <b>990</b> (2023)

Form 990 (2023) Victory Mission
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in thi	s Part X	<b>(.</b>		
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		2508.	1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	. [		3	·
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director	or, [	***		
		trustee, key employee, creator or founder, substantial contributor, or 3	35%			
		controlled entity or family member of any of these persons	.		5	
	6	Loans and other receivables from other disqualified persons (as define	d [			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)	(B)		6	
ets	7	Notes and loans receivable, net	· .		7	
Assets	8	Inventories for sale or use	[		8	
⋖	9	Prepaid expenses and deferred charges	_		9	
	10a	- I I				
			000.			
	b	Less: accumulated depreciation 10b 235	000.		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	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	_	2508.	16	
	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 of Schedule D	[		21	
S	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 3	35%			
abi		controlled entity or family member of any of these persons			22	
Ï	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	ı [	-		
		parties, and other liabilities not included on lines 17-24). Complete				
		Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25			26	
S		Organizations that follow FASB ASC 958, check here X				
ĕ		and complete lines 27, 28, 32, and 33.				
<u>=</u>	27	Net assets without donor restrictions			27	
ä	28	Net assets with donor restrictions	_		28	
Ę		Organizations that do not follow FASB ASC 958, check here				
Ę		and complete lines 29 through 33.	<b>-</b>			
0	29	Capital stock or trust principal, or current funds	. 1		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund			30	· · · · · · · · · · · · · · · · · · ·
<b>\S</b> 8	31	Retained earnings, endowment, accumulated income, or other funds	_	2508.	31	
) t	32	Total net assets or fund balances		2508.	32	
ž	33	Total liabilities and net assets/fund balances		2508.	33	

Form 990 (2023)	Victory	Mission
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94-1554199 Page **12** 

Part	XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		501	753.
2	Total expenses (must equal Part IX, column (A), line 25)	2		308	699.
3	Revenue less expenses. Subtract line 2 from line 1	3		193	054.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2	508.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		195	<u>562.</u>
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
1	Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.		i i i i i i i		os ju
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	ALC: LA	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.		100		
	Separate basis Donsolidated basis Both consolidated and separate basis		le de		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			100
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain or	า	F-5		12/45
	Schedule O.		15 (h. 4) 17 (h. 4)		196 46
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	ne 	. 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

Form **990** (2023)

#### 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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

nation. Inspection
Employer identification number

Vic	cto	ry Mission					94-1554199	
	rt I							
The		anization is not a private founda						
1	녣	A church, convention of church	•			•	)(1)(A)(i).	
2	닏	A school described in section		•				
3	Ц	A hospital or a cooperative hos	•				•••	
4	Ш	A medical research organization hospital's name, city, and state	•	unction with a hospita	l describe	d in sect	ion 170(b)(1)(A)(iii)	. Enter the
5		An organization operated for t section 170(b)(1)(A)(iv). (Cor		ege or university owne	d or opera	ated by a	governmental unit d	escribed in
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	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.)							
8		A community trust described in	section 170(b)(1	)(A)(vi). (Complete Pa	art II.)			
9	$\sqcap$	An agricultural research organ			•	ated in co	niunction with a land	-grant college
	_	or university or a non-land-gra university:	nt college of agricu	Ilture (see instructions	). Enter th	ne name,	city, and state of the	college or
10	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							
44		acquired by the organization a					•	
11	H	An organization organized and	•	•	-			
12	LJ	An organization organized and one or more publicly supported Check the box on lines 12a the	d organizations des	scribed in section 509	(a)(1) or	section 5	09(a)(2). See section	on 509(a)(3).
а		Type I. A supporting organi				_	•	
_	_	the supported organization organization. You must co	(s) the power to reg	jularly appoint or elect	a majorit	y of the di	rectors or trustees of	of the supporting
b	, [	Type II. A supporting organ control or management of t organization(s). You must	he supporting orgai	nization vested in the	ction with same per	its suppo sons that	rted organization(s), control or manage th	by having ne supported
С	ſ	Type III functionally integ			d in conne	ection with	and functionally in	tearated with
		its supported organization(s	s) (see instructions)	. You must complete	Part IV,	<b>Sections</b>	A, D, and E.	,
d	ا (	Type III non-functionally integ	rated. The organiza	ation generally must sa	atisfy a dis	stribution	requirement and an	organization(s) attentiveness
е	. [	requirement (see instruction Check this box if the organi	15). You must com	iplete Part IV, Section	ns A and	D, and P	art V.	i.m.a. 111
C	L	functionally integrated, or T	vpe III non-function	ally integrated suppor	tina oraar	ko manni nization	sa iype i, iype ii, i	уре III
f	1	Enter the number of supported						
g		Provide the following information		rted organization(s).				
	(i) I	Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
A)								
В)								
C)								
D)						<del> </del>		
E)						<del>                                     </del>		<del></del>
Tota		<u> </u>						
	i ii			Borner til villskrift for 1991 i 1991	<ul> <li>10 mm</li> </ul>	Oracle and the state of the sta		

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection
Employer identification number

victory Mission	194-1554199
A	
total revenue	
••••••	
•••••••••••••••••••••••••••••••••••••••	
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## Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

Department of the Treasury Internal Revenue Service

For calendar year 2023, or fiscal year beginning Ma y  $\,\,01\,$  , 2023, and ending Apr  $\,\,30\,$  , 20  $\,24\,$ 

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

Name of filer	EIN or SSN
Victory Mission	94-1554199
Name and title of officer or person subject to tax	
Frank Green III	CEO
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you center of 53, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blength. So, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the reapplicable line below. Do not complete more than one line in Part I.  1a Form 990 check here	heck the box on line 1a, 2a, 3a, 4a, ank, then leave line 1b, 2b, 3b, 4b, return, then enter -0- on the seturn, then enter -0- on the seturn th
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person	
of entity)	nic return. I consent to allow my S and to receive from the IRS (a) an cessing the return or refund, and (c) tiate an electronic funds withdrawal of the federal taxes owed on this ne U.S. Treasury Financial Agent at inancial institutions involved in the iries and resolve issues related to
PIN: check one box only	
X   lauthorize S & H Accounting and Busine to enter my PII ERO firm name	N 54199 as my signature Enter five numbers, but do not enter all zeros
on the tax year 2023 electronically filed return. If I have indicated within this return that a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.	t a copy of the return is being filed with uthorize the aforementioned ERO to
As an officer or person subject to tax with respect to the entity, I will enter my PIN as relectronically filed return. If I have indicated within this return that a copy of the return regulating charities as part of the IRS Fed/State program, I will enter my PIN on the results.	is being filed with a state agency/ies)
Signature of officer or person subject to tax	Date 08/20/1925
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 77297254654	enter all zeros
certify that the above numeric entry is my PIN, which is my signature on the 2023 electronicall that I am submitting this return in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-liRS e-file Providers for Business Returns.	y filed return indicated above. I confirm File (MeF) Information for Authorized
ERO's signature Date	06/17/2025
ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested	

Name: Victory Mission

**ID:** 94-1554199

Description: expenses

Туре	Amount
Property taxes	841.
Repairs	922.
Homeless	106.
Homeless health care	95.
ins exp	70.
Program meals	845.
prb repairs and Maintenance	3,508.
Utilities	5,860.
supplies	971.
rent lease storage	861.
Food service contract exp	34,758.
business exp	877
Charity	1,016.
operations	62,793.
outside labor	10,994.
Room and Board program	1,016. 62,793. 10,994. 3,475.
equip Rent	6,149. 1,009.
workers comp	1,009.
-	
Total	135,150.
© constitution of the state of	HSW/DETS1

For calend	ar year 2023 or tax year beginning	May 01,	2023 and	ending Apr 30,	2024			
Name: Name line 2: Address: City, State, and Zip Code:	Victory Mission  43 Soledad Street SALINAS CA 93901		-	<del></del>	831-424-5648			
Email address								
	Lso H Ruiz H Actg and Busin    O	ess Serv	ice Inc	Time in this return:	$\begin{array}{c} 302 \text{ minutes} \\ \hline 01/07/2025 \\ \hline P00739821 \\ \hline \\ 82-3146134 \\ \hline 831-424-7100 \\ \\ \end{array}$			

## Form **990**

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2023

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

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

<u> </u>			endar year, or tax year beginning	May 01, 2023	, and e	nding Ap	r 30, 20	24			
		• •	C Name of organization Victory	Mission		D	Employer ide	ntification	number		
LJ,	Address o	hange	Doing business as								
Name change		ange						94-1554199			
$\equiv$		_	43 Soledad Street			E	Telephone nun	e number			
Ш	Initial retu	m	City or town	State	ZIP code	83	1-424-56	<b>4</b> 8			
П	Final return/	/terminated	SALINAS CA 93901				1 424 50	7.0			
Π.	<b>.</b>		Foreign country name Foreign	gn province/state/county	Foreign postal		_	_			
⊔′	Amended	return				G	Gross receipts	\$	50175	<u>3.                                    </u>	
∐،	Applicatio	n pending	F Name and address of principal officer: F	rant Green III		H(a) Is this a	group return for sub	ordinates?	Yes	X No	
			43 Soledad Str SALINAS	CA 93901		H(b) Are all	subordinates in	cluded?	Yes	No	
·	Tay avon	npt status:	X 501(c)(3) 501(c) (	(5-1-4-1-1) [ 4047(-1)(4)		1 ''	'attach a list. S			•	
		<u> </u>	X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 527						
J	Website:	<u> </u>				H(c) Group	exemption num	ber			
K	Form of c	organization	: X Corporation Trust Asso	ciation Other	L Yea	ar of formation	ı:   1	M State of le	gal domicile	:	
9	art I	Su	mmary								
			escribe the organization's mission	or most significant activit	ies: Dro	ido fo	ad and a	holtor			
Ð		-	neless men, women, vete:	<del>-</del>			od and s	Herrer			
ä							mers				
Activities & Governance	1		ing and maintaining a l								
Š	2	Check ti	nis box if the organization o	discontinued its operation	s or dispose	d of more	than 25% of	its net as	sets.		
Ö	3	Number	of voting members of the governing	ng body (Part VI, line 1a)			3	; <b> </b>		3	
ಳ			of independent voting members o								
<u>e</u>			mber of individuals employed in ca								
₹	ء ا										
ᅙ	💆		mber of volunteers (estimate if ned						-	6510	
٩			related business revenue from Par							6512.	
	<u> </u> b	Net unre	elated business taxable income fro	m Form 990-1, Part I, line	<del>)</del> 11			_			
						Pri	ior Year		Current Yea	<u>r                                      </u>	
Φ	8	Contribu	itions and grants (Part VIII, line 1h	)							
Ĕ	9	Program	n service revenue (Part VIII, line 2ç	3)			434237	7.	50	1753.	
Revenue	10		ent income (Part VIII, column (A),				-				
Ř	11		venue (Part VIII, column (A), lines								
	12		enue—add lines 8 through 11 (must e				434237	,	5.0	1753.	
	13		and similar amounts paid (Part IX,				13123	+		<u> </u>	
	14										
	1		paid to or for members (Part IX, c	• • •			20007			<u> </u>	
es	15		other compensation, employee benef	•	•		282975	) ·		5403.	
Ē			ional fundraising fees (Part IX, colu								
Expenses	b	Total fur	ndraising expenses (Part IX, colum	n (D), line 25)							
úì	17	Other ex	cpenses (Part IX, column (A), lines	11a-11d, 11f-24e)			150258	3.	28	3296.	
	18	Total ex	penses. Add lines 13-17 (must eq	ual Part IX, column (A), lii	ne 25) .		433233	3.	30	8699.	
	19	Revenu	e less expenses. Subtract line 18 f	from line 12			1004	1.	19	3054.	
5 6						Beginning	of Current Ye	ar	End of Year		
ets	20	Total as	sets (Part X, line 16)				2508				
Ass	21		bilities (Part X, line 26)								
Net Assets or	22		ets or fund balances. Subtract line				2508	3			
<u> </u>	art II		nature Block	ZT HOUR MIC ZO	• • • •	-		<u> </u>			
			y, I declare that I have examined this return,	inaludina occompanying schodul	lac and statema	nte, and to the	heet of my kno	anhelwe			
and	belief, it is	es oi peijui s true, com	ect, and complete. Declaration of preparer (or	ther than officer) is based on all i	nformation of w	hich preparer	has any knowle	edge.			
		1	(Complete Confidence (Confidence (Confiden				01/07/				
Sig	gn 💮	Cian	ahus of officer				Date				
He	re	Sign	ature of officer				Date				
	-	I —	Frank Green III		CEO		-				
		<del></del>	or print name and title								
_		Prin	t/Type preparer's name	Preparer's signature		Date	Chec	k □if Ì	PTIN		
Pa	id								P007398	21	
Pr	eparer	Se]	so H Ruiz		<u> </u>	01/07/	2025				
	e Only	I	isname S & H Actg and	Business Serv		Fir	m's EIN 82	-31461	34		
			n's address 1463 N Davis Rd	Salinas	CA	93907 Ph	one no. 83	1-424-	7100		
Ma	v the IF	RS discu	ss this return with the preparer sho	own above? See instruction	ons.			[	X Yes	No	
	,		return that his proported bile								

Form 9	990 (2023)	Victory Mission	94-15543	199	Page 2
Pa	irt III	Statement of Program Service Accomplishments			
		Check if Schedule O contains a response or note to any line in this Part III	· · · · ·	<u>· · · ·                                </u>	Х
1		lescribe the organization's mission:			
	To ope	erate and maintain a rescue mission at Salinas, Callifornia			
2		organization undertake any significant program services during the year which were not listed on			
		r Form 990 or 990-EZ?	· 📙 '	Yes	X No
_		describe these new services on Schedule O.			
3		organization cease conducting, or make significant changes in how it conducts, any program		Yes [	X No
		describe these changes on Schedule O.	· Ц	res [	V NO
4		e the organization's program service accomplishments for each of its three largest program service	es, as meas	ured by	,
	expense	es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a			
	the total	expenses, and revenue, if any, for each program service reported.			
4-	(O = d = :	VEws. 200600 including south of the National Control o			
4a		) (Expenses \$ 308699. including grants of \$ ) (Revenue ting a rescue Mission In Salinas California			
	opera	ing a rescue Mission in Salinas California			
					_
			<b></b>		
4b	(Code:	) (Expenses \$ including grants of \$ ) (Revenue	э\$		)
			• • • • • • • • • • • • • • • • • • • •		
			· • • • • • • • • • • • • • • • • • • •		
			·		•••••
4c	(Code:	) (Expenses \$ including grants of \$ ) (Revenue	<b>\$</b>		)
			·		• • • • • • •
			·		
		••••••	•••••		
4d	Other pr	ogram services (Describe on Schedule O.)	<del></del>		
	(Expens	es \$ including grants of \$ ) (Revenue \$ 2267	27. )		
40	Total pro	aram service expenses 308699	· ·		

Part	Checklist of Required Schedules			age C
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	_		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	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,	A GUV	N. 2000	200.6
••	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	la.	احتدنتما	la seconda
<b>"</b>	Schedule D, Part VI	11a		x
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			<del></del>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	1	$\vdash$	<del></del>
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1		<del>                                     </del>
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		·x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		H
•	the organization's separate of consolidated inflational statements for the tax year monded 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	1	x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del>		<del>                                     </del>
IZa	Schedule D, Parts XI and XII	12a		х
<b>L</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	120		<del>                                     </del>
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
40		13	<del></del>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	<del>                                     </del>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	140	├	<u> </u>
D	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		ŀ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
48		140	<del>                                     </del>	┝
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
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	- <del>"</del>	-	<del>  ^`</del>
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10	$\vdash$	<del>  ^</del>
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		x
40		<b> </b> '''	├	┼┷
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
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	<del> </del>	<del>  ^</del>
19	If "Yes," complete Schedule G, Part III	19	1	x
20-		20a	<del>                                     </del>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	+^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	<del>                                     </del>	+
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on Fart IA, column (A), line 1: II Tes, complete schedule I, Farts Fartu II	141		$\mathbf{L}_{\mathbf{V}}$

Par	t 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	-	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	i		
	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%	l		
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		<u> </u>
21	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		WES.	Ê
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).	12.3	海道   東京	12
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	فديث المتنا	النتثث	سنتدا
	"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		х
C	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		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>			ĺ
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		Х
-	complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			_ <del></del> -
	III, or IV, and Part V, line 1	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		I	
37	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
31	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		<u>X</u>
30	19? Note: All Form 990 filers are required to complete Schedule O	38		х
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	1 00		Λ
	Check if Schedule O contains a response or note to any line in this Part V		. [	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			<b>建</b> 次。
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		7 0g	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	0.113	Yes	age 5 No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		108	NO
	Statements, filed for the calendar year ending with or within the year covered by this return .		, ,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country		- A	
-	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			genta' ulaban
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 transaction?	5b		X
C	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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<del>     </del>		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		e district	C to Can
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		4	
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Report Remark
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	17.		
-	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.	Total I	1000	14.5 (A.S.)
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ruessan	Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			100
а	Initiation fees and capital contributions included on Part VIII, line 12			, il sin
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			7.
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	500		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L.,	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		4.00 (3)	
b	Enter the amount of reserves the organization is required to maintain by the states in which	- (A) - U		
	the organization is licensed to issue qualified health plans			100
C	Enter the amount of reserves on hand	1000		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	10.0		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities	1		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		х
	If "Yes," complete Form 6069.			

Form 990 (2023)
Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"	
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction	S
Check if Schedule O contains a response or note to any line in this Part VI	l

Sect	ion 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	<b>1a</b> 3		1 3/1						
	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	Enter the number of voting members included on line 1a, above, who are independent								
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?									
3	Did the organization delegate control over management duties customarily performed by or under		-							
•	supervision of officers, directors, trustees, or key employees to a management company or other		3		v					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	•	-		<u>X</u>					
	· · · · · · · · · · · · · · · · · · ·		4		<u>x</u>					
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?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect									
_	one or more members of the governing body?		7a		_X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members									
	stockholders, or persons other than the governing body?		7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertain	ken during	7 AC 7 AZ	37.						
	the year by the following:		基制	19						
а	The governing body?		8a		X					
b	Each committee with authority to act on behalf of the governing body?		8b		Х					
9										
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule		9		Х					
Sect	ion B. Policies (This Section B requests information about policies not required by the I			1	<del></del>					
			1	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of suc									
	affiliates, and branches to ensure their operations are consistent with the organization's exempt	purposes?	10b	ŀ						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	x						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	9			State					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		10.1.4					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	ve rise to conflicts?	12b							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?		1.25	<del>^</del>						
	describe on Schedule O how this was done		12c	Ψl						
13	Did the organization have a written whistleblower policy?		13	X						
14	Did the organization have a written document retention and destruction policy?		_	X						
15	Did the process for determining compensation of the following persons include a review and app		CETT		(1927)					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and desision?								
а	The organization's CEO, Executive Director, or top management official.		45-		ادانتا					
b	Other officers or key employees of the organization		15a	<del>^  </del>	<del></del>					
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		15b		X					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arran		2,41%		300					
IVa	with a taxable entity during the year?	ngement			<b>人主义报</b>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eva		16a	7/	X					
D	participation in joint venture arrangements under applicable federal tax law, and take steps to sai	iluate its	123							
	the organization's exempt status with respect to such arrangements?	eguard		<u> </u>						
Sect	on C. Disclosure	<u> </u>	16b							
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 99	000 and 000 T /co-	on 504/							
. •	(3)s only) available for pub <u>lic i</u> nspection. Indicate how yo <u>u m</u> ade these available. Check all that a	ou, anu 990-1 (Section	) FUC IIU	C)						
		appıy. <i>plain on Schedule</i> (								
19	Describe on Schedule O whether (and if so, how) the organization made its governing document	pialli Uli Schedule (	// h mal!=:							
	and financial statements available to the public during the tax year.	s, connict of interes	ı policy,							
20	State the name, address, and telephone number of the person who possesses the organization's	books and								
	· · · · · · · · · · · · · · · · · · ·		00							
	S H Actg and Bus Services 1463 N Davis Rd SALINAS CA 93907	031-424-/1	<u> </u>							

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor ar	ny related organi	zatio	n co	omp	ens	ated a	any	current officer,	director, or trust	ee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos neck ss pe	rson	n both is Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Frank GreenIII CEO	40	х				<u> </u>		0	0	0
_(2)										
(3) Armando Sanche CFO	40	х						0	0	0
(4)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)		-								

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Part VII Section A. Officers, Directors, 1	rustees, Key Er	nplo	yee		nd C)	High	<u>est</u>	Compensated	Employees (c	ontinu	ed)	
(A) Name and title	(B) Average hours	Position (do not check more than o box, unless person is both officer and a director/truster					an ee\	(D) Reportable compensation	(E) Reportable compensation		(F) nated am of other	
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2 1099-MISC/ 1099-NEC)	/ orga	mpensati from the anization d organiz	and
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal	Section A											
Total number of individuals (including but not reportable compensation from the organization)	limited to those	isted	abo	ove)	wh	o rec	eive	ed more than \$1	100,000 of			
3 Did the organization list any former officer, demployee on line 1a? If "Yes," complete Sche	rector, trustee, k	ey er indivi	nplo	yee !	е, ог	-		compensated		3	Yes	No X
4 For any individual listed on line 1a, is the sum the organization and related organizations graindividual	of reportable co eater than \$150,0	mper 000?	nsat <i>If</i> "	ion Yes	and ," co	othe	r co ete	ompensation fro Schedule J for s	m such			
5 Did any person listed on line 1a receive or according for services rendered to the organization? If "	crue compensati	on fro	om a	iny	unre	elated	or	ganization or inc	dividual	4	_	<u>X</u>
Section B. Independent Contractors	res, complete c	<u> </u>	Juic	3 /	<i>)</i>   Si	исн р	<del>e</del> 15	<u> </u>	• • • •	5		<u>x</u>
Complete this table for your five highest components components from the organization. Report of the components of	ensated indeper	ndent	cor	ntra enda	ctor ar ye	s that ear er	rec	ceived more tha	n \$100,000 of the organizatio	n's tax	vear	
(A) Name and business add								(B) Description of ser		(C) Compen	)	
Total number of independent contractors (incl more than \$100,000 of compensation from the		ited to	o th	ose	liste	ed ab	ove	e) who received		<del></del> -		

Part VIII Statement of Revenue

		Check if Schedule O co	ntain	s a respor	nse o	r note to any line	in this Part VIII.			🔲
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns			1a				-	
ran	b	Membership dues			1b					
0 E	C	Fundraising events			1c					
T its	d	Related organizations			1d					
3, E	е	Government grants (contrib	oution	ıs)	1e					
ë is	f	All other contributions, gifts								
but.		similar amounts not include			1f					
풀질	g	Noncash contributions inclu								•
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a–1f			1g					
	n	Total. Add lines 1a-1f .	<u></u>	<u> </u>	• •	Business Code				
به	22	donations				Business Code	26298.	26298.		
<u>چ</u> ج	2a h	Contributions 23 2	 1				200429.	183917.	16512.	
Ser Ju	C	Multiple donations					275026.	275026.	10312.	
ΕŞ	d						273020.	273020.		
Program Service Revenue	e									
Š.	f	All other program service re					· · · · ·			
-	g	Total. Add lines 2a-2f					501753.			
	3	Investment income (includi								
		other similar amounts)								
	4	Income from investment of	tax-e	xempt bo	nd pr	oceeds				
	5	Royalties				<u>.</u>				
				(i) Rea	al .	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses .	6b							
	C	Rental income or (loss)	6c							
	_d	Net rental income or (loss)	<del></del>							
	7a	Gross amount from		(i) Securi	ties	(ii) Other				i
		sales of assets								
ø	h	other than inventory Less: cost or other basis	7a							
Revenue	U	and sales expenses	7b							
Se l	_	Gain or (loss)	7c							
	d			<u> </u>						
Other		Net gain or (loss) Gross income from fundrais	sina		$\overline{}$	· · · · ·				
ŏ		events (not including \$	5							
		of contributions reported or	n line	1c).						
		See Part IV, line 18			8a					
					8b					
		Net income or (loss) from f		•	<u>nts .</u>	<del></del>				
	9a	Gross income from gaming								
		See Part IV, line 19			9a					
	b	Less: direct expenses			9b		<u> </u>			
		Net income or (loss) from (	-	ig activitie	<u>s.</u>	<u> </u>				
	ıva	Gross sales of inventory, le returns and allowances.			10a				1	
	h	Less: cost of goods sold.			10b		1			
	i	Net income or (loss) from s								
<u></u>		HOLI (CECH) ICOMIC OF (ICOS) HOLITS	-GIC3	OI HIVEIIL	<u>., y .</u>	Business Code				<u> </u>
Miscellaneous Revenue	11a									
a i	b									
scellaneo Revenue	С									
:S R	d	All other revenue								
<u> </u>	е	Total. Add lines 11a-11d.			. <u></u>					
	12	Total revenue See instru	otions				501753	1 485241	16512	1

## Form 990 (2023) Victory Mission Part IX Statement of Functional Expenses

0000	ion 501(c)(3) and 501(c)(4) organizations must complete a Check if Schedule O contains a response or not				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				Sportspecial design of the party
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			100	STARTS OF SEC.
	individuals. See Part IV, line 22				FigNe 1.1 4 15c
3	Grants and other assistance to foreign				100 Met Control 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			10E7	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	25403.	25403.		
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4500.	4500.		
C	Accounting	6716.	6716.		
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, column	· -			
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	82698.	82698.		
17	Travel	2210.	2210.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6517.	6517.		
24	Other expenses. Itemize expenses not covered		S. New York, J.	Section Advantages	19 E/F (5 V) / 10 H
	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	auto	26861.	26861.		
b	Operations	18644.	18644.		
C	Food Services exp	135150.	135150.		
ď					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	308699.	308699.		
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and			İ	
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

1   Cash—non-interest-bearing   250 8.   1			Check if Schedule O contains a response or note to any line in this Part	:X		
3 Pledges and grants receivable, net						, , ,
3 Pledges and grants receivable, net		1	Cash—non-interest-bearing	2508.	1	
4 Accounts receivable, net. 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. 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 Prepaid expenses and deferred charges. 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 9 Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 235000. 10 Loss: accumulated depreciation. 11 Investments—publicly traded securities. 12 Investments—other securities. See Part IV, line 11. 13 Investments—other securities. See Part IV, line 11. 14 Intrangible assets. 15 Other assets. See Part IV, line 11. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 2508. 16 17 Accounts payable and accrued expenses. 17 Interred revenue. 19 Deferred revenue. 20 Tax-exempt bond flabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Secured mortgages and notes payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties. 26 Total liabilities. Add lines 17 through 25.		2	Savings and temporary cash investments		2	
4 Accounts receivable, net		3	Pledges and grants receivable, net		3	
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.  6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(n)(3)(B)  7 Notes and loans receivable, net.  8 Inventories for sale or use.  9 Prepaid expenses and deferred charges.  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10 Less: accumulated depreciation.  10 Investments—publicly traded securities.  11 Investments—publicly traded securities.  12 Investments—program-related. See Part IV, line 11.  13 Investments—program-related. See Part IV, line 11.  14 Intangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33).  17 Accounts payable and accrued expenses.  18 Grants payable and accrued expenses.  19 Deferred revenue.  19 Deferred revenue.  19 Deferred revenue.  19 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  22 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal income tax, payables to related third parties.  26 Total liabilities. Add lines 17 through 25.		4	Accounts receivable, net		4	
controlled entity or family member of any of these persons 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)  7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 235000.  10b Less: accumulated depreciation 10b 235000.  11 Investments—publicly traded securities 9 11 Investments—program-related. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 9 16 Chter assets. See Part IV, line 11 15 17 Accounts payable and accrued expenses 17 18 Grants payable and accrued expenses 17 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties 24 26 Total liabilities. Add lines 17 through 25.		5				
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under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net			controlled entity or family member of any of these persons		5	
7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 235000. 10c 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 15 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 2508 16 17 Accounts payable and accrued expenses 17 18 Grants payable and accrued expenses 17 18 Grants payable and accrued expenses 17 19 Deferred revenue 20 Tax-exempt bond liabilities 20 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 20 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 25 25 26 Total liabilities. Add lines 17 through 25 26		6	Loans and other receivables from other disqualified persons (as defined			
10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue. 19 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Unsecured notes and loans payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 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 26 Total liabilities. Add lines 17 through 25.					6	
10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue. 19 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Unsecured notes and loans payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 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 26 Total liabilities. Add lines 17 through 25.	ets	7			7	
10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue. 19 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Unsecured notes and loans payable to unrelated third parties. 23 Unsecured notes and loans payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 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 26 Total liabilities. Add lines 17 through 25.	SS	8	Inventories for sale or use		8	
other basis. Complete Part VI of Schedule D b Less: accumulated depreciation.  11 Investments—publicly traded securities.  12 Investments—other securities. See Part IV, line 11.  13 Investments—program-related. See Part IV, line 11.  14 Intangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33).  17 Accounts payable and accrued expenses.  18 Grants payable.  19 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  22 Secured mortgages and notes payable to unrelated third parties.  23 Unsecured notes and loans payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  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.  26 Total liabilities. Add lines 17 through 25.	4	9	Prepaid expenses and deferred charges		9	
b Less: accumulated depreciation . 10b 235000. 10c  11 Investments—publicly traded securities . 11		10a	Land, buildings, and equipment: cost or	1		
11 Investments—publicly traded securities			other basis. Complete Part VI of Schedule D 10a 235000.			
11 Investments—publicly traded securities		b	Less: accumulated depreciation 10b 235000.		10c	
13 Investments—program-related. See Part IV, line 11		11	Investments—publicly traded securities		11	
13 Investments—program-related. See Part IV, line 11		12	Investments—other securities. See Part IV, line 11		12	
15 Other assets. See Part IV, line 11		13	Investments—program-related. See Part IV, line 11		13	
15 Other assets. See Part IV, line 11		14	Intangible assets		14	
17 Accounts payable and accrued expenses		15			15	
17 Accounts payable and accrued expenses		16	Total assets. Add lines 1 through 15 (must equal line 33)	2508.	16	
18 Grants payable		17			17	
Tax-exempt bond liabilities		18	Grants payable		18	
Escrow or custodial account liability. Complete Part IV of Schedule D.  Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  Secured mortgages and notes payable to unrelated third parties.  Unsecured notes and loans payable to unrelated third parties.  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.  Total liabilities. Add lines 17 through 25		19	Deferred revenue		19	
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		20	Tax-exempt bond liabilities		20	
Unsecured notes and loans payable to unrelated third parties		21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Unsecured notes and loans payable to unrelated third parties	es	22	Loans and other payables to any current or former officer, director,			
Unsecured notes and loans payable to unrelated third parties	Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Unsecured notes and loans payable to unrelated third parties	abi		controlled entity or family member of any of these persons		22	
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	I	23	Secured mortgages and notes payable to unrelated third parties		23_	
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
Part X of Schedule D		25	Other liabilities (including federal income tax, payables to related third			
26 Total liabilities. Add lines 17 through 25			parties, and other liabilities not included on lines 17-24). Complete			
			Part X of Schedule D		25	
Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions		26	Total liabilities. Add lines 17 through 25		26	
and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions	Ø					
Net assets without donor restrictions	ည					
28 Net assets with donor restrictions	<u>la</u>	27			27	
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	ă				28	
and complete lines 29 through 33.	틸					
	Ē					
29 Capital stock or trust principal, or current funds	ō	29	· · · · · · · · · · · · · · · · · · ·		29	
30 Paid-in or capital surplus, or land, building, or equipment fund	ets		· · · ·		_	
31 Retained earnings, endowment, accumulated income, or other funds	88	1	· · · · · · · · · · · · · · · · · · ·	2508.		
32 Total net assets or fund balances	ĭ.					
33 Total liabilities and net assets/fund balances	ž				-	

Part	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	• •			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		501	753.
2	Total expenses (must equal Part IX, column (A), line 25)	2		308	699.
3	Revenue less expenses. Subtract line 2 from line 1	3		1930	054.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	l_	2	508.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		195	562.
Part	t XII Financial Statements and Reporting			i	_
	Check if Schedule O contains a response or note to any line in this Part XII			•	<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		63	34.	经本
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		18.50		
	Schedule O.		ا 170 ] تحقما		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <u>2a</u>		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			<b>光</b>	4//2
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis			2.7	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			7.507	
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		. 2c	السلائدية	
	If the organization changed either its oversight process or selection process during the tax year, explain of			1 3	1377.5
	Schedule O.	••			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	he	ļi	J-4	EAL H
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	-	-34		Ë
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		1

Form **990** (2023)

#### SCHEDULE A (Form 990)

### **Public Charity Status and Public Support**

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

		ory Mission					94-1554199	
	<u>t I</u>		ty Status. (All org	ganizations must co	mplete th	nis part.)	See instructions.	
Γhe		anization is not a private founda	tion because it is: (	For lines 1 through 12	, check o	nly one bo	ox.)	
1	X	A church, convention of church	es, or association of	of churches described	in section	on 170(b)	(1)(A)(i).	
2		A school described in section	170(b)(1)(A)(ii). (A	ttach Schedule E (For	m 990).)			
3		A hospital or a cooperative hos	pital service organi	ization described in se	ection 17	0(b)(1)(A	)(iii).	
4		A medical research organization hospital's name, city, and state		unction with a hospital	described	d in secti	on 170(b)(1)(A)(iii).	Enter the
5		An organization operated for the section 170(b)(1)(A)(iv). (Com	ne benefit of a colle nplete Part II.)	ge or university owned	d or opera	ted by a g	governmental unit de	escribed in
6		A federal, state, or local govern	nment or governme	ntal unit described in	section 1	70(b)(1)(	A)(v).	
7		An organization that normally redescribed in section 170(b)(1)	eceives a substanti (A)(vi). (Complete	ial part of its support fr Part II.)	om a gov	ernmenta	I unit or from the ge	neral public
8		A community trust described in	section 170(b)(1)	(A)(vi). (Complete Pa	rt II.)			
9	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 university:						grant college 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.)							
11		An organization organized and	operated exclusive	ely to test for public sa	fety. See	section (	509(a)(4).	
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.							
а	a 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.							
b	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.							
C		Type III functionally integr						egrated with,
		its supported organization(s						ination/o\
d		Type III non-functionally in that is not functionally integrated requirement (see instruction	rated. The organiza	ition generally must sa	itisfy a dis	tribution r	equirement and an	
е		Check this box if the organized	zation received a w	ritten determination fro	om the IR	S that it is		ype III
_		functionally integrated, or Ty	•	ally integrated support	ing organ	ization.		
f		Enter the number of supported	_		• • •			• •
g		Provide the following information  Name of supported organization	on about the suppor	ted organization(s). (iii) Type of organization	(iv) le the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	Name of Supported Organization	(11) 2.114	(described on lines 1–10 above (see instructions))	listed in you	r governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(P)								
(B)								
(C)								·
(D)								
(E)								
Tota	<u>.                                    </u>							

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

94-1554199 Victory Mission total revenue

#### Form 8879-TE

## IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning May 01 , 2023, and ending Apr 30 , 20 24

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

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN Victory Mission 94-1554199 Name and title of officer or person subject to tax Frank Green III CEO Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here . . . . . X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 501,753 2a Form 990-EZ check here . . . . 2b 3a Form 1120-POL check here . . . 3b 4a Form 990-PF check here . . . . b Tax based on investment income (Form 990-PF, Part V, line 5) . . . 4b 5a Form 8868 check here . . . . . **b Balance due (Form 8868, line 3c)** . . . . . . . . . . . . . . . . 6a Form 990-T check here . . . . **b** Total tax (Form 990-T, Part III, line 4) . . . . . . . . . . . . . . . 6b 7a Form 4720 check here . . . **b Total tax** (Form 4720, Part III, line 1) . . . . . . . . . . . . . . . 8a Form 5227 check here . . . . b FMV of assets at end of tax year (Form 5227, Item D) . . . . . Яh 9a Form 5330 check here . . . . . **b** Tax due (Form 5330, Part II, line 19) . . . . . . . . . . . . . . . . 9b 10a Form 8038-CP check here . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . 10b Part II **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the , (EIN) 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only to enter my PIN 54199 X | lauthorize S & H Accounting and Busine as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 08/20/1925 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 77297254654 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 06/17/2025 ERO's signature Date **ERO Must Retain This Form—See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

Name: Victory Mission

ID: 94-1554199

Description: expenses

Туре	Amount
Property taxes	841.
Repairs	922.
Homeless	106.
Homeless health care	95.
ins exp	70.
Program meals	845.
prb repairs and Maintenance	3,508.
Utilities	5,860.
supplies	5,860. 971.
rent lease storage	861.
Food service contract exp	34,758.
business exp	877.
Charity	1,016. 62,793.
operations	62,793.
outside labor	10,994.
Room and Board program	3,475.
equip Rent	6,149.
workers comp	1,009.
Total	135,150.

## TAXABLE YEAR California Exempt Organization

	FOI	RN

199

2023	Annual Information Return			199	
Calendar Ye	ar 2023 or fiscal year beginning (mm/dd/yyyy) $05/01/2023$ , and ending (r	nm/dd/yyyy)	04/	30/2024	_
	prporation/Organization name California co				_
Victor	y Mission	433839			
Additional info	mation. See instructions.	FEIN	4100		
Street address	(suite or room)	94-155	4199 IPMBn		_
	edad Street		FIVID	<b>o</b> .	
City		State	ZIP co	de	_
SALINA		CA	939	01	
Foreign countr	y name Foreign province/state/county		Foreig	n postal code	
A First retur	1	any changes	to its q	uidelines	=
	return		-		
	on 4947(a)(1) trust				
	mation return? engaged in political activit			-	
●∏ Dis	isolved Surrendered (Withdrawn) Merged/Reorganized  K Is the organization exempt under the companion of the				
Enter date	: (mm/dd/yyyy)  If "Yes," enter the gross receipts	er R&TC Section	1 23701g1	' ♥∐ Yes ⊠ No	
E Check accor	inting mothed: (4) V Cook (2) Assembly (2) Other				_
F Federal re		ed liability co form 100 or F	mpany? form 10	♥∐ Yes ⊠ No 9 to	
(4) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r 990 series report taxable income?			●∏ Yes 🏻 No	
G is this a g	roup filing? See instructions				
	anization in a group exemption				
if "Yes," w	hat is the parent's name?  O Is federal Form 1023/1024			∐ Yes ☒ No	
	Date filed with IRS				
Part I Co	emplete Part I unless not required to file this form. See General Information B and C.		-	<del></del>	_
Taiti O	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		<b>a</b> 1	501,753 0	0
	2 Gross dues and assessments from members and affiliates			0	
	3 Gross contributions, gifts, grants, and similar amounts received		<del></del>	0	Ō
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.				
and Revenues	This line must be completed. If the result is less than \$50,000, see General Information	В	• 4	501,753 0	Ö
1.070.11200	5 Cost of goods sold		00		
	6 Cost or other basis, and sales expenses of assets sold		00		
	7 Total costs. Add line 5 and line 6			0	
	8 Total gross income. Subtract line 7 from line 4			501,753 0	
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		_	308,699 0	ñ
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		_	193,054 O	
	11 Total payments		11	0	_
	12 Use tax. See General Information K		~	0	
Payments	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			0	
	15 Penalties and interest. See General Information J			0	
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result			- lo	_
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an				
Sign	belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information	ation of which I	oreparer	has any knowledge.	
Here	Signature of officer ► Title CEO		<ul><li>Teleph</li></ul>	one	İ
Paid Preparer's Use Only	Preparer's Date Check		• PTIN		_
	signature ► 01/07/2025 employ			739821	
	Firm's name (or yours,		Firm's		
	if self-employed)  S & H Actg and Business Service I: and address 1463 N Davis Rd		8∠-3 • Teleph	3146134	_
	and address 1463 N Davis Rd  Salinas CA 93907		831-424-7100		
					_
	May the FTB discuss this return with the preparer shown above? See instructions		· M	as   NO	

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

	<del>,</del>						
	1 Gross sales or receipts from all business			=			501,75300
	2 Interest		• • • • • • • • • • • • • • • • • • • •		2		00
Receipts	3 Dividends				3		00
from	4 Gross rents				4		0.0
Other	5 Gross royalties				5		00
Sources	6 Gross amount received from sale of asset	ets (See instructions)			6		0.0
	7 Other income. Attach schedule		• • • • • • • • • • • • • • • • • • • •		7		0.0
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1				8		501,75300
	9 Contributions, gifts, grants, and similar a	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule					00
	10 Disbursements to or for members				10		00
	11 Compensation of officers, directors, and	trustees. Attach sched	lule		11		25,40300
	12 Other salaries and wages		• • • • • • • • • • • • • • • • • • • •		12		00
Expenses	13 Interest		• • • • • • • • • • • • • • • • • • • •		13		00
and	14 Taxes				14		00
Disburse-	15 Rents				15		82,69800
ments	16 Depreciation and depletion (See instruct	ons)			16		0.0
	17 Other expenses and disbursements. Atta	ch schedule			17		200,59800
	18 Total expenses and disbursements. Add	line 9 through line 17.	Enter here and on Side	1, Part I, line 9	18		308,69900
Schedule	L Balance Sheet	Beginning	of taxable year	E	nd of	taxable y	ear
Assets		(a)	(b)	(c)			(d)
1 Cash			2,508			•	
2 Net acc	counts receivable					•	
3 Net not	es receivable					•	
4 Invento	ries					•	
5 Federal	and state government obligations					•	
6 Investm	nents in other bonds					•	
7 Investm	nents in stock					•	
8 Mortgag	ge loans				_	•	
9 Other in	nvestments. Attach schedule					•	
10 a Dep	preciable assets			235	5,000		
b Les	s accumulated depreciation	(	)		,000		
11 Land .						•	
12 Other a	ssets. Attach schedule					•	
13 Total as	ssets		2,508				
Liabilities a	and net worth						
14 Account	ts payable					•	
15 Contrib	utions, gifts, or grants payable					•	
16 Bonds a	and notes payable					•	
17 Mortgag	ges payable					•	
18 Other lia	abilities. Attach schedule						
19 Capital	stock or principal fund					•	
20 Paid-in	or capital surplus. Attach reconciliation					•	
21 Retaine	d earnings or income fund		2,508			•	
22 Total lia	abilities and net worth		2,508				
Schedule	···· · · · · · · · · · · · · · · · · ·						
	Do not complete this schedule if the		., line 13, column (d), is t	ess than \$50,000	<u> </u>		
	ome per books	•	7 Income recorded of	_			
	income tax	not included in this return. Attach schedule					
	of capital losses over capital gains	•	8 Deductions in this	•	ed		
	not recorded on books this year.		against book incor			<u></u>	
	schedule	<u>•</u>	Attach schedule .			•	
	es recorded on books this year not		9 Total. Add line 7 a				
	ed in this return. Attach schedule	•	10 Net income per re				
6 Total. A	dd line 1 through line 5		Subtract line 9 from	m line 6		<u> </u>	