990 **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

2023

Department of the Treasury Internal Revenue Service Open to Public

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	Check if Schedule O contains a response or note to any line in this Part III
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?
	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?
4	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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other total expenses, and revenue, if any, for each program service reported.
4a	(Code: ActivityCd) (Expenses \$ ExpenseAmt including grants of \$ GrantAmt) (Revenue \$ RevenueAmt)
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4c	(Code: ActivityCd) (Expenses \$ ExpenseAmt including grants of \$ GrantAmt) (Revenue \$ RevenueAmt) Cty3Grp (Code: ActivityCd) (Expenses \$ ExpenseAmt including grants of \$ GrantAmt) (Revenue \$ RevenueAmt)

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Describe	dInSection501c3Ind
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Sched	uleBRequiredInd
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	Politica	alCampaignActyInd
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	Lobbyi	ngActivitiesInd
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	Subjec	etToProxyTaxInd
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	Donor	AdvisedFundInd
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	Conserv	ationEasementsInd
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	Collec	tionsOfArtInd
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</i> "Yes," <i>complete Schedule D, Part IV</i>	9	Credit(CounselingInd
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>			rOrQuasiEndowmentsInd
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	ReportLa	andBuildingEquipmentInd
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	ReportInv	vestmentsOtherSecInd
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? If "Yes," complete Schedule D, Part VIII	11c	ReportPro	ogramRelatedInvstInd
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		Report	tOtherAssetsInd
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i>			tOtherLiabilitiesInd
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		dentAuditFinclStmtInd
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	12a	Consolid	latedAuditFinclStmtInd
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Schoo	OperatingInd
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Foreig	nOfficeInd
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Foreig	nActivitiesInd
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	han5000KToOrgInd
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	MoreTha	an5000KToIndividualsInd
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	Professi	onalFundraisingInd
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 "Yes," complete Schedule G, Part II</i>	18	Fundra	aisingActivitiesInd
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			gActivitiesInd
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	_		teHospitalInd
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .		_	inancialStmtAttInd
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			oOrganizationsInd

Page 3

Page 4

Form 990 (2023)

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	00		olndividualsInd
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," complete Schedule J	22		eJRequiredInd
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	TaxExer	mptBondsInd
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		ExemptBondsInd AccountInd
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		IfOfIssuerInd ExcessBenefitTransIn
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	PYExcessE	BenefitTransInd
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	LoanOut	tstandingInd
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	GrantToRe	elatedPersonInd
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	BusinessRI	InWithOrgMemInd
b c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b 28c		InWithFamMemInd
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		NonCashContrilnd ArtContributionInd
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		teOperationsInd
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33	Disregar	rdedEntityInd
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	RelatedE	EntityInd
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		ganizationCtrlEntInd nWithControlEntInd
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	36	TrnsfrExmp	ptNonChrtblRltdOrgIn
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ActivitiesCo	onductedPrtshpInd
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Schedul	leORequiredInd
Part	<u> </u>	olnSche	eduleOPar	
1a b c			tes cumentCnt cumentW2	t
J	reportable gaming (gambling) winnings to prize winners?	1c	BackupWth	hldComplianceInd

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		ntTaxReturnsFiledIr	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	UnrelatedB	BusIncmOverLimitInd	d
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	Form990	OTFiledInd	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		Familia Fin		_
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ForeignFina	ancialAccountInd	
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		ProhibitedT	FaxShelterTransInd	_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		rtyNotificationInd	_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		B6TFiledInd	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с	FUIIIOOC	orrilealita	
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Nondeduct	tibleContributionsInd	d
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va			_
b	gifts were not tax deductible?	6b	Nondeducti	ibleContriDiscIInd	
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	QuidProQu	oContributionsInd	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	QuidProQu	IoContriDiscIInd	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	7c	Form8282F	PropertyDisposedOf	ilnd
d	If "Yes," indicate the number of Forms 8282 filed during the year	nt	D. C. I.T.	D- D- ID-60-I-I	the d
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		DPayPrsnlBnftCntrct ImsPrsnlBnftCntrctlr	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	_		.iu
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		99Filedind	
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	Formius	98CFiledInd	
Ü	sponsoring organization have excess business holdings at any time during the year?	8	DAFExcess	sBusinessHoldingsIr	nd
9	Sponsoring organizations maintaining donor advised funds.				_
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	Taxable	DistributionsInd	d
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Distribut	tionToDonorInd	b
10	Section 501(c)(7) organizations. Enter:				_
а	Initiation fees and capital contributions included on Part VIII, line 12	dCapCo	ntriAmt		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b GrossReceiptsFo	orPublic	UseAmt		
11	Section 501(c)(12) organizations. Enter:			_	
a	Gross income from members or shareholders	Grossin	comeAm	it	
b	Gross income from other sources. (Do not net amounts due or paid to other sources		ma A mat	1	
40	against amounts due or received from them.)			in Officer 1044 and	_
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b TaxExemptInterest received or accrued during the year 12c TaxExemptInterest received or accrued during the year 12c TaxExemptInterest received or accrued during the year 12c TaxExemptInterest received or accrued during the year . .	estAmt	Orgi iledirit	LieuOfForm1041Ind	_
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	300 WIII			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	LicensedM	loreThanOneStateIn	nd
-	Note: See the instructions for additional information the organization must report on Schedule O.	.00			_
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	eserves	Amt		
С	Enter the amount of reserves on hand	inedAm	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	IndoorTann	ningServicesInd	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b	Form720	OFiledInd	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		0.1:===		
	excess parachute payment(s) during the year?	15	SubjToTax	RmnrtnExPrchtPym	itInd
	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	SubjectToE	ExcsTaxNetInvstIncl	Ind
47	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	ہ ہے آج	xcsTaxSect	4951Or4952Or4953	3Ind
	If "Yes." complete Form 6069.	1/[
	II TES. COMDICIE FUITI 0003.				

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 FamilyOrBusinessRInInd Did the organization delegate control over management duties customarily performed by or under the direct 3 DelegationOfMgmtDutiesInd supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ElectionOfBoardMembersInc 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, DecisionsSubjectToApprovalno 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: MinutesOfGoverningBodyInd 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 **10a** Did the organization have local chapters, branches, or affiliates? 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 Form990ProvidedToGvrnBodyl 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a AnnualDisclosureCoveredPrsn Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," RegularMonitoringEnfrcInd 12c 13 Did the organization have a written whistleblower policy? 13 WhistleblowerPolicyInd DocumentRetentionPolicyInd 14 Did the organization have a written document retention and destruction policy? 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 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) 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. 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) Form990PartVIISectionAGrp Position (A) (B) (D) (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 employee Individual trustee Key employ Former Institutional Highest compensated (list any organization (W-2/ organizations (W-2/ from the 1099-MISC/ 1099-MISC/ organization and hours for 1099-NEC) 1099-NEC) related related organizations rganizations below trustee dotted line AverageHoursPerWeekRt OtherCompensationAmt ReportableCompFromOrgAn (1) PersonNm BusinessName TitleTxt IndividualTrusteeOrDirectorInd InstitutionalTrusteeInd OfficerInd KeyEmployeeInd (3) HighestCompensatedEmployeeInd FormerOfcrDirectorTrusteeInd (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)

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00PartVIISectionAGrp (A)		(B)	(40 :-		Positio		one	(D)	(E)	(F)
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		related	Individual or director	tion	~ -	st c	۳ ا	1099-NEC)	1099-NEC)	related organizations
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c Total from continuation	on sheets to Part	t VII, Sectio	n A	·						
d Total (add lines 1b and	d 1c)						FotalRep	oortableCompFromOrgAmt	FotReportableCompRltdOr	gAmt TotalOtherCompensation
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2 Total number of individual										
2 Total number of individure reportable compensation	on from the organ	lization Indivi	RcvdGr	eaterT	han10	0KCn				
	on from the organ	lization Indiv	RcvdGr	eaterT	han10	0KCn				Yes No
							empl	oyee, or highes	st compensate	ed
reportable compensation	list any former	officer, dire	ector,	trus	stee,	key e	-	oyee, or highes	-	ed
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Page **9**

Part	: VIII	Statement of Revenue				_	
		Check if Schedule O contains a respon	se or note to ar	y line in this Pa	rt VIII	Ir	nfoInScheduleOPartVIIIInd
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a	FederatedCampaigns	sAmt SAmt			
Grants, nounts	b	Membership dues 1b	MembershipDuesAmt				
G, M	С	Fundraising events 1c	FundraisingAmt				
Contributions, Gifts, Grants, and Other Similar Amounts	d	Related organizations 1d	RelatedOrganizations	Amt			
a, Bili	e	Government grants (contributions) 1e	GovernmentGrantsAr	mt			
ons Si	f	All other contributions, gifts, grants, and similar amounts not included above	AllOtherContributions	Amt			
outi	~	and similar amounts not included above Noncash contributions included in	Allottiercontributions	AIIIL			
d fr	g	lines 1a–1f 1g	NoncashContributions	sAmt			
Contributions, and Other Sirr	h	Total. Add lines 1a–1f		otalContributionsAmt			
ProgramServiceRevenue	Grp	Total: Add lines 1a-11	Business Code				
9	 2a	Desc	BusinessCd	TotalRevenueColumnAmt	RelatedOrExemptFuncIncome	Amt UnrelatedBusinessRev	venueAmt ExclusionAmt
ه کِ	b						<u>"</u>
Se	С						
yram Ser Revenue	d						
ogram Service Revenue	е						
TotalOthProgramServiceF	RevGrp	All other program service revenue	BusinessCd		RelatedOrExemptFuncIncome	Amt UnrelatedBusinessRev	renueAmt ExclusionAmt
	g	Total. Add lines 2a–2f		ProgramServiceRevenu	ıeAmt		
InvestmentIncomeGrp	3	Investment income (including dividends					
In any Francisco at Daniel	andaCan	other similar amounts)			RelatedOrExemptFuncIncome	_	
IncmFromInvestBondProd RoyaltiesRevenueGrp		Income from investment of tax-exempt bo	ond proceeds		RelatedOrExemptFuncIncome telatedOrExemptFuncIncome/		
riojanico i toronaco i p	5	Royalties	(ii) Personal	TotalivevenueColumnanit	elated OF Exempted in Context	AIII(Officialed Dusinessive)	EXCIDSIONALIIL
GrossRentsGrp	6a	O I Doctorel	PersonalAmt				
LessRentalExpensesGrp] b	Less: rental expenses 6b RealAmt	PersonalAmt				
RentalIncomeOrLossGrp	c	Rental income or (loss) 6c RealAmt	PersonalAmt				
NetRentalIncomeOrLossO		Net rental income or (loss)		TotalRevenueColumnAmt	RelatedOrExemptFuncIncome	Amt UnrelatedBusinessRev	venueAmt ExclusionAmt
GrossAmountSalesAssets	sGrp 7a	Gross amount from (i) Securities	(ii) Other			,	
		sales of assets					
		other than inventory 7a SecuritiesAmt	OtherAmt				
LessCostOthBasisSalesE	xpnssGrp	Less: cost or other basis					
		and sales expenses . 7b SecuritiesAm	OtherAmt				
GainOrLossGrp	С	Gain or (loss) 7c SecuritiesAmt	OtherAmt	T. J. ID. O. J. A. J. I			A . 15
NetGainOrLossInvestmen		Net gain or (loss)		TotalRevenueColumnAmt F	RelatedOrExemptFuncIncome	Amt UnrelatedBusinessRev	venueAmt ExclusionAmt
O ţ	8a	Gross income from fundraising					
0		events (not including ContriRotFundraisingEventAmt of contributions reported on line					
		1c). See Part IV, line 18 8a	FundraisingGrossIncomeAm	t			
	b	Less: direct expenses 8b	FundraisingDirectExpensesA				
NetIncmFromFundraising	EvtGrp	Net income or (loss) from fundraising eve	nts	TotalRevenueColumnAmt		UnrelatedBusinessRevenue	Amt ExclusionAmt
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a	GamingGrossIncomeAmt				
	b	Less: direct expenses 9b	GamingDirectExpensesAmt				
NetIncomeFromGamingG		Net income or (loss) from gaming activities	s	TotalRevenueColumnAmt F	RelatedOrExemptFuncIncome/	Amt UnrelatedBusinessRev	enueAmt ExclusionAmt
	10a	Gross sales of inventory, less	Cross Colos Offiny on tony Amt				
		returns and allowances 10a	GrossSalesOfInventoryAmt				
NetIncomeOrLossGrp	¬ b	2003. 0031 01 g0003 3010		Total Povenus Column And	Poloto d Or Everent Francisco	Amt Uprolated Dusiness D	ionuo Amt. Evolucion Amt
	С	Net income or (loss) from sales of inventor		TotalRevenueColumnAmt F	RelatedOrExemptFuncIncome	Amt UnrelatedBusinessRev	enueAmt ExclusionAmt
OtherRevenueMiscGrp	11a	Desc	Business Code BusinessCd	TotalRevenueColumnAmt F	RelatedOrExemptFuncIncome.	Amt UnrelatedBusinessRev	venueAmt ExclusionAmt
	i ia b	2550	DusillessOu	The state of the s		Side Se dolli 1000/101	- All Colors and
celland	C						
MiscellaneousRevenueG	_ `.	All other revenue					
		Total. Add lines 11a–11d		OtherRevenueTotalAmt			
TotalRevenueGrp	12	Total revenue See instructions		TotalRevenueColumnAmt F	RelatedOrExemptFuncIncome	Amt UnrelatedBusinessRev	renueAmt 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 Grants To Domestic Orgs 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 2 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 TotalAmt ProgramServicesAmt enefitsToMembersGrp TotalAmt 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 ProgramServicesAmi ension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) FundraisingAmt ManagementAndGeneralAmt TotalAmt ProgramServicesAmt FundraisingAm ManagementAndGeneralA ProgramServicesAmt PayrollTaxesGrp 10 FundraisingAm ManagementAndGeneralAn TotalAmt ProgramServicesAmt 11 Fees for services (nonemployees): **FundraisingAmt** TotalAmt ManagementAndGeneralAmt FeesForServicesManagementGrp hagement ProgramServicesAmt FundraisingAm TotalAmt **ProgramServicesAmt** ManagementAndGeneralAm FundraisingAm TotalAm ProgramServicesAmt ManagementAndGeneralAn FundraisingAmt <u>lbb</u>ying TotalAm **ProgramServicesAmt** ManagementAndGeneralAm undraisingAmt ssional fundraising services. See Part IV, line 17 TotalAm estment management fees TotalAmt ProgramServicesAmt ManagementAndGeneralAm FundraisingAmt Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) FundraisingAmt ProgramServicesAmt ManagementAndGeneralAm TotalAmt Advertising and promotion . . . ManagementAndGeneralAm ProgramServicesAmt OfficeExpensesGrp ProgramServicesAmt TotalAmt ManagementAndGeneralAn InformationTechnologyGrp Information technology ... TotalAm ManagementAndGeneralAm Royalties FundraisingAm ManagementAndGeneralAr TotalAm: ProgramServicesAmt OccupancyGrp 116 Occupancy ProgramServicesAmt TotalAmt ManagementAndGeneralAm TravelGrp ProgramServicesAmt PymtTravelEntrhmntPubOfclGrp yments 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 ManagementAndGeneralAm TotalAmt ProgramServicesAmt ManagementAndGeneralAr TotalAmt FundraisingAm Payments to affiliates TotalAmt ProgramServicesAmt Depreciation, depletion, and amortization . ManagementAndGeneralAm ManagementAndGeneralAm FundraisingAmt Insurance 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 ManagementAndGeneralAmt AllOtherExpensesGrp All other expenses ProgramServicesAmt ManagementAndGeneralAm FundraisingAm otalFunctionalExpens ManagementAndGeneralAmt 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 BOYAmt** 1 **EOYAmt** Savings and temporary cash investments **BOYAmt** 2 **EOYAmt BOYAmt** 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 BOYAmt 7 BOYAm **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 | LandBldgEquipAccumDeprecAmt 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 **ROYAmt** Other assets. See Part IV, line 11 15 **BOYAmt FOYAm** Total assets. Add lines 1 through 15 (must equal line 33) . 16 Accounts payable and accrued expenses BOYAmt 17 **EOYAm** Grp **18 BOYAmt** 18 **EOYAmt** Deferred revenue **BOYAmt** 19 BOYAmi **EOYAm** 20 crowAccountLiabilityGrp **EOYAmt BOYAmt** Escrow or custodial account liability. Complete Part IV of Schedule D. 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** nsecuredNotesLoansPavableGri Unsecured notes and loans payable to unrelated third parties . . . 24 **EOYAm BOYAmt** 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** otalLiabilitiesGro 26 **Total liabilities.** Add lines 17 through 25 **BOYAm** 26 **EOYAn** Organizations that follow FASB ASC 958, OrganizationFollowsFASB117Ind and complete lines 27, 28, 32, and 33. loDonorRestrictionNetAssetsGrp 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. 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. **EOYAmt BOYAmt** 31 32 **BOYAmt** Total liabilities and net assets/fund balances **BOYAm**t 33 **EOYAm**

Par	Reconciliation of Net Assets			(-1-0-1-1-0P-4VI
	Check if Schedule O contains a response or note to any line in this Part XI			folnScheduleOPartXI
1	Total revenue (must equal Part VIII, column (A), line 12)			tionTotalRevenue
2	Total expenses (must equal Part IX, column (A), line 25)	2		tionTotalExpenses
3	Revenue less expenses. Subtract line 2 from line 1			onRevenueExpnssA
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		ionNetAssets
5	Net unrealized gains (losses) on investments	5		GainsLossesInvstAm
6	Donated services and use of facilities	6		ervicesAndUseFcltsA
7	Investment expenses	7		ExpenseAmt
8	Prior period adjustments	8		dAdjustmentsAmt
9	Other changes in net assets or fund balances (explain on Schedule O)	9	OtherChan	gesInNetAssetsAmt
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	TotalNetAs	ssetsFundBalances
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII		InfoInSche	eduleOPartXIIInd
				Yes No
ileOrRev	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O. Schedule O. ewBasisGrp organization's financial statements compiled or reviewed by an independent accountant?			a AccountantCompileOr
	If "Yes," check a box below to indicate whether the financial statements for the year were con			
	reviewed on a separate basis, consolidated basis, or both.			
BasisGrp	SeparateBasisFinclStmtInd ConsolidatedBasisFinclStmtInd t ConsolAndSepBasisFinclStmtInd basis			
	Were the organization's financial statements audited by an independent accountant?	"	. 2	b FSAuditedInd
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both.	ited o		
	SeparateBasisFinclStmtInd ConsolidatedBasisFinclStmtInd ConsolAndSepBasisFinclStmtInd basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigh	nt of	
	the audit, review, or compilation of its financial statements and selection of an independent account	ant?	. 2	AuditCommittee
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplair	n on	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in	the	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3	a FederalGrantAuditRed
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo audit or audits, explain why on Schedule O and describe any steps taken to undergo such		the	
	, and the same and			000

Form **990** (2023)