

Return of Organization Exempt From Income Tax

2024

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

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning TaxPeriodBeginDt, 2024, and ending TaxPeriodEndDt, 20

B Check if applicable: AddressChangeInd, NameChangeInd, InitialReturnInd, FinalReturnInd, AmendedReturnInd, ApplicationPendingInd. C Name of organization BusinessName, InCareOfNm, DoingBusinessAsName. D Employer identification number EIN. E Telephone number PhoneNum, ForeignPhoneNum. F Name and address of principal officer: PrincipalOfficerNm, PrincipalOfcrBusinessName, USAddress, ForeignAddress. G Gross receipts \$ GrossReceiptsAmt. H(a) Is this a group return for subsidiaries GroupReturnForAffiliatesInd. H(b) Are all subsidiaries included AllAffiliatesIncludedInd. I Tax-exempt status: Organization501c3Ind, Organization501cnd, organization501cTypeTxt, Organization4947a1NotPFInd, Organization527Ind. J Website: WebsiteAddressTxt. K Form of or TypeOfOrganizationCorpln, TypeOfOrganizationTrustInd, TypeOfOrganizationAssocInd, TypeOfOrganizationOtherInd, OtherOrganizationDsc. L Year of formation FormationYr. M State of legal domicile: LegalDomicileStateCd, LegalDomicileCountryCd.

Part I Summary

1 Briefly describe the organization's mission or most significant activities: ActivityOrMissionDesc. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of i. 3 Number of voting members of the governing body (Part VI, line 1a) 3. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4. 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5. 6 Total number of volunteers (estimate if necessary) 6. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b. 8 Contributions and grants (Part VIII, line 1h) PYContributionsGrantsAmt, CYContributionsGrantsAmt. 9 Program service revenue (Part VIII, line 2g) PYProgramServiceRevenueAmt, CYProgramServiceRevenueAmt. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) PYInvestmentIncomeAmt, CYInvestmentIncomeAmt. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) PYOtherRevenueAmt, CYOtherRevenueAmt. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) PYTotalRevenueAmt, CYTotalRevenueAmt. 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) PYGrantsAndSimilarPaidAmt, CYGrantsAndSimilarPaidAmt. 14 Benefits paid to or for members (Part IX, column (A), line 4) PYBenefitsPaidToMembersAmt, CYBenefitsPaidToMembersAmt. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–) PYSalariesCompEmpBnftPaidAmt, CYSalariesCompEmpBnftPaidAmt. 16a Professional fundraising fees (Part IX, column (A), line 11e) PYTotalProfFndrsngExpnsAmt, CYTotalProfFndrsngExpnsAmt. b Total fundraising expenses (Part IX, column (D), line 25) CYTotalFundraisingExpenseAmt. 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) PYOtherExpensesAmt, CYOtherExpensesAmt. 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) PYTotalExpensesAmt, CYTotalExpensesAmt. 19 Revenue less expenses. Subtract line 18 from line 12 PYRevenuesLessExpensesAmt, CYRevenuesLessExpensesAmt. 20 Total assets (Part X, line 16) Beginning of Current Year TotalAssetsBOYAmt, End of Year TotalAssetsEOYAmt. 21 Total liabilities (Part X, line 26) TotalLiabilitiesBOYAmt, TotalLiabilitiesEOYAmt. 22 Net assets or fund balances. Subtract line 21 from line 20 NetAssetsOrFundBalancesBOYAmt, NetAssetsOrFundBalancesEOYAmt.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

MissionDesc

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

SignificantNewProgramSrvclnd

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

SignificantChangeInd

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ActivityCd) (Expenses \$ ExpenseAmt including grants of \$ GrantAmt) (Revenue \$ RevenueAmt)

Desc

ProgSrvAccomActy2Grp

**4b** (Code: ActivityCd) (Expenses \$ ExpenseAmt including grants of \$ GrantAmt) (Revenue \$ RevenueAmt)

Desc

ProgSrvAccomActy3Grp

**4c** (Code: ActivityCd) (Expenses \$ ExpenseAmt including grants of \$ GrantAmt) (Revenue \$ RevenueAmt)

Desc

ProgSrvAccomActyOtherGrp

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ TotalOtherProgSrvExpenseAmt grants TotalOtherProgSrvGrantAmt (Revenue \$ TotalOtherProgSrvRevenueAmt)

**4e** Total program service expenses TotalProgramServiceExpensesAmt

Part IV Checklist of Required Schedules

Table with 21 rows of questions and checkboxes for 'Yes' and 'No'. Questions cover various organizational requirements such as political campaign activities, lobbying, donor advised funds, and financial reporting. Each question is followed by a 'Yes' and 'No' column with a corresponding input field.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No boxes. Includes questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . InfoInScheduleOPartVInd

Table with 3 columns: Question number, Question text, and Yes/No boxes. Includes questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.



Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

Table with 17 main rows and multiple sub-rows (a, b, c, etc.) for each. Columns include question text, input fields (e.g., EmployeeCnt, ForeignCountryCd), and Yes/No checkboxes. Includes sections for 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7, 7a-7c, 8, 9, 10, 11, 12a-12b, 13a-13c, 14a-14b, 15, 16, and 17.

**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 InfoInScheduleOPartVIInd

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	<span style="border: 1px solid black; padding: 2px;">GoverningBodyVotingMembersCnt</span>	
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . .	<b>1b</b>	<span style="border: 1px solid black; padding: 2px;">IndependentVotingMemberCnt</span>	
<b>2</b> 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? . . . . .	<b>2</b>	<span style="border: 1px solid black; padding: 2px;">FamilyOrBusinessRlInd</span>	
<b>3</b> 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? . . . . .	<b>3</b>	<span style="border: 1px solid black; padding: 2px;">DelegationOfMgmtDutiesInd</span>	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<span style="border: 1px solid black; padding: 2px;">ChangeToOrgDocumentsInd</span>	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	<span style="border: 1px solid black; padding: 2px;">MaterialDiversionOrMisuseInd</span>	
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	<span style="border: 1px solid black; padding: 2px;">MembersOrStockholdersInd</span>	
<b>7a</b> 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? . . . . .	<b>7a</b>	<span style="border: 1px solid black; padding: 2px;">ElectionOfBoardMembersInd</span>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	<span style="border: 1px solid black; padding: 2px;">DecisionsSubjectToApprovalInd</span>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	<span style="border: 1px solid black; padding: 2px;">MinutesOfGoverningBodyInd</span>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<span style="border: 1px solid black; padding: 2px;">MinutesOfCommitteesInd</span>	
<b>9</b> 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 . . . . .	<b>9</b>	<span style="border: 1px solid black; padding: 2px;">OfficerMailingAddressInd</span>	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	<span style="border: 1px solid black; padding: 2px;">LocalChaptersInd</span>	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	<b>10b</b>	<span style="border: 1px solid black; padding: 2px;">PoliciesReferenceChaptersInd</span>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	<span style="border: 1px solid black; padding: 2px;">Form990ProvidedToGvrnBodyInd</span>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	<span style="border: 1px solid black; padding: 2px;">ConflictOfInterestPolicyInd</span>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	<span style="border: 1px solid black; padding: 2px;">AnnualDisclosureCoveredPrsnInd</span>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<b>12c</b>	<span style="border: 1px solid black; padding: 2px;">RegularMonitoringEnfrclnd</span>	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	<span style="border: 1px solid black; padding: 2px;">WhistleblowerPolicyInd</span>	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<span style="border: 1px solid black; padding: 2px;">DocumentRetentionPolicyInd</span>	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	<span style="border: 1px solid black; padding: 2px;">CompensationProcessCEOInd</span>	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	<span style="border: 1px solid black; padding: 2px;">CompensationProcessOtherInd</span>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	<span style="border: 1px solid black; padding: 2px;">InvestmentInJointVentureInd</span>	
<b>b</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 organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	<span style="border: 1px solid black; padding: 2px;">WrittenPolicyOrProcedureInd</span>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed StatesWhereCopyOfReturnsFldCd

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 OwnWebsiteInd   
 OtherWebsiteInd   
 UponRequestInd   
 OtherInd explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
BooksInCareOfDetail   
PersonNm   
BusinessName   
PhoneNum   
USAddress   
ForeignAddress

**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 InfoInScheduleOPartVIIInd

**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.

NoListedPersonsCompensatedInd if neither the organization nor any related organization compensated any current officer, director, or trustee.

	(A) Name and title			(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
					Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)	<span style="border: 1px solid black; padding: 2px;">PersonNm</span>	<span style="border: 1px solid black; padding: 2px;">BusinessName</span>	<span style="border: 1px solid black; padding: 2px;">TitleTxt</span>	<span style="border: 1px solid black; padding: 2px;">AverageHoursPerWeekRt</span>	<span style="border: 1px solid black; padding: 2px;">IndividualTrusteeOrDirectorInd</span>	<span style="border: 1px solid black; padding: 2px;">InstitutionalTrusteeInd</span>	<span style="border: 1px solid black; padding: 2px;">OfficerInd</span>	<span style="border: 1px solid black; padding: 2px;">KeyEmployeeInd</span>	<span style="border: 1px solid black; padding: 2px;">HighestCompensatedEmployeeInd</span>	<span style="border: 1px solid black; padding: 2px;">FormerOfcrDirectorTrusteeInd</span>	<span style="border: 1px solid black; padding: 2px;">ReportableCompFromOrgAmt</span>	<span style="border: 1px solid black; padding: 2px;">ReportableCompFromRltdOrgAmt</span>	<span style="border: 1px solid black; padding: 2px;">OtherCompensationAmt</span>
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

	(A) Name and title			(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
					Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(15)	PersonNm	BusinessName	TitleTxt	AverageHoursPerWeekRt	IndividualTrusteeOrDirectorInd	InstitutionalTrusteeInd	OfficerInd	KeyEmployeeInd	HighestCompensatedEmployeeInd	FormerOfcrDirectorTrusteeInd	ReportableCompFromOrgAmt	ReportableCompFromRltdOrgAmt	OtherCompensationAmt	
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
<b>1b</b>	<b>Subtotal</b>													
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>													
<b>d</b>	<b>Total (add lines 1b and 1c)</b>											TotalReportableCompFromOrgAmt	TotalReportableCompRltdOrgAmt	TotalOtherCompensationAmt

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **IndivRcvdGreaterThan100KCn**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address					(B) Description of services	(C) Compensation
	ContractorName	PersonNm	BusinessName	ContractorAddress	USAddress		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **CntctRcvdGreaterThan100KCnt**



Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . InfoInScheduleOPartVIIIInd

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include: 1a-1g Contributions, Gifts, Grants, and Other Similar Amounts; 2a-2f Program Service Revenue; 3 Investment income; 5 Royalties; 6a-6c Rental income; 7a-7c Gain or loss from sales of assets; 8a-8b Fundraising events; 9a-9b Gaming activities; 10a-10b Sales of inventory; 11a-11d Miscellaneous Revenue; 12 Total revenue.

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

InfoInScheduleOPartIXInd

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

Table with 4 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like GrantsToDomesticOrgsGrp, ForeignGrantsGrp, Compensation, Salaries, Payroll taxes, Fees for services, Advertising, Office expenses, Royalties, Occupancy, Travel, Conferences, Interest, Payments to affiliates, Depreciation, Insurance, and Other expenses.

**Part X Balance Sheet**

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

InfoInScheduleOPartXInd

		(A) Beginning of year		(B) End of year
CashNonInterestBearingGrp	Cash—non-interest-bearing . . . . .	BOY Amt	1	EOY Amt
SavingsAndTempCashInvstGrp	Savings and temporary cash investments . . . . .	BOY Amt	2	EOY Amt
PledgesAndGrantsReceivableGrp	Pledges and grants receivable, net . . . . .	BOY Amt	3	EOY Amt
AccountsReceivableGrp	4 Accounts receivable, net . . . . .	BOY Amt	4	EOY Amt
ReceivablesFromOfficersEtcGrp	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 . . . . .	BOY Amt	5	EOY Amt
RcvblFromDisqualifiedPrsnGrp	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	BOY Amt	6	EOY Amt
OthNotesLoansReceivableNetGrp	Notes and loans receivable, net . . . . .	BOY Amt	7	EOY Amt
InventoriesForSaleOrUseGrp	Inventories for sale or use . . . . .	BOY Amt	8	EOY Amt
PrepaidExpensesDefrdChargesGrp	Prepaid expenses and deferred charges . . . . .	BOY Amt	9	EOY Amt
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .			
		LandBldgEquipBasisNetGrp		
		LandBldgEquipCostOrOtherBssAmt	10a	
b	Less: accumulated depreciation . . . . .	LandBldgEquipAccumDeprecAmt	10b	EOY Amt
InvestmentsPubTradedSecGrp	Investments—publicly traded securities . . . . .	BOY Amt	11	EOY Amt
InvestmentsOtherSecuritiesGrp	Investments—other securities. See Part IV, line 11 . . . . .	BOY Amt	12	EOY Amt
InvestmentsProgramRelatedGrp	Investments—program-related. See Part IV, line 11 . . . . .	BOY Amt	13	EOY Amt
IntangibleAssetsGrp	14 Intangible assets . . . . .	BOY Amt	14	EOY Amt
OtherAssetsTotalGrp	15 Other assets. See Part IV, line 11 . . . . .	BOY Amt	15	EOY Amt
TotalAssetsGrp	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	BOY Amt	16	EOY Amt
AccountsPayableAccrExpnsGrp	Accounts payable and accrued expenses . . . . .	BOY Amt	17	EOY Amt
GrantsPayableGrp	18 Grants payable . . . . .	BOY Amt	18	EOY Amt
DeferredRevenueGrp	19 Deferred revenue . . . . .	BOY Amt	19	EOY Amt
TaxExemptBondLiabilitiesGrp	20 Tax-exempt bond liabilities . . . . .	BOY Amt	20	EOY Amt
EscrowAccountLiabilityGrp	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	BOY Amt	21	EOY Amt
LoansFromOfficersDirectorsGrp	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	BOY Amt	22	EOY Amt
MortgNotesPymbSrdInvstPropGrp	Secured mortgages and notes payable to unrelated third parties . . . . .	BOY Amt	23	EOY Amt
UnsecuredNotesLoansPayableGrp	Unsecured notes and loans payable to unrelated third parties . . . . .	BOY Amt	24	EOY Amt
OtherLiabilitiesGrp	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 . . . . .	BOY Amt	25	EOY Amt
TotalLiabilitiesGrp	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	BOY Amt	26	EOY Amt
	<b>Organizations that follow FASB ASC 958, and complete lines 27, 28, 32, and 33.</b> OrganizationFollowsFASB117Ind			
NoDonorRestrictionNetAssetsGrp	Assets without donor restrictions . . . . .	BOY Amt	27	EOY Amt
DonorRestrictionNetAssetsGrp	Assets with donor restrictions . . . . .	BOY Amt	28	EOY Amt
	<b>Organizations that do not follow FASB ASC 958, and complete lines 29 through 33.</b> OrgDoesNotFollowFASB117Ind			
CapStkTrPrinCurrentFundsGrp	Capital stock or trust principal, or current funds . . . . .	BOY Amt	29	EOY Amt
PdlnCapSrplsLandBldgEqFundGrp	Paid-in or capital surplus, or land, building, or equipment fund . . . . .	BOY Amt	30	EOY Amt
RtnEarnEndowmentIncmOthFndsGrp	Retained earnings, endowment, accumulated income, or other funds . . . . .	BOY Amt	31	EOY Amt
TotalNetAssetsFundBalanceGrp	Total net assets or fund balances . . . . .	BOY Amt	32	EOY Amt
TotLiabNetAssetsFundBalanceGrp	Total liabilities and net assets/fund balances . . . . .	BOY Amt	33	EOY Amt

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	ReconciliationTotalRevenue
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	ReconciliationTotalExpenses
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	ReconciliationRevenueExpnssAmt
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	ReconciliationNetAssets
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	NetUnrhzdGainsLossesInvstAmt
<b>6</b>	Donated services and use of facilities	<b>6</b>	DonatedServicesAndUseFcftsAmt
<b>7</b>	Investment expenses	<b>7</b>	InvestmentExpenseAmt
<b>8</b>	Prior period adjustments	<b>8</b>	PriorPeriodAdjustmentsAmt
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	OtherChangesInNetAssetsAmt
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	TotalNetAssetsFundBalances

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <span style="float: right;">MethodOfAccountingCashInd MethodOfAccountingAccrualInd MethodOfAccountingOtherInd</span> If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	<span style="float: right;">AcctCompileOrReviewBasisGrp</span> organization's financial statements compiled or reviewed by an independent accountant? 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.		<span style="float: right;">AccountantCompileOrReviewInd</span>
	<input type="checkbox"/> SeparateBasisFinclStmntInd <input type="checkbox"/> ConsolidatedBasisFinclStmntInd <input type="checkbox"/> ConsolAndSepBasisFinclStmntInd basis		
<b>2b</b>	<b>b</b> Were the organization's financial statements audited by an independent accountant? 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.		<span style="float: right;">FSAuditedInd</span>
	<input type="checkbox"/> SeparateBasisFinclStmntInd <input type="checkbox"/> ConsolidatedBasisFinclStmntInd <input type="checkbox"/> ConsolAndSepBasisFinclStmntInd basis		
<b>2c</b>	<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		<span style="float: right;">AuditCommitteeInd</span>
<b>3a</b>	<b>3a</b> 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?		<span style="float: right;">FederalGrantAuditRequiredInd</span>
<b>3b</b>	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		<span style="float: right;">FederalGrantAuditPerformedInd</span>