

Note: The draft you are looking for begins on the next page.

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## 990 **990**

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

OMB No. 1545-0047

2023

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.

Open to Public Inspection

A F	or the	2023 calend	dar year, or tax year beginning	, 2023, and end	ling		, 20			
В	Check if a	applicable:	C Name of organization			D Employe	er identification num	nber		
	Address o	change	Doing business as							
	Name cha	ange	Number and street (or P.O. box if	mail is not delivered to street address)	Room/suite <b>E</b> Telephone number					
	nitial retu	rn								
□ F	inal retur	n/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal code						
	Amended	return				<b>G</b> Gross re	ceipts \$			
	Application	n pending	F Name and address of principal offi	cer:	H(a) Is thi	s a group return for su	ıbordinates? 🗌 Yes [	No		
					H(b) Are	all subordinates	included? 🗌 Yes	No		
<u> </u>	Tax-exem	pt status:	501(c)(3) 501(c) (	) (insert no.) 4947(a)(1) or 527	If "N	lo," attach a list.	See instructions.			
J	Website:				H(c) Gro	up exemption nu	mber			
K F	orm of o	rganization:	Corporation Trust Associate	tion Other L Year of for	mation:	M State of	legal domicile:			
Pa	rt I	Summa	ry							
	1	Briefly des	cribe the organization's missi	ion or most significant activities:						
မွ	_									
Activities & Governance										
len	2	Check this	box I if the organization di	scontinued its operations or disposed	of more tha	n 25% of its r	net assets.			
ĝ	3	Number of	voting members of the gove	rning body (Part VI, line 1a)		. 3				
<b>∞</b> ŏ	4	Number of	independent voting member	s of the governing body (Part VI, line	1b)	. 4				
ţį	5	Total numb	per of individuals employed in	n calendar year 2023 (Part V, line 2a)		. 5				
Ęį	6	Total numb	per of volunteers (estimate if r	necessary)		. 6				
٧	7a -	Total unrel	ated business revenue from F	Part VIII, column (C), line 12		. 7a	4-5			
	b	Net unrelat	ed business taxable income	from Form 990-T, Part I, line 11		. 7b				
					Prior	Year	Current Year			
<u>o</u>			ons and grants (Part VIII, line							
	9	Program se	ervice revenue (Part VIII, line :	2g)						
Revenue	10	Investment	t income (Part VIII, column (A)	), lines 3, 4, and 7d)						
-	11 (	Other reve	nue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)						
	12	Total reven	ue-add lines 8 through 11 (m	nust equal Part VIII, column (A), line 12)		_				
				X, column (A), lines 1-3)						
	14	Benefits pa	aid to or for members (Part IX	X, column (A), line 4)						
S	15	Salaries, ot	her compensation, employee b	penefits (Part IX, column (A), lines 5-10)						
Expenses	16a	Profession	al fundraising fees (Part IX, co	olumn (A), line 11e)						
ğ			aising expenses (Part IX, colu							
ш		-	enses (Part IX, column (A), line							
		-		equal Part IX, column (A), line 25) .						
	19	Revenue le	ess expenses. Subtract line 1	8 from line 12						
Net Assets or Fund Balances					Beginning of	Current Year	End of Year			
sset			ts (Part X, line 16)							
nd E			ties (Part X, line 26)							
			or fund balances. Subtract li	ne 21 from line 20						
	rt II		re Block							
				return, including accompanying schedules and s officer) is based on all information of which prep			knowledge and belie	ef, it is		
	, 0011001,	una complet	5. Declaration of property (error than	omoor, to based on an information of which prop	aror nao any mie	ı				
Sia.	<u> </u>	0:	- ##: · ·			D-4-				
Sig		Signature of	onicer			Date				
Her	+	T 1.1								
		· ·	name and title		Б.		DT''			
Pai	d	Print/Type	e preparer's name	Preparer's signature	Date	Check				
	parer	•			<u> </u>	self-employ	/eu			
	Only	Firm's nan				Firm's EIN				
		Firm's add		shown above? See instructions	F	Phone no.	□ Voc □			

Form 990 (2023) Page **2** 

Part		of Program Service			Part III	
1		ne organization's miss			<u>arm</u>	<u> </u>
					<b>7/11</b>	
2	prior Form 990 or	990-EZ?		services during the year	ear which were not listed on the	☐ Yes ☐ No
3	Did the organizat	these new services of tion cease conducting	ig, or make sign	nificant changes in I	how it conducts, any program	
						∐ Yes ☐ No
4	Describe the orga expenses. Section		ervice accomplish (4) organizations	are required to repo	s three largest program services rt the amount of grants and allo	
4a	(Code:	) (Expenses \$		g grants of \$		)
		<del></del>				
					<del></del>	
				00		
4b	(Code:	) (Expenses \$	includin	g grants of \$	) (Revenue \$	)
710					γ (Hoverlad ψ	'
4c	(Code:	) (Expenses \$	includin	g grants of \$	) (Revenue \$	)
4d		rvices (Describe on So		\	Φ	
4e	(Expenses \$ Total program ser	including of the street includ	grants of \$	) (Revenue	э )	
	. J.a. program ser	57.0000				

Checklist of Required Schedules	
	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		
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2		
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		
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? If "Yes," complete Schedule D, Part IV	9		
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		
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? <i>If "Yes," complete Schedule D, Part VIII </i>	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? If "Yes," complete Schedule D, Part IX	11d		
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e 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	"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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		
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		
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		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	02		
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	23		
		24a		
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		
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? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		
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>	30		
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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 $512(b)(13)$ ? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related exemptation? If "Yes," complete Schedule R, Part V, line 2.	35b		
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	37		
Part		38		
rail	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
10	Enter the number reported in box 2 of Form 1006. Enter 0, if not applicable		162	INO
1a h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 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	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		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
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?	7.		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7с		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.  Did the sponsoring organization make any taxable distributions under section 4966?	00		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	35		
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 10b			
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		
ıza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	128		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
C 140	Enter the amount of reserves on hand	4.4-		
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו		
. •	excess parachute payment(s) during the year?	15		
	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		
	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.			

Form 990 (2023) 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 . 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 one or more members of the governing body? 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: 8a Each committee with authority to act on behalf of the governing body? 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* 12a 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 Did the organization have a written whistleblower policy? . . . . . . . . . . . . 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

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

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

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

Other (explain on Schedule O)

☐ Upon request

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Another's website

Own website

19

orm 990 (202	<u>'</u>										Page
Part VII	Compensation of Officers, Dir Independent Contractors	ectors, Tr	uste	es,	Ke	у Е	mplo	oye	es, Highest C	ompensated E	imployees, and
	Check if Schedule O contains a re	esponse or	note	to	any	line	e in th	nis F	Part VII		🗀
	Officers, Directors, Trustees,								<u> </u>		
	te this table for all persons required i's tax year.	d to be list	ed. F	Repo	ort o	com	pens	atio	n for the calend	lar year ending	with or within th
	of the organization's current office								viduals or organ	izations), regard	less of amount of
-	on. Enter -0- in columns (D), (E), and				-				f		
	of the organization's current key en e organization's five current highes		_								or key employee
	ed reportable compensation (box 5 of										
	om the organization and any related	•									
	I of the organization's <b>former</b> offic freportable compensation from the o									iployees who re	ceived more that
	of the organization's former direct										r or trustee of the
_	n, more than \$10,000 of reportable c				ne o	rga	nızatı	on a	and any related o	organizations.	_
	ructions for the order in which to list his box if neither the organization no	•			atic	n c	ompe	nsa	ited any current	officer director	or trustee
			V 0.9	Q		C)			A		
	(A)	(B)	(do n	ot ob	Pos		e than o	ono	(D)	(E)	(F)
	Name and title	Average hours	box,	unles	ss pe	rson	is both	n an	Reportable compensation	Reportable compensation	Estimated amount of other
					_		or/trust		from the	from related	compensation
		(list any hours for	divic dire	stitu	Officer	ey er	ighes	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	$\Lambda$	related organizations	Individual trustee or director	Institutional		Key employee	Highest compensated employee	٦	1099-NEC)	1099-NEC)	related organizations
	AUGU	below dotted line)	ruste	I trustee		yee	npen	Ľ.			-5
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(13)

(14)

Part	VII Section A. Officers, Directors,	rustees,	Key I	Emp	olo	yee	es, ar	ıd F	lighest Compe	nsated	Emplo	<b>yees</b> (continued)
					(0	C)						
	(A)	(B)	(-1	-4 -1-		ition			(D)	(E)	)	(F)
	Name and title	Average	,				e than is both		Reportable	Report		Estimated amount
		hours per week					tor/trus		compensation from the	compen from re		of other compensation
		(list any	or c	Inst	Officer	<u>\$</u>	Hig	For	organization (W-2/			from the
		hours for	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-N		organization and
		related organizations	of all	iona		팅	e co		1099-NEC)	1099-1	NEC)	related organizations
		below	rust	Ę		yee	npe					
		dotted line)	8	stee			nsat					
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(25)								н				
(23)			1					ш				
1b	Subtotal							-				
C	Total from continuation sheets to Part	 VII Sectio	n Δ	•		•		•				
d	Total (add lines 1b and 1c)	•						•				
2	Total number of individuals (including but	t not limited	d to th	ose	list	ted	abov	e) w	ho received mor	e than \$1	00.000	of
	reportable compensation from the organ							,		•	,	
-												Yes No
3	Did the organization list any former	officer, dire	ector.	tru	ste	e. k	kev e	lam	ovee, or highes	st compe	ensated	
	employee on line 1a? If "Yes," complete											3
4	For any individual listed on line 1a, is the	sum of re	portal	ole (	con	npe	nsatio	on a	nd other compe	nsation fr	om the	
	organization and related organizations											
	individual											4
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	fro	m any	, un	related organiza	tion or inc	dividual	
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	nedi	ule J	for s	such person .			5
Secti	on B. Independent Contractors											
1	Complete this table for your five high											
	compensation from the organization. Rep	ort compen	nsation	n for	the	e ca	llenda	r ye	ar ending with or	within th	e organ	ization's tax year.
	(A)								(B)			(C)
	Name and business add	ress						L	Description of serv	/ices		Compensation
2	Total number of independent contractor							o th	ose listed abov	e) who		
	received more than \$100,000 of compens	ation from	the or	gan	izat	ion						

	,	,
Par	t VIII	Statement of Revenue

		Check if Schedule O contains a respon	nse or note to ar	ny line in this Pa	ırt VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in	SL				
Sontrib and Ot	g h	lines 1a–1f	\$				
Program Service (	2a b c d e f	All other program service revenue	Business Code	)R	AF	7	
Д.						_	
	3 4 5	Total. Add lines 2a–2f	s, interest, and ond proceeds	22.	2	12	3
	6a b c	Gross rents 6a Less: rental expenses Rental income or (loss)  (i) Real  6b  6c	(ii) Personal				
	d 7a	Net rental income or (loss)	(ii) Other				
Revenue	b	other than inventory Less: cost or other basis and sales expenses . 7b					
eve	С	Gain or (loss) <b>7c</b>					
_	d	Net gain or (loss)					
Other		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	с 9а	Net income or (loss) from fundraising every Gross income from gaming activities. See Part IV, line 19 . 9a	ents				
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activiti	es				
		Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b					
	C	Net income or (loss) from sales of invent					
S		The state of the s	Business Code				
e son	11a						
Miscellaneous Revenue	b						
eve	С						-
Ais(	d	All other revenue					
_		Total. Add lines 11a–11d					
	12	<b>Total revenue.</b> See instructions					

## Form 990 (2023) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Program service expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . Compensation of current officers, directors, 5 trustees, and key employees . . . Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 Payroll taxes . . . . . . . 11 Fees for services (nonemployees): Management Legal . . . Accounting . Professional fundraising services. See Part IV, line 17 Investment management fees 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 . . . . . . . Occupancy . . . . . . . . . 16 Travel . . . . . . . . . . . . . . . 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates . . . . . . . 22 Depreciation, depletion, and amortization . 23 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 C d All other expenses 25 Total functional expenses. Add lines 1 through 24e 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 Pa	rt X		
			<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	
As	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	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
ies	22	Loans and other payables to any current or former officer, director,			
ilit		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
Liabilities	•			22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	23	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	
6		Organizations that follow FASB ASC 958, check here		20	
Ce		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions		27	
Ва	28	Net assets with donor restrictions		28	
nd		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds .		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	
ž	33	Total liabilities and net assets/fund balances		33	

Form 990 (2023) Page **12** 

Part	XI Reconciliation of Net Assets		•	
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)			
2	Total expenses (must equal Part IX, column (A), line 25)			
3	Revenue less expenses. Subtract line 2 from line 1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			
5	Net unrealized gains (losses) on investments			
6	Net unrealized gains (losses) on investments			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))			
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	_	
	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.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
_	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
С	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on	20		
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	- Ju	+	
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	required addit of addite, explain why on confedence of and accounted any stope taken to undergo each addite.	30		

Form **990** (2023)