## 990 **990**

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

OMB No. 1545-0047

2024

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.

Α	For the	2024 calend	dar y	ear, or tax y	ear begini	ning		<u>,</u> 20	024, and en	ding		_	, <mark>20</mark>		
В	Check if	applicable:	C Na	ame of organiza	ation							D Empl	loyer identification number		
	Address		Doing business as												
$\overline{\Box}$	Name ch	•	Nu	umber and stre	et (or P.O. k	oox if mail	is not delivered t	o street add	ress)	Roon	n/suite	<b>E</b> Telep	phone number		
$\Box$	Initial ret	•			,				ŕ						
H		ırn/terminated	Ci	ity or town, sta	te or provinc	ce country	y, and ZIP or fore	ign postal co	nde	-					
П	Amende		0.	ty 0. 10 m., 01a.	to or provin	oo, oou,	,,	.g., poota, o				<b>G</b> Gross	ss receipts \$		
П		ion pending	E Na	me and addres	se of princip	al officer:					H(a) le this a		for subordinates? Yes No		
ш	Арріісац	ion pending	i Na	me and address	33 OI PIIIIOIP	ai omeer.					1		ates included? Yes No		
_	Tay-eyer	mpt status:	$\vdash_{\Box}$	501(c)(3)	501(c) (	,	) (insert no.)	4947(a)	(1) or 52	7	+ ` ´	attach a list. See instructions.			
J	Website			001(0)(0)			) (113611110.)		(1) 01 02	<u>'</u>	H(c) Group				
<u></u> К	-	organization:	7 Corr		rust As:	sociation	Other		L Year of fo	rmation			e of legal domicile:		
_	art I			Joration II	ust As:	Sociation	Other		L rear or io	matioi	I.	IVI State	e or legal dorniclie.		
Ш	_	Summa			,				•••						
	1	Briefly des	cribe	tne organi	zation's r	nission (	or most signif	icant acti	vities:						
ő															
ā															
ēr															
Activities & Governance	2				-					a ot m	ore than 2	1 -	its net assets.		
ă	3			_	_		g body (Part '					3			
ies	4			•	-		the governin			1b)		4			
Ĭξ	5						lendar year 20	-	-	•		5			
Act	6			of volunteers	-							6			
-	7a						VIII, column	. ,				7a			
	b	Net unrela	ted b	ousiness tax	cable inco	me fron	n Form 990-T	, Part I, lii	ne 11			7b			
											Prior Ye	ar	Current Year		
Revenue	8	Contribution	ributions and grants (Part VIII, line 1h)												
	9	Program s	service revenue (Part VIII, line 2g)												
eve	10	Investment	stment income (Part VIII, column (A), lines 3, 4, and 7d)												
Œ	11	Other reve	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)												
	12														
	13	Grants and	d sim	nilar amount	s paid (Pa	art IX, co	olumn (A), line	es 1–3) .							
	14	Benefits pa	aid to	o or for mer	nbers (Pa	art IX, co	olumn (A), line	4)							
S	15	-			-		efits (Part IX, c	-							
Expenses	16a			-		_									
per	b		onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25)												
Ж	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)												
	18						al Part IX, col		ine 25)						
	19	-		expenses. S	-	-		a ( , , , .		· <del>  -</del>					
_ a		11070110010	,,,,,	жропосог с	abtract iii	10 10 110				Bed	ginning of Cu	rent Year	r End of Year		
Net Assets or	20	Total asset	ts (P:	art X, line 16	6)						,				
Asse	21		•	(Part X, line	,					· -					
Net	22			, ,	,	oct line 2	 21 from line 2	 n		· <del>  -</del>					
	art II	Signatu			o. Oabiic	201 1110 2	1 110111 11110 2			<u> </u>					
_					e examined	this return	including acco	mnanving co	hedules and	statema	ents and to the	ne hest of	f my knowledge and belief, it i		
							er) is based on al						, miomougo una sono, m		
		1									1				
Si	gn	Signature	of offi	icer							Da	ate			
	ere	o.g.iata.o	0. 0												
. 10	J1 <del>G</del>	Type or pr	int na	ame and title											
		Preparer's				Dro	narar'e signatura			Date		1	if PTIN		
Pa	aid	rieparers	ndii)	<del>-</del>		Pre	parer's signature			Date		Check self-em	□ "		
Pr	epare	r											ipioyeu		
	se Onl	y Firm's nar	name Firm						n's EIN						
		Firm's add									Pho	ne no.			
Ma	ay the IF	RS discuss	this r	return with t	the prepa	rer shov	vn above? Se	e instruct	ions				Yes No		

Form 990 (2024) Page **2** 

Part				art III	
1	Briefly describe the organization's	s mission:			
2	Did the organization undertake as prior Form 990 or 990-EZ?				☐ Yes ☐ No
3	If "Yes," describe these new serv Did the organization cease conservices?	ducting, or make signi		now it conducts, any program	☐ Yes ☐ No
	If "Yes," describe these changes				
4	Describe the organization's progexpenses. Section 501(c)(3) and the total expenses, and revenue,	ram service accomplishr 501(c)(4) organizations a	are required to report	three largest program services, t the amount of grants and alloc	as measured by ations to others
4a	(Code:) (Expenses \$	including	g grants of \$	) (Revenue \$	)
4b	(Code:) (Expenses \$	including	g grants of \$	) (Revenue \$	)
4c	(Code: ) (Expenses \$	including	g grants of \$	) (Payanua \$	
70	(Code:) (Expenses \$\psi_{}\$		j grants or Ψ	) (Nevenue \$	/
	OII	01			
4d	Other program services (Describe (Expenses \$ includes)	-	) (Revenue	Φ \	
4e	Total program service expenses	uding grants of \$	) (neverlue	φ )	

Form 9	90 (2024)  IV Checklist of Required Schedules		F	Page 3
Tare	Oncokiist of frequired concedures		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
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		
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		
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		
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		
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		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		
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		
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		
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? <i>If "Yes," complete Schedule D, Part IX </i>	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
2	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		
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		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			

17

18

19

20a

21

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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		
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		
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		
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		
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? <i>If "Yes," complete Schedule L, Part II</i>	26		
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		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		
b b	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b 28c		
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		
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? <i>If "Yes," complete Schedule R, Part I</i>	33		
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		
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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	35b 36		
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		
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		
Part				
	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 1a			
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Lab Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a							
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						
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	<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
		4a						
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b						
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	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						
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 it was required to file Form 8282?							
ч		7c						
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f						
g								
h	, , , , , , , ,							
8	, , , , , , , , , , , , , , , , , , , ,							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	_						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b						
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
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.)							
12a		12a						
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-						
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a						
а	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100						
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							
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						
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						
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16						
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.							

Form 990 (2024) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a 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 . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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 **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Upon request

State the name, address, and telephone number of the person who possesses the organization's books and records.

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

Own website

19

20

Another's website

and financial statements available to the public during the tax year.

Other (explain on Schedule O)

Form 990 (202	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours	officer and a director/trustee)						Reportable compensation	(E)  Reportable compensation from related	(F) Estimated amount of other compensation
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Highest compensated employee Key employee Officer		Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1)	<u> </u>									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated E	mplo	yees (c	ontinued)
						C)							
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)			(F)
	Name and title	Average hours	box, unless person is bofficer and a director/ti			is both	n an	Reportable compensation	Reportable compensation			ed amount other	
		per week		_	_	_		—	from the	from relat	ted	comp	ensation
		(list any hours for	Individual to	nstit	Officer	(ey e	lighe	Former	organization (W-2/ 1099-MISC/	organizations 1099-MIS			m the zation and
		related	dual	tior	۳ ا	dme	st co	<u>e</u>	1099-NEC)	1099-NE		-	rganizations
		organizations below	ndividual trustee or director	lal tr		Key employee	omp						
		dotted line)	tee	nstitutional trustee			Highest compensated employee						
				W			ted						
(15)													
(4.0)													
(16)			-										
(17)													
1111			1										
(18)													
(19)													
(2.2)													
(20)			-										
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32			Ī										
(23)													
(24)			_										
(OE)													
(25)			-										
1b	Subtotal		· .	٠.	٠.								
С	Total from continuation sheets to Part	VII, Section	n A										
d	Total (add lines 1b and 1c)												
2	Total number of individuals (including but		d to th	ose	e list	ted	above	e) w	ho received mor	e than \$10	0,000	of	
	reportable compensation from the organi	ization											V N
3	Did the organization list any former of	officer dir	octor	tru	ıcto	م ا	(O) / O	mnl	lovos or highes	st compon	catad		Yes No
3	employee on line 1a? If "Yes," complete											3	
4	For any individual listed on line 1a, is the											_	
	organization and related organizations												
	individual											4	
5	Did any person listed on line 1a receive of												
01	for services rendered to the organization	? If "Yes," o	compi	ete	Scr	neal	ile J 1	or s	sucn person .		•	5	
<u>Secti</u>	on B. Independent Contractors  Complete this table for your five high	neet comp	oncat	<u>ad</u>	inda	200	ndont		entractors that r	eceived m	oro t	han ¢1	00 000 of
•	compensation from the organization. Rep												
	(A)							, , .	(B)		3	(C)	
	Name and business add	Iress							Description of serv	vices	(	Compens	ation
	Total number of independent contractor	re (includi	na hi	ıt n	O+ 1	limit	- had +-	) +h	nose listed above	a) who			
_	received more than \$100,000 of compens	•	•				.ou il	ווו	iose listeu abuv	C) WIIO			

Page 8

Part VIII	Statement of Revenue
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		Check if Schedule O contains a response	onse or note to an	y line in this Pa	art 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	a				
an,	b	Membership dues 11	)				
Contributions, Gifts, Grants, and Other Similar Amounts	С	Fundraising events 10					
	d	Related organizations 10	t				
Gi	е	Government grants (contributions) 10	9				
ns, Sir	f	All other contributions, gifts, grants,					
tio er (		and similar amounts not included above 1	f				
ibu Xth	g	Noncash contributions included in					
ntr Id (		lines 1a–1f	\$				
Co	h	Total. Add lines 1a-1f	•				
			Business Code				
Се	2a						
Program Service Revenue	b						
gram Ser Revenue	С						
am	d						
gr. Re	е						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividen	ds, interest, and				
		other similar amounts)					
	4	Income from investment of tax-exempt	oond proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>e</u>	b	Less: cost or other basis					
Revenue		and sales expenses . 7b					
lev	С	Gain or (loss) <b>7c</b>					
_	d	Net gain or (loss)					
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 81					
	С	Net income or (loss) from fundraising e	vents				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9					
		Less: direct expenses 91					
		Net income or (loss) from gaming activi	ties				
	10a	Gross sales of inventory, less					
		returns and allowances 10					
		Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inver					
Sn	۱		Business Code				
Miscellaneous Revenue	11a		.		-		
scellaneo Revenue	b		.				
e }e√	C	All all and an arrangement of the second of					
Mis	d	All other revenue					
	12	Total revenue See instructions	<u> </u>				
	12	TOTAL REVENUE SEE INSTRUCTIONS			1	i	

Form 990 (2024) Page **10** 

## Part IX Statement of Functional Expenses

	n 501(a)(a) and 501(a)(d) argonizations must some	loto all calumna All	athar arganizations	must samplete salu	mm (A)
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				
D				(C)	(D)
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21 .				
0					
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
_	·				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
С	Accounting				
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				
17	Travel				
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				
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 O.)				
а					
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e				
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here [ if				
	following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		🔲
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		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,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	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, 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)		16	
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to any current or former officer, director,		21	
ties	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
bili		controlled entity or family member of any of these persons		22	
Liabilities	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	
	26	Total liabilities. Add lines 17 through 25		26	
S		Organizations that follow FASB ASC 958, check here			
nce		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
I B	28	Net assets with donor restrictions		28	
nuc		Organizations that do not follow FASB ASC 958, check here			
гF		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds .		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	
_	33	Total liabilities and net assets/fund balances		33	5 000 (222 ()

Form 990 (2024) Page **12** 

Part XI	Reconciliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI				
<b>1</b> To	otal revenue (must equal Part VIII, column (A), line 12)	1			
<b>2</b> To	otal expenses (must equal Part IX, column (A), line 25)	2			
<b>3</b> Re	evenue less expenses. Subtract line 2 from line 1	3			
4 Ne	et assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
5 Ne	et unrealized gains (losses) on investments	5			
<b>6</b> Do	onated services and use of facilities	6			
<b>7</b> Inv	vestment expenses	7			
	ior period adjustments	8			
	her changes in net assets or fund balances (explain on Schedule O)	9			
	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	r, column (B))	10			
Part XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Ye	s No
	counting method used to prepare the Form 990:  Cash Accrual Other  the organization changed its method of accounting from a prior year or checked "Other," ex	منمام			
	the organization changed its method of accounting from a prior year or checked. Other, exchedule O.	piain	On		
	ere the organization's financial statements compiled or reviewed by an independent accountant?		. 2	а	
	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.				
			. 2	h	
	Were the organization's financial statements audited by an independent accountant?			5	
	parate basis, consolidated basis, or both.	ied oi	' a		
	Separate basis				
_	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	t of		
	the audit, review, or compilation of its financial statements and selection of an independent ac				
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	chedule O.				
<b>3a</b> As	s a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the		
	niform Guidance, 2 C.F.R. Part 200, Subpart F?		. з	а	
<b>b</b> If	"Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the		
red	quired audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	. 3	b	

Form **990** (2024)