

SCHEDULE A (Form 990)

Public Charity Status and Public Support

2024

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

BusinessName

InCareOfNm

EIN

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 Church
2 School
3 Hospital
MedicalResearchOrganizationLnd
HospitalNameAndAddressGrp
CollegeOrganizationLnd
GovernmentalUnitLnd
PublicOrganization170Lnd
CommunityTrustLnd
AgriculturalResearchOrgLnd
PubliclySupportedOrg509a2Lnd
TestPublicSafetyLnd
SupportingOrganization509a3Lnd
SupportingOrgType1Lnd
SupportingOrgType2Lnd
SupportingOrgType3FuncIntLnd
SupportingOrgType3NonFuncIntLnd
IRSWrittenDeterminationLnd

f Enter the number of supported organizations SupportedOrganizationsCnt

g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and a Total row.

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; TaxRevLeviedOrgntrlBnft170Grp revenues levied for the organization's benefit; GovtFurnSrvcFcltsVl170Grp value of services or facilities furnished; Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; GrossInvestmentIncome170Grp loss income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; UnrelatedBusinessNetncm170Grp income from unrelated business activities, whether or not the business is regularly carried on; OtherIncome170Grp Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: GiftsGrantsContrisRcvd509Grp, GrossReceiptsAdmissionsGrp, GrossReceiptsNonUnrftBusGrp, TaxRevLeviedOrgntrlBntf509Grp, GovtFurnSrvcFctsV509Grp, Total509Grp 6, AmountsRcvdDsqflyPersonGrp, SubstantialContributorsAmtGrp, SubstAndDsqflyPrsnsTotGrp, and PublicSupportTotal509Amt.

Section B. Total Support

Calendar year (or fiscal year beginning in)

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6, 10a Gross income from interest, dividends, 10b Unrelated business taxable income, 10c Investment income, 11 Other income, and 12 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. First5Years509Ind

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 PublicSupportCY509Pct %
16 Public support percentage from 2023 Schedule A, Part III, line 15 16 PublicSupportPY509Pct %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 InvestmentIncomeCYPct %
18 Investment income percentage from 2023 Schedule A, Part III, line 17 18 InvestmentIncomePYPct %

19a 33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ThirtyThrPctSuprtTestsCY509Ind

b 33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ThirtyThrPctSuprtTestsPY509Ind

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions PrivateFoundation509Ind

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Form990SchASupportingOrgGrp

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

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
b A family member of a person described on line 11a above?
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Table with 2 columns: Yes, No. Rows 11a, 11b, 11c with corresponding labels like ContributionControllerInd, ContributionFamilyInd, Contribution35ControlledInd.

Section B. Type I Supporting Organizations

Form990SchAType1SuprtOrgGrp

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year?
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Table with 2 columns: Yes, No. Rows 1, 2 with corresponding labels like PowerAppointMajorityDirTrstInd, OperateBenefitNonSuprtOrgInd.

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Table with 2 columns: Yes, No. Row 1 with label MajorityDirTrstSupportedOrgInd.

Section D. All Type III Supporting Organizations

Form990SchAType3SprtOrgAllGrp

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization?
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Table with 2 columns: Yes, No. Rows 1, 2, 3 with corresponding labels like TimelyProvidedDocumentsInd, OfficersCloseRelationshipInd, SupportedOrgVoiceInvestmentInd.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
a [] The organization satisfied the Activities Test. Complete line 2 below.
[] The organization is the parent of each of its supported organizations. Complete line 3 below.
[] The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

ActivitiesTestInd
ParentSupportedOrgInd
ParentSupportedOrgInd

- 2 Activities Test. Answer lines 2a and 2b below.
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?
3 Parent of Supported Organizations. Answer lines 3a and 3b below.
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations?
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

Table with 2 columns: Yes, No. Rows 2a, 2b, 3a, 3b with corresponding labels like ActivitiesFurtherExemptPrpsInd, ActivitiesEngagedOrgInvmntInd, AppointElectMajorityOfficerInd, ExerciseDirectionPoliciesInd.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 **Trust/IntegralPartTestInd** if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income

		(A) Prior Year	(B) Current Year (optional)
<input type="checkbox"/> AdjustedNetIncomeGrp			
<input type="checkbox"/> NetSTCapitalGainAdjNetIncGrp	short-term capital gain	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
<input type="checkbox"/> RecoveriesPYDistributionsGrp	recoveries of prior-year distributions	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
<input type="checkbox"/> OtherGrossIncomeGrp	Other gross income (see instructions)	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
<input type="checkbox"/> AdjustedGrossIncomeGrp	Add lines 1 through 3.	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
<input type="checkbox"/> DepreciationDepletionGrp	Depreciation and depletion	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
<input type="checkbox"/> ProductionIncomeGrp	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
<input type="checkbox"/> OtherExpensesGrp	Other expenses (see instructions)	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
<input type="checkbox"/> TotalAdjustedNetIncomeGrp	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>

Section B—Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
<input type="checkbox"/> MinimumAssetAmountGrp			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<input type="checkbox"/> AverageMonthlyFMVOfSecGrp	average monthly value of securities	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
<input type="checkbox"/> AverageMonthlyCashBalancesGrp	average monthly cash balances	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
<input type="checkbox"/> FMVOtherNonExemptUseAssetGrp	market value of other non-exempt-use assets	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
<input type="checkbox"/> TotalFMVOfNonExemptUseAssetGrp	(add lines 1a, 1b, and 1c)	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
<input type="checkbox"/> DiscountClaimedAmt	Discount claimed for blockage or other factors (explain in detail in Part VI):		
<input type="checkbox"/> AcquisitionIndebtednessGrp	acquisition indebtedness applicable to non-exempt-use assets	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
<input type="checkbox"/> AdjustedFMVLessIndebtednessGrp	subtract line 2 from line 1d.	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).		
<input type="checkbox"/> CashDeemedCharitableGrp		<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
<input type="checkbox"/> NetVINonExemptUseAssetsGrp	net value of non-exempt-use assets (subtract line 4 from line 3)	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
<input type="checkbox"/> PctOfNetVINonExemptUseAstGrp	multiply line 5 by 0.035.	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
<input type="checkbox"/> RecoveriesPYDistriMinAssetGrp	recoveries of prior-year distributions	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>
<input type="checkbox"/> TotalMinimumAssetGrp	Minimum Asset Amount (add line 7 to line 6)	<input type="text" value="PriorYearAmt"/>	<input type="text" value="CurrentYearAmt"/>

Section C—Distributable Amount

		Current Year	
<input type="checkbox"/> DistributableAmountGrp			
1	Adjusted net income for prior year (from Section A, line 8, column A)		<input type="text" value="CYAdjNetIncomeDistributableAmt"/>
2	Enter 0.85 of line 1.		<input type="text" value="CYPct85AdjustedNetIncomeAmt"/>
3	Minimum asset amount for prior year (from Section B, line 8, column A)		<input type="text" value="CYTotalMinAstDistributableAmt"/>
4	Enter greater of line 2 or line 3.		<input type="text" value="CYGreaterAdjustedMinimumAmt"/>
5	Income tax imposed in prior year		<input type="text" value="CYIncomeTaxImposedPYAmt"/>
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		<input type="text" value="CYDistributableAsAdjustedAmt"/>
7	<input type="checkbox"/> FirstYearType3NonFuncInd if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1 CYPaidAccomplishExemptPrpsAmt
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2 CYPdInExcessIncomeActivityAmt
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3 CYAdministrativeExpensePaidAmt
4	Amounts paid to acquire exempt-use assets	4 ExemptUseAssetsAcquisPaidAmt
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5 QualifiedSetAsideAmt
6	Other distributions (describe in Part VI). See instructions.	6 CYOtherDistributionsAmt
7	Total annual distributions. Add lines 1 through 6.	7 CYTotalAnnualDistributionsAmt
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8 CYDistriAttentiveSuprtOrgAmt
9	Distributable amount for 2024 from Section C, line 6	9 CYDistributableAsAdjustedAmt
10	Line 8 amount divided by line 9 amount	10 CYDistributionYrRt

Section E—Distribution Allocations (see instructions)

		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			CYDistributableAsAdjustedAmt
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.		UnderdistributionsAmt	
3	Excess distributions carryover, if any, to 2024			
a	From 2019	ExcessDistributionCyovYr5Amt		
b	From 2020	ExcessDistributionCyovYr4Amt		
c	From 2021	ExcessDistributionCyovYr3Amt		
d	From 2022	ExcessDistributionCyovYr2Amt		
e	From 2023	ExcessDistributionCyovYr1Amt		
f	Total of lines 3a through 3e	TotalExcessDistributionCyovAmt		
g	Applied to underdistributions of prior years		CyovAppliedUnderdistriPYAmt	
h	Applied to 2024 distributable amount			CyovAppliedUnderdistriCYAmt
i	Carryover from 2019 not applied (see instructions)	CarryoverPYNotAppliedAmt		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	ExcessDistributionCyovAmt		
4	Distributions for 2024 from Section D, line 7:			
	\$CYTotalAnnualDistributionsAmt			
a	Applied to underdistributions of prior years		CYDistriAppUnderdistriPYAmt	
b	Applied to 2024 distributable amount			CYDistriAppDistributableAmt
c	Remainder. Subtract lines 4a and 4b from line 4.	ExcessDistributionAmt		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		RemainingUnderdistriPYAmt	
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			RemainingUnderdistriCYAmt
7	Excess distributions carryover to 2025. Add lines 3j and 4c.	ExcessDistriCyovToNextYrAmt		
8	Breakdown of line 7:			
a	Excess from 2020	ExcessFromYear5Amt		
b	Excess from 2021	ExcessFromYear4Amt		
c	Excess from 2022	ExcessFromYear3Amt		
d	Excess from 2023	ExcessFromYear2Amt		
e	Excess from 2024	ExcessFromYear1Amt		

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

FactsAndCircumstancesTestTxt

Form990ScheduleAPartVIGrp

FormAndLineReferenceDesc

ExplanationTxt

Informational Copy
Do Not File