Short Form Return of Organization Exempt From Income Tax Under section 501(e), 527, or 4947(a)(1) of the Internal Revenue Code (score) private foundation) Do not enter social security numbers on this form, as it may be made public. Go to www.ix.gov/Form500E2 for instructions and the latest information. Owne to Public Do not enter social security numbers on this form, as it may be made public. Go to www.ix.gov/Form500E2 for instructions and the latest information. Owne to Public Do not enter social security numbers on this form, as it may be made public. Go to www.ix.gov/Form500E2 for instructions and the latest information. Owne to Public Distribution of the security of the security instruction and the latest information. Addition target Instruction of the security instruction is not required to attach Security in the security instruction of the security instruction is not required to attach Security in the security instruction of the security instruction in this Part I website: If the security is the security instruction of the security in the security instruction in this Part I instruction of the security (subtract Information (security in the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I in Contributions get a security instruction security (subtract line 50 form line 51). If a contributions for Part I) instructions in the security is the security (subtract line 50 form line 5a) in the security is security instruction security (subtract line 50 form line 5a) in the security is the security instruction security (subtract line 5the line for instructions for the security is the security is the security (subtract line 5the line 5the) in the security isubtra			he question-mark icons to display help windows. nation provided will enable you to file a more complete return and reduce the chances the IRS will need to co	ontact you	
Term Parter of Organization Exempt From Income Tax	L		Short Form		OMB No. 1545-0047
Under section 501(c), 527, or 4947(a)(1) of the internal Reveaue Code (scorp) private foundations Do not mark social security numbers on this form, as it may be made public. Go to www.fs.apy/forms/802E / or instructions and the latest information. Open to Public Inspection A For the 2024 calendar year, or tax year beginning , 2024, and ending , 20 B Onex displaced and the intest information. Demokerset (and the comparison of the comparison	Forn	. 99		20 24	
Department of the Treasury Innum Remark Series Do not there racial security numbers on this form, as it may be made public. Open to Public Inspection A For the 232 calendar year, or tax year beginning , 2024, and ending , 2024,					
Department development Cost to www.irs.gov/Form990EZ for instructions and the latest information. Inspection A For the 2024 calendar year, or tax year beginning .2024, and ending				lauons)	Open to Public
A For the 2024 calendar year, or tax year beginning , 202 Chack it appratus: C Name of organization D Employer identification number Address drange Humber and street (or P.O. box if mail a not delivered to street address) Point/suff International addression City or town, state or province, country, and ZP or foreign postal code F Group Exemption Accesses member City or town, state or province, country, and ZP or foreign postal code F Group Exemption Accesses member City or town, state or province, country, and ZP or foreign postal code F Group Exemption Accesses member City or town, state or province, country, and ZP or foreign postal code F Group Exemption Accesses member Case addression Change City at the companization is not reganization. Control City at the companization is not reganization. Control City at the companization is not reganization. Control City at taxes and the companization is not reganization. Control City at taxes and contracts. S City or town or gifts, grants, and similar amounts received			of the Treasury		Inspection
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L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts at \$200,000 or more, or if total assets (Part II, column (B) are \$500,000 or more, file Form 990 instead of Form 990-E2	JΤ	ax-exen			
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2024)

	990-EZ (2024)					Page 2
Ра	t II Balance Sheets (see the instructions	-	n, augetien in this	David II		
	Check if the organization used Schedul	e O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		-		22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of colum	n (B) must agree wit	h line 21)		27	
Par	Check if the organization used Schedul				(Bec	Expenses guired for section
	is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4)
as n pers	ribe the organization's program service accompleasured by expenses. In a clear and concise rons benefited, and other relevant information for e	manner, describe the			orga othe	anizations; optional for ers.)
28						
	(Crosts ¢) If this server		anto obsoluboro	·····	00-	
29		t includes foreign gra		· · · · <u> </u>	28a	
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30						
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21	(Grants \$) If this amoun Other program services (describe in Schedule O)				30a	
01		t includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul				nstru	ctions for Part IV)
	Check II the organization used conedu		(c) Reportable		· ·	· · · · <u>L</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	Ċ	Estimated amount of other compensation

Form 9	90-EZ (2024)		Р	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		ν.	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b 39 a b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: ; section 4912: ; section 4955:			
b	Section 4911, section 4912, section 4912, section 4953, section 4953, section 4958, se	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41 42a	List the states with which a copy of this return is filed: The organization's books are in care of: Located at: ZIP + 4			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		

Form **990-EZ** (2024)

			Yes
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition		
	to candidates for public office? If "Yes," complete Schedule C, Part I	46	

Part VI	Section 501(c)(3) Organizations Only		
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tab	les fo	or lines
	50 and 51.		

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax			
	year? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
	_	
	-	
	_	
	_	
	_	
d Total number of other independent contractors each receiving	over \$100.000	

d Total number of other independent contractors each receiving over \$100,000 . .

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	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN		
Use Only						m's EIN		
	Firm's address	Phon	e no.					
May the IRS discuss this return with the preparer shown above? See instructions								