Return of Organization Exempt From Income Tax

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning

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.

and ending

В	Check if applicable	C Name of organization	D Employer identific	cation number		
	Addres	VICTORY LANE CAMP, INC				
H	change Name		45-50885	Ω1		
H	change Initial	- v				
H	return Final	Number and street (or P.O. box if mail is not delivered to street address) 1912 BUNDY AVENUE		r 1-4191		
	—lreturn/ termin			217,717.		
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code NEW CASTLE, IN 47362	G Gross receipts \$			
H	lreturn ⊟Applic		H(a) Is this a group re			
	Ition pendir	SAME AS C ABOVE	for subordinates H(b) Are all subordinates in	—		
$\overline{}$	Toy ove	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52		list. See instructions		
	Websit		⊣ ,			
			H(c) Group exemption	1 State of legal domicile: IN		
	art I	Summary	i or iormation, ZOIZ N	Julia de legal domicile.		
		Briefly describe the organization's mission or most significant activities: EMPOWER F.	AMILIES OF C	HTLDREN		
Governance	'	FACING DISABILITY AND ALL FAMILIES TO BUILD C	OMMUNITY TOG	ETHER.		
nar	1 .	Check this box if the organization discontinued its operations or disposed of mo				
Ver	1		1 1	5		
	1	Number of voting members of the governing body (Part VI, line 1a)		5		
م د		Total number of individuals employed in calendar year 2024 (Part V, line 2a)		4		
ij		Total number of violunteers (estimate if necessary)		25		
Activities		Total unrelated business revenue from Part VIII, column (C), line 12		0.		
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.		
	 	Net difference business taxable income from 500 1,1 art 1, line 11	Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)	178,470.	202,798.		
			11,216.	14,919.		
š		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	189,686.	217,717.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,112.	0.		
			0.	0.		
"			113,659.	129,286.		
Expenses	162	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 50,409.	0.	0.		
ber	h	Total fundraising expenses (Part IX, column (D), line 25) 50 409		<u> </u>		
ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	78,821.	124,429.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	193,592.	253,715.		
	1	Revenue less expenses. Subtract line 18 from line 12	-3,906.	-35,998.		
- S	3 13		Beginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	46,947.	16,344.		
ASS	21	Total liabilities (Part X, line 26)	5,270.	10,665.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20	41,677.	5,679.		
P	art II	Signature Block				
		lties of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of m	v knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare		,		
Sig	ın	Signature of officer	Date			
He		JENNIE BREWSTER, TREASURER				
		Type or print name and title				
		Preparer's name Preparer's signature	Date Check	PTIN		
Pai	d	JERALD L. CHILDS, CPA JERALD L. CHILDS, CP	03/12/25 if self-employe	P00318360		
Pre	parer	Firm's name WHITINGER & COMPANY LLC	Firm's EIN 3	5-0905017		
	Only	Firm's address 1100 W WHITE RIVER BLVD				
		MUNCIE, IN 47303-3776	Phone no. 76	5-284-3384		
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions	1	X Yes No		
				- 000 (222		

including grants of \$

183,800.

Total program service expenses

Form 990 (2024) VICTORY LANE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			, v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
	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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
3	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			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ _{3,7}
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		-
۱ ۲	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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D : 11/	Checklist of Required Schedules (continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			X
	Schedule L, Part I	25b		
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%		х	
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Δ.	
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	27		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	instructions for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
Ū	"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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 I	Щ
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

024) VICTORY LANE CAMP, INC
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	The delicities delicited year ording war or warm the year develor by this retain	4	37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	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, a			- v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
ua	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	05		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.2		
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Х
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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment 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 any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1		
~	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 05		
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	and an analytic social and an analytic social and an analytic social soc		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X
	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	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
9	The organization's CEO, Executive Director, or top management official	15a	х	
a h	Other officers or key employees of the organization	15a		Х
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iua		16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed IN			
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	ı) avail	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	واران فرف	, availe	2010
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
19	statements available to the public during the tax year.	ııu IIIId	iiciai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	BRETT FISCHER - (765) 591-4191			
	1912 BUNDY AVENUE, NEW CASTLE, IN 47362			

Form 990 (2024)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average hours per week	box	not c	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BRETT FISHER	40.00			Ψ,				04 000	0.	0
CEO	1.00			Х			_	84,989.	0.	0.
(2) DON CRISWELL CHAIRMAN	1.00	x		x				0.	0.	0.
(3) DARA UPCHURCH	1.00	^		^				0.	0.	0.
VICE CHAIRMAN	1.00	Х		х				0.	0.	0.
(4) JENNIE BREWSTER	6.00							•		
TREASURER		х		х				0.	0.	0.
(5) KENT SHADLEY	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) JANIS MUNCY	1.00									
BOARD MEMBER		Х						0.	0.	0.

432007 12-10-24 Form **990** (2024)

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation	(E) Reportable compensation		I		
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer p		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MI: 1099-NEC)	ons compensa from the		e ion ed	
			_											
			<u> </u>											
			_											
			_											
			_											
			-											
1b c	Subtotal Total from continuation sheets to Part V	I, Section A							84,989.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c)								84,989. eceived more than \$100	0,000 of reportab	0. ole			0.
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual										3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sch	edul	e J f	for such individual			4		Х
	rendered to the organization? If "Yes," com tion B. Independent Contractors	=				-						5		Х
1	Complete this table for your five highest co										npens	ation 1	from	
	(A) Name and business			INC					(B) Description of s		С		C) nsatio	n
2	Total number of independent contractors (i	-	ot li	mite	d to	tho	se li:	sted	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zali0i1												

Form 990 (2024) VICTORY
Part VIII Statement of Revenue

		Check if Schedule O c	contains a response	e or note to any lin	e in this Part VIII			X
		CHOCK II COMOCAGO C	zornamo a response	y or moto to drift iii.	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
S S	4.	. Fodorated compoisons	1a					
ant			4.					
٦٥								
fts,	C	•						
ia Big			1d					
Sir	e	 Government grants (contri All other contributions, gifts, g 						
e ți	'		-	202,798.				
물리	_	similar amounts not included	· · · · · · · · · · · · · · · · · · ·	202,750.				
Contributions, Gifts, Grants and Other Similar Amounts	9				202,798.			
- "		Total. Add lines 1a-1f		Business Code	202,750			
	•	CAMPS		721210	10,681.	10,681.		
ķ.		ESTERIO C		900099	4,238.	4,238.		
Program Service Revenue	b			300033	4,230.	4,230.		
ven S	C							
gra Re	C							
Pro	e	All -41						
_	Ţ	All other program service r			14,919.			
\rightarrow	3	Total. Add lines 2a-2f Investment income (includ			14,515.			
	3	·	-					
	4	Income from investment o	of tay exempt hand					
	4		· ·	·				
	5	Royalties	(i) Real	(ii) Personal				
	٠.	Ouese wents	I _	(ii) i cisoriai				
	6 a		6a	+				
	b		6b	+				
	C	,	[6c]					
		Net rental income or (loss)Gross amount from sales of	(i) Securities	(ii) Other				
	<i>i</i> a	assets other than inventory	'	(ii) Otrici				
	h	Less: cost or other basis	7a					
<u>o</u>	L.		76					
eur	_	and sales expenses	7b 7c					
ě.		Gain or (loss)						
her Revenue		Net gain or (loss) Gross income from fundraisin						
g	0 4	including \$	of					
		contributions reported on						
		Part IV, line 18	•	,				
	h	Less: direct expenses		+				
		: Net income or (loss) from f						
		Gross income from gaming						
		Part IV, line 19	-	,				
	b	Less: direct expenses						
		: Net income or (loss) from						
		Gross sales of inventory, le						
		and allowances		a				
	b	Less: cost of goods sold						
		Net income or (loss) from s		-				
<u>"</u>		•		Business Code				
e go	11 a	l						
ane	b							
ie Ge	c							
Miscellaneous Revenue	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue See instruction	ins		217.717.	14.919.	ı 0.	0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

3601	ion 501(c)(3) and 501(c)(4) organizations must com	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	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	84,989.	55,243.	8,499.	21,247.
6	Compensation not included above to disqualified	01/3031	33,2131	0 / 133 .	21/21/4
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	34,959.	22,368.	2,154.	10,437.
8	Pension plan accruals and contributions (include	,	,	,	. ,
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	9,338.	3,091.	824.	5,423.
11	Fees for services (nonemployees):	-	-		<u>-</u>
а	Management				
	Legal				
	Accounting	6,236.		6,236.	
	Lobbying				
	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 Sch 0.)	10.004	10.101		100
12	Advertising and promotion	18,284.	18,184.		100.
13	Office expenses	2,749.	4 506	61.	2,688.
14	Information technology	4,786.	4,786.		
15	Royalties	20 062	22 962		6 000
16	Occupancy	28,862.	22,862.		6,000.
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	254.			254.
19	Conferences, conventions, and meetings	254.			234.
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	932.	932.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	ORGANIZATIONAL DEVELOPM	26,771.	26,771.		
b	DIRECT CAMP EXPENSES	19,166.	19,166.		
С	321 GO KIDS (FAMILY FOC	5,000.	5,000.		
d	BANK & CREDIT CARD FEES	4,758.	3,618.	1,140.	
е	All other expenses	6,631.	1,779.	592.	4,260.
25	Total functional expenses. Add lines 1 through 24e	253,715.	183,800.	19,506.	50,409.
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)				
	0. 10. 10. 04				Earm 990 (2024)

Form 990 (2024) Part X Balance Sheet

· a	IL A	Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		46,947.	1	16,344.
	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 currer				
		trustee, key employee, creator or founder, su	ıbstantial contributor, or 35%			
		controlled entity or family member of any of		5		
	6	Loans and other receivables from other disq				
		under section 4958(f)(1)), and persons descr	ibed in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ğ	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	· · · · · ·		11	
	12	Investments - other securities. See Part IV, lii			12	
	13	Investments - program-related. See Part IV, li		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e		46,947.	16	16,344.
	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. Comple			21	
S	22	Loans and other payables to any current or t	ormer officer, director,			
Liabilities		trustee, key employee, creator or founder, su				
abi		controlled entity or family member of any of			22	5,000.
Ξ	23	Secured mortgages and notes payable to un	related third parties		23	
	24	Unsecured notes and loans payable to unrel	ated third parties	2,216.	24	2,216.
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D		3,054.	25	3,449.
	26	Total liabilities. Add lines 17 through 25		5,270.	26	10,665.
		Organizations that follow FASB ASC 958,	check here			
Ses		and complete lines 27, 28, 32, and 33.				
<u>la</u>	27	Net assets without donor restrictions		41,677.	27	5,679.
Ba	28	Net assets with donor restrictions			28	
PL T		Organizations that do not follow FASB AS				
Ē		and complete lines 29 through 33.				
S.	29	Capital stock or trust principal, or current fur	nds		29	
set	30	Paid-in or capital surplus, or land, building, o			30	
As	31	Retained earnings, endowment, accumulate			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		41,677.	32	5,679.
_	33	Total liabilities and net assets/fund balances		46,947.	33	16,344.

Form **990** (2024)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 17.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 15.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-	98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	1,6	77.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		5,6	79.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
	•			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
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				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2024)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

2024

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VICTORY LANE CAMP, INC

Employer identification number 45 – 5088581

			OKI DANE C.	-			4	3-3000301		
Pa	rt I	Reason for Public (Charity Status.	All organizations must o	omplete tl	nis part.) S	See instructions.			
he	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)				
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative				(b)(1)(A)(i	ii).			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ned in		
_		section 170(b)(1)(A)(iv). (C								
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)			
	X	An organization that norma	· ·				` '	nublic described in		
•		section 170(b)(1)(A)(vi). (Co	•	Titial part of its support i	ioiii a gov	errineritai	unit of from the general	public described in		
8		A community trust describe	•	1VAVvil (Complete Bon	+ 11 \					
9	H	•				nd in coni	ination with a land grant	collogo		
9		An agricultural research org				-	_	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state of the collec	ge or		
40		university:								
10	ш	An organization that norma								
		activities related to its exen		•				•		
		income and unrelated busin		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Cor	-							
11	\square	An organization organized a	•	•	•					
12		An organization organized a	•	•	•		· · · · · · · · · · · · · · · · · · ·			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g.			
а			anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	/ giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting		
		organization. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving		
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,		
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.			
d			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness		
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III			
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information		d organization(s).						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		

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

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

Sec	tion A. Public Support			·			
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and	(-,	(-,	(-)	(-,	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	197,470.	222,584.	168,178.	178,470.	202,798.	969,500.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	197,470.	222,584.	168,178.	178,470.	202,798.	969,500.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						114,685.
	Public support. Subtract line 5 from line 4.						854,815.
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021 222, 584.	(c) 2022	(d) 2023	(e) 2024 202, 798.	(f) Total 969,500.
	Amounts from line 4	197,470.	222,584.	168,178.	178,470.	202,798.	969,500.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			1 156			1 156
_	and income from similar sources			1,156.			1,156.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	129.		1,156.			1,285.
44	assets (Explain in Part VI.)	125.		1,130.			971,941.
	Gross receipts from related activities,	ote (soo instruction	one)			12	J/1,J11
	First 5 years. If the Form 990 is for the			fourth or fifth tax			
10	organization, check this box and stor	- hava			•		
Sed	ction C. Computation of Publ						
	Public support percentage for 2024 (I			column (f))		14	87.95 %
	Public support percentage from 2023					15	85.77 %
	33 1/3% support test - 2024. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	· I		·	X
b	33 1/3% support test - 2023. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not o	check a box on line			
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	/ supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 6	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons Amounts included on lines 2 and 3 received						_
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						<u> </u>
	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						<u></u>
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2024 (ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2023	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)24 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2023 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2024. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2023. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
_		
3с		
4-		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9c		
90		
40		
10a		
10b		

Pai	rt IV Supporting Organizations (continued)			
	, and the second		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
		110		
C	: A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	445		
800	provide detail in Part VI. ction B. Type I Supporting Organizations	11c		
360	Ction B. Type I Supporting Organizations		I.,	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	cers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supply	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3				
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations	3		
		4:		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instr	uctions).		
а				
b				
С				
_	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	, , , , , , , , , , , , , , , , , , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2024 VICTORY LANE CAMP, INC			45-5088581 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

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

Schedule A (Form 990) 2024

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued	d)	
Sect	ion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
а	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i_	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
С	Excess from 2022			
d	Excess from 2023			
е	Excess from 2024			

Schedule A (Form 990) 2024

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VICTORY LANE CAMP, INC

Employer identification number 45-5088581

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	servation easements during the year
7	Amount of evapones included in monitoring inspecting have	dling of violations, and enforcing concern	ation accompate duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and emorcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	(h)(/)(R)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
Ū	balance sheet, and include, if applicable, the text of the foot	· ·	
	organization's accounting for conservation easements.	note to the organization o infariolal states.	ionio mai decembee me
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	herance of public service,
	provide the following amounts relating to these items.		•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990 Part Y		\$

Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures,	or Othe	er Simila	ar Asse	ts(contin	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	any of the	following the	at make s	ignificant	use of its	,	
	collection items (check all that apply).									
а	Public exhibition	d		Loan or exc	hange progr	ram				
b	Scholarly research	е			0 , 0					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	nev further t	he organizat	ion's exe	mpt purpo	se in Par	t XIII	
5	During the year, did the organization solicit of	-		-	-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ,	
•	to be sold to raise funds rather than to be ma				•				Yes	☐ No
Pai	t IV Escrow and Custodial Arran									110
	reported an amount on Form 990, Pa		10 11 1110	organization	T anowered	100 011	01111 000,	i aitiv, i		
	Is the organization an agent, trustee, custod	· · · · · · · · · · · · · · · · · · ·	diary for	contributio	ns or other a	assets not	included			
	on Form 990, Part X?	•	,						Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII									
~	in ree, explain the arrangement in rant xiii	and complete the re							Amoun	t
_	Reginning balance						1c			
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance								T.,	
	Did the organization include an amount on F						ity?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.								<u></u>	
Pai	t V Endowment Funds Complete if									
		(a) Current year	(b) P	rior year	(c) Two year	ars back	(d) Three y	ears back	(e) Four	r years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1	a column (a)) held as:	L			<u>. </u>	
	Board designated or quasi-endowment		%	9, 001011111 (ajj riola ao.					
a	Permanent endowment	%	_′′							
		⁷⁰								
C		ř -								
_	The percentages on lines 2a, 2b, and 2c sho									
за	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are neid a	and administ	erea for ti	ne		ı	Yes No
	organization by:									Yes No
	(i) Unrelated organizations?									
	(ii) Related organizations?									
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on S	chedule R?					. 3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part I\	/, line 11a. S	See Form 99	0, Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ad	cumulate	d	(d) Boo	k value
		basis (investn	nent)	basis	(other)	dep	preciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. line 1	0c. columr	n (B))	•				0.

Schedule D (Form 990) (Rev. 12-2024)

Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Col. (h) must squal Form 000, Port V, line 10, col. (P))			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11c See Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(b) Book value	(c) Welfied of Valuation. Cost of Cha	or year market value
(1)			
(2)			
(4) (5)			
(6)			
(7)		<u> </u>	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PAYROLL LIABILITIES			3,449.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 25, col.			3,449.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII..

Pai	rt XI Reconciliation of Revenue per Audited Financia	al Statements With Revenue	per Return	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemer	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li		5	
Pa	Reconciliation of Expenses per Audited Financi		es per Return	
	Complete if the organization answered "Yes" on Form 990, Par	· ·		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	***************************************			
b	Prior year adjustments			
С				
d	,	· ·		
	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	امدا		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.) Add lines 4a and 4b		10	
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I,		-	
	rt XIII Supplemental Information	IIIC 10.j		
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4: Part IV lines 1h and 2h: Part	V line 4: Part X line 2: Par	t XI
	22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	· · · · · · · · · · · · · · · · · · ·	, o ., . a, =, . a.	.,.,
		,		

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VICTORY LANE CAMP, INC

Employer identification number 45-5088581

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				ion 501(c)(4), and se							
Complete if the o	organization an	swered "Yes" on	Form 990, Pa	art IV, line 25a or 25b	; or Form 990-EZ, P	art V, I	ine 40	0b.			
1 (a) Name of disqualified person		(b) Relationship between disqualified person and organization		lified) Description of tran	eaction	n		(d)	Corre	cted?
				,,) Description of train	isactio	''		Y	es	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
2 Enter the amount of tax i	incurred by the	organization man	agers or disc	qualified persons du	ing the year under						
3 Enter the amount of tax,	if any, on line 2	2, above, reimburs	sed by the or	ganization			\$				
Part II Loans to and	d/or From Ir	nterested Per	sons								
Complete if the o	organization an	swered "Yes" on	Form 990-EZ	, Part V, line 38a, or	Form 990, Part IV, li	ne 26;	or if t	he org	anizat	ion	
reported an amo	unt on Form 99	90, Part X, line 5, 6	6, or 22.								
(a) Name of (b) Relatio				(e) Original	(f) Balance due	I (9) III I hiv ho		proved (i) Written			
interested person	with organizatio	of loan	organization?	principal amount		defa	ult?	comn	nittee?	agree	ement?
			To From			Yes	No	Yes	No	Yes	No
(1)JENNIE BREWST	DIRECTO	RCOVER PA	X	5,000.	5,000.		X	X			X
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total				\$	5,000.						
Part III Grants or As	sistance Be	enefiting Inter	rested Pe	rsons							
Complete if the o	organization an	swered "Yes" on	Form 990, Pa	art IV, line 27.							
(a) Name of interested person		(b) Relationship	between	(c) Amount of	(d) Type of			(e) Purpose of			
		interested person and		assistance	assistan	assistance		assistance			
		the organiza	ation								
(1)											
(2)											

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

Schedule L (Form 990) (Rev. 12-2024)

(3) (4) (5) (6) (7) (8) (9)

	Complete if the organization answered (a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha	aring of
,	(a) Name of interested person	person and the organization	transaction	transaction	organization's revenues?	
					Yes	No
(1)						
(2)					-	
(3)						
(4)						
(5)					1	
(6) (7)						
(8)					1	
(9)						
(10)						
Part V	Supplemental Information			•	•	
	Provide additional information for response	onses to questions on Schedule L. See	instructions.			
	ULE L, PART II, LOANS		STED PERSON	NS:		
	AME OF PERSON: JENNIE					
	ELATIONSHIP WITH ORGA		TREASURER			
(C) P	URPOSE OF LOAN: COVER	PAYROLL				

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 45-5088581 VICTORY LANE CAMP, INC PART VI, SECTION A, LINE 8B: THE ORGANIZATION CURRENTLY HAS NO SEPARATE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE CEO AND BOARD TREASURER REVIEW THE FORM 990 FOR ACCURACY AND COMPLETENESS AND THE TREASURER MAKES A REPORT TO THE ENTIRE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL REVIEW OF CONFLICT OF INTEREST PLEDGES MADE BY BOARD SECTION B, FORM 990, PART VI, LINE 15A: BOARD OF DIRECTORS REVIEWS COMPENSATION OF CEO FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS AVAILABLE TO THE PUBLIC UPON REQUEST OF THE ORGANIZATION'S CEO OR OTHER OFFICER. FORM 990, PART VII, SECTION 2, LINE B VICTORY LANE EXPANDED ITS REVENUE STREAMS IN 2024 THROUGH TICKETED EVENTS AND FEE-BASED SERVICES, GENERATING \$14,919 TO DIRECTLY SUPPORT PROGRAM ENHANCEMENTS. DONOR CONTRIBUTIONS INCREASED BY 15%, REFLECTING GROWING CONFIDENCE IN VICTORY LANE'S MISSION AND IMPACT.