Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

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.

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2024 calendar year, or tax year beginning TaxPeriodBeginDt , 2024, and ending TaxPeriodEndDt Check if applicable: C Name of organization Busin D Employer identification number R EIN AddressChangeInd Doing business as DoingBusinessAsName NameChangeInd Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite InitialReturnInd USAddress ForeignPhoneNum **PhoneNum** ForeignAddress inalReturnInd City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ GrossReceiptsAmt AmendedReturnInd F Name and address of principal officer: H(a) Is this a group return for subordinates GroupReturnForAffiliatesInd ApplicationPendingInd ForeignAddres PrincipalOfficerNm PrincipalOfcrBusinessName H(b) Are all subordinates included All Affiliates Included Ind If "No," attach a list. AffiliateListing BinaryAttachment Tax-exempt status: H(c) Group exemption number GroupExemptionNum Website: FormationYr M State of legal domicile: Form of or TypeOfOrganizationCorpln TypeOfOrganizationTrustInd TypeOfOrganizationAssocInc L Year of formation Part I Summary 1 Briefly describe the organization's mission or most significant activities: **ActivityOrMissionDesc** Activities & Governance ContractTerminationInd 2 Check this box \Box if the organization discontinued its operations or disposed of more than 25% of it VotingMembersGoverningBodyCnt 3 Number of voting members of the governing body (Part VI, line 1a). VotingMembersIndependentCnt 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 TotalEmployeeCnt 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) TotalVolunteersCnt 6 **TotalGrossUBIAmt** 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a NetUnrelatedBusTxblIncmAm Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year PYContributionsGrantsAmt** Contributions and grants (Part VIII, line 1h). **CYContributionsGrantsAmt** 8 **CYProgramServiceRevenueAmt** 9 Program service revenue (Part VIII, line 2g) PYProgramServiceRevenueAm PYInvestmentIncomeAmt Investment income (Part VIII, column (A), lines 3, 4, and 7d) CYInvestmentIncomeAmt 10 **PYOtherRevenueAmt CYOtherRevenueAmt** 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). **PYTotalRevenueAmt** 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) CYTotalRevenueAmt 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . CYGrantsAndSimilarPaidAmt **PYGrantsAndSimilarPaidAm** Benefits paid to or for members (Part IX, column (A), line 4) . 14 CYBenefitsPaidToMembersAmt Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-PYS 15 CYTotalProfFndrsngExpnsAmt Professional fundraising fees (Part IX, column (A), line 11e) **PYTotalProfFndrsngExpnsAm** 16a Total fundraising expenses (Part IX, column (D), line 25 CYTotalFundraisingExpenseAm h 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) **CYTotal**ExpensesAmt PYTotalExpensesAmt 19 Revenue less expenses. Subtract line 18 from line 12 PYRevenuesLessExpensesAmt CYRevenuesLessExpensesAm **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) **TotalAssetsBOYAmt** TotalAssetsEOYAmt 21 Total liabilities (Part X, line 26) **FotalLiabilitiesEOYAmt TotalLiabilitiesBOYAmt** Net A Fund 22 Net assets or fund balances. Subtract line 21 from line 20 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 Signature of officer Date Here Type or print name and title Preparer's name Preparer's signature Check [if **Paid** self-employed Preparer Firm's name Firm's EIN **Use Only**

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

Firm's address

Phone no.

No

_ Yes

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Part IV Checklist of Required Schedules

			res	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	Described	InSection501c3Ind
2 3	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	2		leBRequiredInd
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3	Political	CampaignActyInd
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Lobbyin	gActivitiesInd
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	Subject	ToProxyTaxInd
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	DonorA	dvisedFundInd
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		tionEasementsInd
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	Collecti	onsOfArtInd
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 "Yes," complete Schedule D, Part IV</i>	9	CreditC	ounselingInd
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			DrQuasiEndowmentsInd
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	ReportLan	ndBuildingEquipmentInd
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	ReportInve	estmentsOtherSecInd
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	ReportProg	gramRelatedInvstInd
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	Report	OtherAssetsInd
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			OtherLiabilitiesInd
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		entAuditFinclStmtInd
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	Consolida	tedAuditFinclStmtInd
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		OperatingInd OfficeInd
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate	14a	roreign	Officeria
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Foreign	ActivitiesInd
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	MoreTh	an5000KToOrgIn
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	MoreThan	5000KToIndividualsInd
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	Profession	nalFundraisingInd
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	Fundrai	singActivitiesInd
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	Gamino	ActivitiesInd
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>			HospitalInd
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	AuditedFir	nancialStmtAttInd
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	GrantsTo0	OrganizationsInd

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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 EmployeeCnt			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		nentTaxReturnsFiledInd
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		dBusIncmOverLimitInd
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	Form99	90TFiledInd
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)?	4-	ForeignFi	inancialAccountInd
b	If "Yes," enter the name of the foreign country	4a		
b	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	Prohibited	dTaxShelterTransInd
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	TaxableP	PartyNotificationInd
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	Form88	886TFiledInd
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	Nondedu	ctibleContributionsInd
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Nondedu	ctibleContriDiscIInd
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		QuoContributionsInd
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	QuidProC	QuoContriDiscIInd
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.	Form828	2PropertyDisposedOfInd
٨	15 (V) = 11 in 1/2 - 4 - 4 in - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	7c		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	RcvFnds	ToPayPrsnlBnftCntrctInd
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	PayPrem	niumsPrsnlBnftCntrctInd
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Form88	899Filedind
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Form10	098CFiledInd
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	DAFExce	essBusinessHoldingsInd
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		eDistributionsInd
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Distribu	utionToDonorInd
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	dConCo	ntri A mt	4
a b	Initiation fees and capital contributions included on Part VIII, line 12	•		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	Grosslr	comeA	mt
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	ossinco	meAmt	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	OrgFiledI	InLieuOfForm1041Ind
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b TaxExemptInter	estAmt		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		Liconocal	Mass Than One Ctataland
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	Licensed	MoreThanOneStateInd
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans	eserves	Amt	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		nningServicesInd
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.		Form72	20FiledInd
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	SubjToTa	axRmnrtnExPrchtPymtIn
	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	SubjectTo	oExcsTaxNetInvstIncInd
17	If "Yes," complete Form 4720, Schedule O. Section 501(a)(21) experience Did the trust or any disqualified or other person engage in any activities.			
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?	47E	xcsTaxSe	ct4951Or4952Or4953Ind
	If "Yes." complete Form 6069.	1/		

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. InfolnScheduleOPartVIInd Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body at the end of the tax year . . . GoverningBodyVotingMembersCnt 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. IndependentVotingMemberCnt 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 any other officer, director, trustee, or key employee? FamilyOrBusinessRInInd 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 DelegationOfMamtDutiesInd 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 ElectionOfBoardMembersInc one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, DecisionsSubjectToApprovalno stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: MinutesOfGoverningBodyInd The governing body? MinutesOfCommitteesInc 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 OfficerMailingAddressInd Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No LocalChaptersInd **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? Policies Reference Chapters Inc 10b Form990ProvidedToGvrnBody 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 AnnualDisclosureCoveredPrsn 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. . . . RegularMonitoringEnfrcInd 12c 13 Did the organization have a written whistleblower policy? 13 WhistleblowerPolicyInd DocumentRetentionPolicyInd Did the organization have a written document retention and destruction policy? 14 14 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 CompensationProcessCEOIr Other officers or key employees of the organization Compensation Process Other In 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 InvestmentInJointVentureInd 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 WrittenPolicyOrProcedureInd Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed StatesWhereCopyOfReturnIsFldCd 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. OtherWebsiteInd UponRequestInd OwnWebsiteInd OtherInd explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. and telephone number of the person who possesses the organization's books and records. 20 address. PhoneNum USAddress

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 InfolnScheduleOPartVIIInd

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. (C) Position Form990PartVIISectionAGrp (A) (B) (E) (F) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an compensation compensation of other hours officer and a director/trustee) from related per week from the compensation Officer Individual trustee Institutional trustee Highest compensated (list any organization (W-2/ ganizations (W-2/ from the 1099-MISC/ 1099-MISC/ organization and hours for 1099-NEC) 1099-NEC) related related organizations rganizations below dotted line AverageHoursPerWeekRt OtherCompensationAmt ReportableCompFromOrgA (1) PersonNm **BusinessName** TitleTxt IndividualTrusteeOrDirectorInd InstitutionalTrusteeInd OfficerInd KeyEmployeeInd (3) HighestCompensatedEmployeeInd FormerOfcrDirectorTrusteeInd (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)

Total rome continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individuals Total can be individuals Total can be individual Total c	Part VII	Section A. Officers, Directors,	Trustees,	Key E	Emp	oloy	ees,	and F	lighest Compe	ensated Empl	oyees (continued)
Name and title Average Per Pe											
Name and lite	90PartVIISec	tionAGrp (A)	(B)	/-I.					(D)	(E)	(F)
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Title Titl					ee			ate	 ReportableCompFromOrgAmt		OtherCompensationAm
Installors Trusteind	LEV Doroop\		ursPerWeekRltdOrgRt	Individ	uolTr	unton(eportableCompFromRltdOrd	
Compensation from the organization steads on line 1a, received on line 1a, received employee on line 1a? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Compensation from the organization is tany to the individual for services rendered to the organization? If "Yes," complete Schedule J for such person Compensation from the organization. Report compensation from any unrelated organization or individual for services rendered to the organization. Report compensation from the calendar year ending with or within the organization's tax year.	5) Personin	Im Businessivame TitleTxt								portable comprising at a con-	
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HighestCompensatedEmployeeInd FormerOftrDirectorTrusteeInd	6)							.			
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19 20 20 20 20 20 20 20 2	17)			Highest	Comp	pensat	tedEmp	loyeeln	d		
199. 200. 211) 222) 233) 244) 255 1b Subtotal 2 Total from continuation sheets to Part VII, Section A 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 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? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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. 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.			'	Forn	nerOf	crDire	ctorTru	steeInd			
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Part	: VIII	Statement of Revenue				_	
		Check if Schedule O contains a respons	e or note to an	y line in this Pa	ırt VIII	In	folnScheduleOPartVIIIInd
				(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	ederatedCampaigns	Amt			
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b	MembershipDuesAmt				
တ် မှို	С	Fundraising events 1c	undraisingAmt				
Gifts, nilar Ar	d		RelatedOrganizations	Amt			
<u> </u>	е		GovernmentGrantsAn				
ns,	f	All other contributions, gifts, grants,					
er (and similar amounts not included above 1f	AllOtherContributions	Amt			
ig H	g	Noncash contributions included in					
Contributions, and Other Sim		lines 1a-1f 1g	NoncashContributions	sAmt			
	h	Total. Add lines 1a–1f	To	otalContributionsAmt			
ProgramServiceRevenue	Grp		Business Code				
9	2a	Desc	BusinessCd	TotalRevenueColumnAmt	RelatedOrExemptFuncIncome	Amt UnrelatedBusinessRev	enueAmt ExclusionAmt
ogram Service Revenue	b						
yram Ser Revenue	С			_			
am	d						
<u> </u>	е						
TotalOthProgramServiceF	RevGrp	All other program service revenue	BusinessCd	TotalRevenueColumnAmt	RelatedOrExemptFuncIncome	Amt UnrelatedBusinessRev	enueAmt ExclusionAmt
	g	Total. Add lines 2a–2f	TotalP	rogramServiceReveni	ueAmt		,
InvestmentIncomeGrp	3	Investment income (including dividends,					
		other similar amounts)		TotalRevenueColumnAmt	L RelatedOrExemptFuncIncome	Amt UnrelatedBusinessRev	renueAmt ExclusionAmt
IncmFromInvestBondProd	ceedsGrp	Income from investment of tax-exempt bon	d proceeds	TotalRevenueColumnAmt	RelatedOrExemptFuncIncome	Amt UnrelatedBusinessRev	enueAmt ExclusionAmt
RoyaltiesRevenueGrp	5	Royalties		TotalRevenueColumnAmt F	RelatedOrExemptFuncIncome/	Amt UnrelatedBusinessRev	enueAmt ExclusionAmt
		(i) Real	(ii) Personal				,
GrossRentsGrp	6a	Gross rents 6a RealAmt	PersonalAmt				
LessRentalExpensesGrp) b	Less: rental expenses 6b RealAmt	PersonalAmt				
RentalIncomeOrLossGrp	c	Rental income or (loss) 6c RealAmt	PersonalAmt				
NetRentalIncomeOrLoss0		Net rental income or (loss)	,	TotalRevenueColumnAmt	RelatedOrExemptFuncIncome	Amt UnrelatedBusinessRev	enueAmt ExclusionAmt
GrossAmountSalesAssets		Gross amount from (i) Securities	(ii) Other				,
		sales of assets					
		other than inventory 7a SecuritiesAmt	OtherAmt				
LessCostOthBasisSalesE	ExpnssGrp	Less: cost or other basis					
ven		and sales expenses . 7b	OtherAmt				
GainOrLossGrp	С	Gain or (loss) 7c SecuritiesAmt	OtherAmt				
NetGainOrLossInvestmer	ntsGrp D	Net gain or (loss)		TotalRevenueColumnAmt	L RelatedOrExemptFuncIncome	Amt UnrelatedBusinessRev	enueAmt ExclusionAmt
	8a	Gross income from fundraising				"	
Oth	Ou	events (not including ContriRptFundraisingEventAmt					
		of contributions reported on line					
			undraisingGrossIncomeAmt	i			
	b		undraisingDirectExpensesA	mt e			
NetIncmFromFundraising	EvtGrp	Net income or (loss) from fundraising even	ts	TotalRevenueColumnAmt		UnrelatedBusinessRevenue/	Amt ExclusionAmt
	9a	Gross income from gaming					
			GamingGrossIncomeAmt				
	b		GamingDirectExpensesAmt	1			
NetIncomeFromGamingG	_	Net income or (loss) from gaming activities		TotalRevenueColumnAmt	RelatedOrExemptFuncIncome	Amt UnrelatedBusinessRev	enueAmt ExclusionAmt
		Gross sales of inventory, less					
			GrossSalesOfInventoryAmt				
	b	100	ostOfGoodsSoldAmt				
NetIncomeOrLossGrp	ה ל	Net income or (loss) from sales of inventor		TotalRevenueColumnAmt	I RelatedOrExemptFuncIncome	Amt UnrelatedBusinessRev	enueAmt ExclusionAmt
40		The modifie of Good, from Sales of inventor	Business Code				
OtherRevenueMiscGrp	11a	Desc	Business Code Business Code	TotalRevenueColumnAmt	RelatedOrExemptFuncIncome.	Amt UnrelatedBusinessRev	enueAmt ExclusionAmt
<u> </u>	b		Duoinicoocu				
celland	C						
MiscellaneousRevenueG	_ .	All other revenue					
- Innocentarious Nevertue G	e e	Total. Add lines 11a–11d		OtherRevenueTotalAmt			
TotalRevenueGrp	12	Total revenue See instructions			RelatedOrExemptFuncIncome	Amt UnrelatedBusinessRev	enueAmt ExclusionAmt

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). InfoInScheduleOPartIXInd 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 8b. 9b. and 10b of Part VIII. general expenses GrantsToDomesticOrgsGrp Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 TotalAmt ProgramServicesAmt antsToDomesticIndividualsGrp nts and other assistance to domestic individuals. See Part IV, line 22 TotalAmt ProgramServicesAmt oreignGrantsGrp Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 TotalAmt ProgramServicesAmt TotalAmt enefitsToMembersGri Benefits paid to or for members ProgramServicesAm ompensation of current officers, directors, CompCurrentOfcrDirectors rustees, and key employees FundraisingAmt TotalAmt ProgramServicesAmt ManagementAndGeneralAmt CompDisqualPersonsGrp Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . **FundraisingAmt** TotalAmt ManagementAndGeneralAmt ProgramServicesAmt OtherSalariesAndWagesGrp Other salaries and wages TotalAmt ManagementAndGeneralAmt ProgramServicesAm ension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) FundraisingAmt ManagementAndGeneralAmt TotalAmt ProgramServicesAmt FundraisingAm ProgramServicesAmt ManagementAndGeneralA PayrollTaxesGrp 10 FundraisingAm Payroll taxes ProgramServicesAmt ManagementAndGeneralAn TotalAmt 11 Fees for services (nonemployees): **FundraisingAmt** ManagementAndGeneralAm TotalAmt FeesForServicesManagementGrp nagement ProgramServicesAmt FeesForServicesLegalGrp Legal FundraisingAm TotalAm **ProgramServicesAmt** ManagementAndGeneralAm FundraisingAm TotalAm ProgramServicesAmt ManagementAndGeneralAn FundraisingAm bbying TotalAm **ProgramServicesAmt** ManagementAndGeneralAn undraisingAmt ssional fundraising services. See Part IV, line 17 **FotalAm** FundraisingAmt estment management fees TotalAm ProgramServicesAmt ManagementAndGeneralAm Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) FundraisingAmt ManagementAndGeneralAm ProgramServicesAmt TotalAmt ManagementAndGeneralAm Advertising and promotion . ProgramServicesAmt OfficeExpensesGrp ProgramServicesAmt Office expenses . . . TotalAmt ManagementAndGeneralAn Information technology InformationTechnologyGrp TotalAm ManagementAndGeneralAn FundraisingAm Royalties ManagementAndGeneralAr TotalAm ProgramServicesAmt OccupancyGrp 116 ProgramServicesAmt TotalAmt ManagementAndGeneralAm FravelGrp ProgramServicesAmt PymtTravelEntrhmmtPubOfdGrp vments of travel or entertainment expenses or any federal, state, or local public officials TotalAmt ManagementAndGeneralAm FundraisingAmt ProgramServicesAmt ConferencesMeetingsGrp InterestGrp 20 PaymentsToAffiliatesGrp FundraisingAmt Conferences, conventions, and meetings ManagementAndGeneralAn TotalAm ProgramServicesAmt Interest TotalAmt ManagementAndGeneralAr FundraisingAm Payments to affiliates TotalAmt ProgramServicesAmt Depreciation, depletion, and amortization ManagementAndGeneralAm ManagementAndGeneralAm FundraisingAmt OtherExpens 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.) **FundraisingAmt** TotalAmt ProgramServicesAmt ManagementAndGeneralAm AllOtherExpensesGrp All other expenses ProgramServicesAmt ManagementAndGeneralAm FundraisingAm TotalFunctionalExpens ManagementAndGeneralAm otal functional expenses. Add lines 1 through 24e TotalAmt rogramServicesAm Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check JointCostsInd if FundraisingAmt TotalAmt ProgramServicesAmt ManagementAndGeneralAmt following SOP 98-2 (ASC 958-720)

Part X Balance Sheet InfoInScheduleOPartXInd Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year **EOYAmt** Cash—non-interest-bearing **BOYAmt** 1 **EOYAm** Savings and temporary cash investments **BOYAm** 2 **EOYAm BOYAm** Pledges and grants receivable, net 3 BOYAmt **EOYAmt** 4 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 **EOYAmt BOYAmt** 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) **BOYAmt** 6 **FOYAmt** EOYAm BOYAm 7 **FOYAm** 8 **EOYAm BOYAmt** Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . | 10a Less: accumulated depreciation 10b 10c **BOYAm** Investments—publicly traded securities **BOYAm** 11 EOYAm BOYAm 12 Investments—other securities. See Part IV, line 11 **EOYAm BOYAmt** Investments—program-related. See Part IV, line 11. 13 **EOYAm** BOYAmt Intangible assets 14 **EOYAm** BOYAmt Other assets. See Part IV, line 11 15 BOYAmt **FOYAm** Total assets. Add lines 1 through 15 (must equal line 33) . 16 BOYAm Accounts payable and accrued expenses . 17 **EOYAm BOYAmt** Grants payable 18 **EOYAmt** Deferred revenue **BOYAm** 19 **EOYAn** Tax-exempt bond liabilities . . . 3OYAm 20 crowAccountLiabilityGro **EOYAmt** Escrow or custodial account liability. Complete Part IV of Schedule D. **BOYAmt** 21 Loans and other payables to any current or former officer, director, bilitie trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons **BOYAmt** 22 Secured mortgages and notes payable to unrelated third parties 23 **EOYA**r **BOYAm** nsecuredNotesLoansPavableGr Unsecured notes and loans payable to unrelated third parties . . **EOYAm BOYAmt** 24 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... 25 **BOYAm EOYAmt** otalLiabilitiesGrp Total liabilities. Add lines 17 through 25 26 **BOYAm** 26 **EOYAn** Organizations that follow FASB ASC 958, OrganizationFollowsFASB117Ind and complete lines 27, 28, 32, and 33. IoDonorRestrictionNetAssetsGrp ets without donor restrictions **EOYAm** 27 onorRestrictionNetAssetsGrp **BOYAmt EOYAm** ets with donor restrictions 28 Organizations that do not follow FASB ASC 958, OrgDoesNotFollowFASB117Ind and complete lines 29 through 33. CapStkTrPrinCurrentFundsGrp Capital stock or trust principal, or current funds 29 **BOYAmt** BOYAmt aid-in or capital surplus, or land, building, or equipment fund . . . 30 ained earnings, endowment, accumulated income, or other funds. FOYAm **BOYAmt** 31 32 **BOYAmt** Total liabilities and net assets/fund balances **BOYAm** 33 **EOYAm**

Par	TXI Reconciliation of Net Assets			Infola	Cohodulo ODod
	Check if Schedule O contains a response or note to any line in this Part XI				ScheduleOPart
1	Total revenue (must equal Part VIII, column (A), line 12)				TotalRevenue
2	Total expenses (must equal Part IX, column (A), line 25)				TotalExpenses
3	Revenue less expenses. Subtract line 2 from line 1				RevenueExpnss
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			NetAssets
5	Net unrealized gains (losses) on investments	5			nsLossesInvstAr
6	Donated services and use of facilities	6			cesAndUseFclts
7	Investment expenses	7			penseAmt
8	Prior period adjustments	8			justmentsAmt
9	Other changes in net assets or fund balances (explain on Schedule O)	9	OtherC	Changes	sInNetAssetsAm
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	TotalN	etAsset	sFundBalances
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		Infoln	Schedul	eOPartXIIInd
					Yes No
1	Accounting method used to prepare the Form 990 MethodOfAccountingCashInd MethodOfAccountingAccrualInd Method If the organization changed its method of accounting from a prior year or checked "Other," ex	nodOfAc kplain	on	gOther	<u>In</u>
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. iewBasisGrp 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 con	kplain 	on	2a	AccountantCompileC
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Form **990** (2024)