

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_

# 2024

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**

**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**JOURNEY FOR GOOD FOUNDATION, INC**

EIN or SSN

**47-4494775**

Name and title of officer or person subject to tax **PAUL MAMALIAN  
PRESIDENT**

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <b>2,268,075.</b>
2a Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **RUBINO AND COMPANY, CHARTERED** to enter my PIN

ERO firm name

**47449**

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

DocuSigned by:

Date

May 9, 2025 | 2:11 PM

Signature of officer or person subject to tax

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**52117399999**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

5/9/2025

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

Form **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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2024

Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  Address change <input checked="" type="checkbox"/> Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>JOURNEY FOR GOOD FOUNDATION, INC</b>		<b>D</b> Employer identification number <b>47-4494775</b>
	Doing business as		<b>E</b> Telephone number <b>(240) 694-4100</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>2,722,805.</b>
	<b>6905 ROCKLEDGE DRIVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>BETHESDA, MD 20817</b>		<b>H(b)</b> Are all subordinates included? <b>Yes No</b> If "No," attach a list. See instructions
<b>F</b> Name and address of principal officer: <b>PAUL MAMALIAN</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			
<b>J</b> Website: <b>JOURNEYFORGOOD.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			<b>L</b> Year of formation: <b>2015</b> <b>M</b> State of legal domicile: <b>MD</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO FIGHT POVERTY WITH FOOD, SHELTER, EDUCATION, AND WORKFORCE DEVELOPMENT OPPORTUNITIES.</b>		
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>40</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 721,824.	<b>Current Year</b> 2,197,211.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,638.	70,864.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	733,462.	2,268,075.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	535,140.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		165,121.	152,766.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		42,629.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		77,478.	100,263.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		777,739.	1,801,626.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-44,277.	466,449.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 635,669.	<b>End of Year</b> 1,091,162.
	<b>21</b> Total liabilities (Part X, line 26)	54,172.	43,216.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	581,497.	1,047,946.

## 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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>PAUL MAMALIAN, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>KAY VOLLANS, CPA</b>		5/12/2025	<input type="checkbox"/>	<b>P01404047</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN			
	<b>RUBINO AND COMPANY, CHARTERED</b>	<b>52-1186096</b>			
<b>Preparer Use Only</b>	Firm's address			Phone no.	
	<b>6903 ROCKLEDGE DRIVE, SUITE 300</b> <b>BETHESDA, MD 20817-1818</b>			<b>301-564-3636</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
FOUNDED IN 2015 AND HEADQUARTERED IN BETHESDA, MARYLAND, JOURNEY FOR GOOD FOUNDATION IS A 501(C)(3) CHARITABLE ORAGNIZATION INTENTLY FOCUSED ON FIGHTING POVERTY IN THE LOCAL COMMUNITY WITH FOOD, SHELTER, EDUCATION, AND WORKFORCE DEVELOPMENT OPPORTUNITIES. WE FUND THE WORK

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
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? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 1,608,361. including grants of \$ 1,481,826. ) (Revenue \$ )
FUND LOCAL CHARITIES THAT FIGHT POVERTY THROUGH GRANTS.

4b (Code: ) (Expenses \$ 66,771. including grants of \$ 66,771. ) (Revenue \$ )
JOURNEY FOR GOOD FOUNDATION, INC. (THE "FOUNDATION") ESTABLISHED THE AVOLTA CARES FUND (THE "FUND") IN 2017 TO HELP EMPLOYEES OF HMSHOST CORPORATION, INC. (THE "CORPORATION") AND ITS AFFILIATES AND THE FAMILIES OF SUCH EMPLOYEES. AVOLTA CARES WAS ORIGINALLY NAMED HMSHOST CARES AND CHANGED ITS NAME TO AVOLTA CARES AT THE TIME OF THE FOUNDATION'S NAME CHANGE. AVOLTA CARES IS AN EMPLOYEE ASSISTANCE FUND DESIGNED TO PROVIDE FINANCIAL RELIEF FOR QUALIFIED INCIDENTS. AVOLTA CARES RECEIVES CONTRIBUTIONS AND IS PRIMARILY FUNDED BY HMSHOST, HUDSON, AND DUFY ASSOCIATES IN ORDER TO HELP FELLOW ASSOCIATES IN CRISIS. THE COMPANY CREATED THE PROGRAM AND CONTRIBUTED INITIAL FUNDING. PAYMENTS TO EMPLOYEES ARE NOT TAXABLE TO THE EMPLOYEE; HOWEVER, EMPLOYEE CONTRIBUTIONS TO THE FUND ARE ELIGIBLE FOR A

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,675,132.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 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?; 6 Did the organization have members or stockholders?; 7a 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JORDAN SILVERMAN - (240) 694-4100
6905 ROCKLEDGE DRIVE, BETHESDA, MD 20817

**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

**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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JORDAN SILVERMAN DIRECTOR	40.00			X			136,067.	0.	11,651.	
(2) PAUL MAMALIAN PRESIDENT	2.00	X		X			0.	0.	0.	
(3) JASON CRANDLEMIRE SECRETARY & TREASURER	2.00	X		X			0.	0.	0.	
(4) STEVE JOHNSON CHAIRMAN	2.00	X		X			0.	0.	0.	
(5) DERRYL BENTON DIRECTOR	2.00	X					0.	0.	0.	
(6) VICKY D'ANGELO DIRECTOR	2.00	X					0.	0.	0.	
(7) KRISTIN FRANZESE DIRECTOR	2.00	X					0.	0.	0.	
(8) STEPHANIE HAVARD DIRECTOR (END 5/2024)	2.00	X					0.	0.	0.	
(9) JORDI MARTIN-CONSUEGRA DIRECTOR	2.00	X					0.	0.	0.	
(10) HOPE REMOUNDOS DIRECTOR	2.00	X					0.	0.	0.	
(11) SUSAN SEUBERT DIRECTOR	2.00	X					0.	0.	0.	
(12) DAVE STUBBS DIRECTOR	2.00	X					0.	0.	0.	
(13) TODD TAGNESI DIRECTOR	2.00	X					0.	0.	0.	
(14) TRACY WONG DIRECTOR	2.00	X					0.	0.	0.	



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>	412,625.			
	<b>d</b>	Related organizations .....	<b>1d</b>	39,780.			
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,744,806.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		2,197,211.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....					
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....		3,586.		3,586.	
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>				
	<b>d</b>	Net gain or (loss) .....					
<b>8 a</b>	Gross income from fundraising events (not including \$ <u>412,625.</u> of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		522,008.			
				454,730.			
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....		67,278.		67,278.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		2,268,075.	0.	0.	70,864.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,428,240.	1,428,240.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	66,771.	66,771.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	53,586.	53,586.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	143,382.	107,537.	7,169.	28,676.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	9,384.	7,038.	469.	1,877.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	53,326.		53,326.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	46,937.	11,960.	22,901.	12,076.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,801,626.	1,675,132.	83,865.	42,629.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	509,568.	<b>1</b>	730,333.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	122,126.	<b>3</b>	7,907.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	351,514.
	<b>5</b> 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 .....	3,975.	<b>5</b>	1,408.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	635,669.	<b>16</b>	1,091,162.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	49,172.	<b>17</b>	43,216.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	5,000.	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	54,172.	<b>26</b>	43,216.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	368,343.	<b>27</b>	875,980.
	<b>28</b> Net assets with donor restrictions .....	213,154.	<b>28</b>	171,966.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	581,497.	<b>32</b>	1,047,946.
	<b>33</b> Total liabilities and net assets/fund balances .....	635,669.	<b>33</b>	1,091,162.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,268,075.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,801,626.
3	Revenue less expenses. Subtract line 2 from line 1	3	466,449.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	581,497.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,047,946.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2024)



**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**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	493,154.	593,582.	629,586.	721,824.	2197211.	4635357.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	493,154.	593,582.	629,586.	721,824.	2197211.	4635357.
<b>5</b> 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) .....						369,986.
<b>6 Public support.</b> Subtract line 5 from line 4.						4265371.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	493,154.	593,582.	629,586.	721,824.	2197211.	4635357.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....					3,586.	3,586.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			224.	11,368.		11,592.
<b>11 Total support.</b> Add lines 7 through 10						4650535.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	91.72	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	84.80	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

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, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

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

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

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

**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**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

1  Check here 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)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here 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
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
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.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

**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.)

Lined area for supplemental information.

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

JOURNEY FOR GOOD FOUNDATION, INC

Employer identification number

47-4494775

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,709,853.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	454,730.	
	e Add lines 2a through 2d	2e		454,730.
3	Subtract line 2e from line 1		3	2,255,123.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	12,952.	
	c Add lines 4a and 4b	4c		12,952.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,268,075.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,243,404.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	454,730.	
	e Add lines 2a through 2d	2e		454,730.
3	Subtract line 2e from line 1		3	1,788,674.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	12,952.	
	c Add lines 4a and 4b	4c		12,952.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,801,626.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

JOURNEY FOR GOOD FOUNDATION, INC. QUALIFIES AS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS A NON-PROFIT CORPORATION FOR INTERNAL REVENUE SERVICE PURPOSES. SUCH ORGANIZATIONS ARE TAXED ONLY ON UNRELATED BUSINESS INCOME. THE FOUNDATION HAS NO UNRELATED BUSINESS INCOME AND THEREFORE, NO TAX PROVISION HAS BEEN ESTABLISHED.

FOR FINANCIAL REPORTING PURPOSES, THE FOUNDATION RECOGNIZES TAX POSITIONS CLAIMED OR EXPECTED TO BE CLAIMED BASED UPON WHETHER IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED UPON EXAMINATION. INTEREST, IF ANY, RELATED TO INCOME TAX LIABILITIES IS INCLUDED IN INTEREST EXPENSE. PENALTIES, IF ANY, RELATED TO INCOME TAX LIABILITIES ARE INCLUDED IN OPERATING EXPENSE. AS OF DECEMBER 31, 2024, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFIED FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. INCOME TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2023, 2022 AND 2021, REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EVENT EXPENSES 454,730.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

GRANT OFFSET FROM CONTRIBUTIONS 12,952.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information (continued)

FUNDRAISING EVENT EXPENSES 454,730.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT OFFSET FROM CONTRIBUTIONS 12,952.

Multiple horizontal lines for supplemental information.



**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO PROVIDE SHELTER AND WRAPAROUND SUPPORTIVE SERVICES TO YOUTH WHO ARE AT	25,000.	CHECK	0.		
		NORTH AMERICA	TO COMBAT HUNGER AND PROMOTE NUTRITIONAL WELLNESS IN THE MISSISSAUGA REGION	25,000.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 2

3 Enter total number of other organizations or entities ..... 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART II, COLUMN (D):**

**REGION: NORTH AMERICA**

**(D) PURPOSE OF GRANT: TO PROVIDE SHELTER AND WRAPAROUND SUPPORTIVE SERVICES TO YOUTH WHO ARE AT RISK OF OR ARE EXPERIENCING HOMELESSNESS**

Lined area for supplemental information.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>GOLF TOURNAMENT</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	934,633.			934,633.
	<b>2</b> Less: Contributions .....	412,625.			412,625.
	<b>3</b> Gross income (line 1 minus line 2) .....	522,008.			522,008.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	180,497.			180,497.
	<b>6</b> Rent/facility costs .....	83,864.			83,864.
	<b>7</b> Food and beverages .....	151,589.			151,589.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	38,780.			38,780.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				454,730.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				67,278.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **JOURNEY FOR GOOD FOUNDATION, INC** Employer identification number **47-4494775**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
412 FOOD RESCUE 6140 STATION STREET PITTSBURGH, PA 15206	47-3476140	501(C)(3)	20,000.	0.			TO SUPPORT THE GROWTH AND EXPANSION OF FOOD RECOVERY AND REDISTRIBUTION EFFORTS IN
A WIDER CIRCLE, INC. 10325 KENSINGTON PARKWAY, #70 KENSINGTON, MD 20895	52-2345144	501(C)(3)	20,000.	0.			TO PROVIDE HOLISTIC, INDIVIDUALIZED SUPPORT TO ADULTS LOOKING TO RE-ENTER THE WORKFORCE
ATLANTA MISSION 2353 BOLTON RD. NW ATLANTA, GA 30318	58-0572430	501(C)(3)	30,000.	0.			TO PROVIDE WORKFORCE DEVELOPMENT PROGRAMMING FOR ADULTS IN ATLANTA, GA
BACK 2 SCHOOL AMERICA 1946 W IRVING PARK RD CHICAGO, IL 60613	27-2492956	501(C)(3)	20,000.	0.			TO PROVIDE SCHOOL SUPPLIES TO LOW-INCOME STUDENTS IN CHICAGO, ILLINOIS
BE A LEADER FOUNDATION 1717 W. NORTHERN AVE., SUITE 116 PHOENIX, AZ 85021	55-0850279	501(C)(3)	30,000.	0.			TO EMPOWER STUDENTS WITH THE TOOLS, LEADERSHIP SKILLS AND SUPPORT NEEDED TO SUCCEED IN HIGHER
BEAN'S CAFE, INC. 1020 E. 4TH AVE. ANCHORAGE, AK 99501	92-0072522	501(C)(3)	20,000.	0.			TO FIGHT HUNGER FOR ALL AGES, ONE MEAL AT A TIME WHILE PROVIDING A PATHWAY TO SELF-SUFFICIENCY WITH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **64.**

3 Enter total number of other organizations listed in the line 1 table **0.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK GIRLS COOK 2516 OAKLEY AVENUE BALTIMORE, MD 21215	81-3960180	501(C)(3)	50,000.	0.			EMPOWER AND INSPIRE INNER-CITY ADOLESCENT GIRLS OF COLOR THROUGH CULINARY ARTS AND URBAN
CLIMBHI 175 NAWILIWILI STREET HONOLULU, HI 96825	27-1865289	501(C)(3)	25,000.	0.			TO ENHANCE EDUCATION AND WORKFORCE DEVELOPMENT OPPORTUNITIES FOR STUDENTS IN HAWAII
CODE PLATOON 1 SOUTH DEARBORN ST. 20TH FL. CHICAGO, IL 60603	47-2499578	501(C)(3)	20,000.	0.			TO TRANSFORM THE LIVES OF VETERANS, ACTIVE-DUTY SERVICE MEMBERS, AND MILITARY SPOUSES THROUGH
COMMUNITY CULINARY SCHOOL OF CHARLOTTE - 700 N. TRYON ST. - CHARLOTTE, NC 28204	56-2051086	501(C)(3)	25,000.	0.			TO PROVIDE TRAINING AND JOB PLACEMENT ASSISTANCE IN THE CULINARY INDUSTRY FOR ADULTS WITH BARRIERS
DOG TAG INC. 3206 GRACE ST. NW WASHINGTON, DC 20007	45-2130904	501(C)(3)	20,000.	0.			TO EMPOWER VETERANS WITH SERVICE-CONNECTED DISABILITIES TO FIND RENEWED PURPOSE AND
EAT WELL EXCHANGE 20535 NW 2ND AVE UNIT 203 MIAMI, FL 33169	82-1443393	501(C)(3)	25,000.	0.			TO ADDRESS FOOD INSECURITY AND IMPROVE NUTRITIONAL EDUCATION IN UNDERSERVED COMMUNITIES
EDWINS LEADERSHIP & RESTAURANT INSTITUTE - 13101 SHAKER SQUARE - CLEVELAND, OH 44120	26-0656263	501(C)(3)	20,000.	0.			TO PROVIDE TRAINING AND JOB OPPORTUNITIES FOR FOLKS IN THE CULINARY INDUSTRY
EMMA'S TORCH LTD 2212 RHODE ISLAND AVE NE WASHINGTON, DC 20018	81-3651292	501(C)(3)	50,000.	0.			TO EMPOWER REFUGEES, ASYLEES, AND SURVIVORS OF HUMAN TRAFFICKING THROUGH CULINARY EDUCATION
FAITH-HOPE-LOVE CHARITY, INC. 3175 S. CONGRESS AVENUE, SUITE 310 PALM SPRINGS, FL 33461	65-0464807	501(C)(3)	10,000.	0.			TO HELP REINTEGRATE DISPLACED AND AT-RISK VETERANS AND THEIR FAMILIES BACK INTO THE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING SOUTH FLORIDA 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	59-2097520	501(C)(3)	25,000.	0.			TO SUPPORT SCHOOLS IN THE FORT LAUDERDALE REGION WITH FREE FOOD AND NUTRITION EDUCATION TO
FEEDING TAMPA BAY, INC. 4702 TRANSPORT DRIVE, BUILDING 6 TAMPA, FL 33605	59-2116576	501(C)(3)	20,000.	0.			TO SUPPORT HEALTHY FOOD DISTRIBUTION TO LOW-INCOME HOUSEHOLDS VIA THE COMMUNITY MARKET
FRIENDS OF THE LIBRARY OF HAWAII 501 SUMNER STREET, UNIT 614 HONOLULU, HI 96817	99-6003670	501(C)(3)	15,000.	0.			TO SUPPORT THE LET'S READ TOGETHER SUMMER READING PROGRAM FOR CHILDREN AND FAMILIES EXPERIENCING
GOTHAM FOOD PANTRY PO BOX 287115, 1617 3RD AVE NEW YORK, NY 10128	85-3425480	501(C)(3)	20,000.	0.			TO SUPPORT THE EXPANSION OF FOOD RESCUE AND REDISTRIBUTION EFFORTS IN NEW YORK CITY LOW-INCOME
GRACE KLEIN COMMUNITY, INC. 1678 MONTGOMERY HIGHWAY #104 BIRMINGHAM, AL 35216	80-0569639	501(C)(3)	10,000.	0.			TO PROVIDE CHARITABLE AND EDUCATIONAL SERVICES TO THE POOR AND DISTRESSED IN BIRMINGHAM, ALABAMA
GRACE-MAR SERVICES, INC. 615 E 6TH STREET SUITE 116 CHARLOTTE, NC 28202	80-0235887	501(C)(3)	50,000.	0.			TO PROVIDE SOCIAL CAPITAL AND JOB TRAINING TO LOW-INCOME INDIVIDUALS AND FAMILIES IN THE
GREATER BIRMINGHAM MINISTRIES 2304 12TH AVENUE NORTH BIRMINGHAM, AL 35234	63-0577439	501(C)(3)	10,000.	0.			TO PROVIDE FOOD, CLOTHING AND ASSISTANCE WITH UTILITIES TO INDIVIDUALS AND FAMILIES IN NEED
HEALTHY NEW ALBANY - FOOD PANTRY 150 W. MAIN STREET, SUITE B NEW ALBANY, OH 43054	20-3840246	501(C)(3)	15,000.	0.			PROVIDES CLIENTS WITH FOOD AND PERSONAL CARE ITEMS DURING OPEN SHOPPING
HIGHLINE SCHOOLS FOUNDATION 15675 AMBAUM BLVD SW BURIEN, WA 98166	91-2020506	501(C)(3)	25,000.	0.			TO ADDRESS THE IMPACT OF POVERTY IN THE LOCAL COMMUNITY THROUGH SUPPORTING STUDENTS,

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIT THE BOOKS 340 ST. NICHOLAS AVENUE NEW YORK, NY 10027	84-2795993	501(C)(3)	20,000.	0.			TO SUPPORT OUT-OF-SCHOOL TIME PROGRAMS FOR LOW-INCOME HARLEM YOUTH WITH ACADEMIC AND
HOMELESS COALITION OF PALM BEACH COUNTY - 345 SOUTH CONGRESS AVENUE - DELRAY BEACH, FL 33445	65-0125852	501(C)(3)	10,000.	0.			TO HELP HOMELESS INDIVIDUALS AND FAMILIES GET OFF THE STREETS AND INTO STABLE, AFFORDABLE
HOODIES 4 HEALING, INC. 18039 FM 529 ROAD, SUITE D CYPRESS, TX 77433	84-2572090	501(C)(3)	25,000.	0.			TO SERVE HOT MEALS AND PROVIDE OTHER ESSENTIAL SUPPLIES FOR INDIVIDUALS AND FAMILIES EXPERIENCING
HOPE AND A HOME 1236 COLUMBIA RD., NW, LOWER LEVEL WASHINGTON, DC 20009	20-2869184	501(C)(3)	10,000.	0.			TO EMPOWER LOW-INCOME FAMILIES TO CREATE STABLE HOMES OF THEIR OWN AND MAKE LASTING CHANGES IN
HORIZONS GREATER WASHINGTON 3000 CATHEDRAL AVE. NW WASHINGTON, DC 20008	27-1476998	501(C)(3)	25,000.	0.			PROVIDE FREE ACADEMIC AND ENRICHMENT PROGRAMS TO PUBLIC AND CHARTER SCHOOL STUDENTS
ILLINOIS RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION - 33 W. MONROE ST., SUITE 250 - CHICAGO, IL 60603	36-3271510	501(C)(3)	15,000.	0.			TO SUPPORT THE GROWTH OF STUDENTS IN THE SOUTHSIDE AND CHICAGOLAND AREAS THROUGH HOSPITALITY
KID NET FOUNDATION DBA JONATHAN'S PLACE - 6065 DUCK CREEK DR. - GARLAND, TX 75043	75-2389331	501(C)(3)	25,000.	0.			TO PROVIDE A SAFE PLACE, LOVING HOMES, AND PROMISING FUTURES FOR ABUSED AND NEGLECTED
KIDS PACK INC. 3725 FRONTAGE ROAD NORTH, SUITE 1 LAKELAND, FL 33810	80-0830473	501(C)(3)	15,000.	0.			TO FEED STUDENTS WHO ARE HOMELESS AND/OR FOOD INSECURE BY PREPARING AND DELIVERING WEEKEND MEAL
KLINE VETERANS FUND 7881 W. CHARLESTON BLVD. SUITE 165 LAS VEGAS, NV 89117	45-2285031	501(C)(3)	15,000.	0.			TO ASSIST VETERANS IN CRISIS IN SOUTHERN NEVADA DUE TO FINANCIAL HARDSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOAVES AND FISHES TOO 721 KASOTA AVENUE SE MINNEAPOLIS, MN 55414	41-1421522	501(C)(3)	15,000.	0.			TO PROVIDE HEALTHY MEALS TO MINNESOTANS IN AREAS WHERE THE NEED IS GREATEST
MOVE FOR HUNGER 7 THIRD AVE NEPTUNE, NJ 07753	26-4826262	501(C)(3)	25,000.	0.			TO CREATE SUSTAINABLE WAYS TO REDUCE FOOD WASTE AND FIGHT HUNGER USING THE RELOCATION INDUSTRY
NATIONAL RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION - 2055 L STREET NW, SUITE 701 - WASHINGTON, DC 20036	36-6103388	501(C)(3)	50,000.	0.			TO PROVIDE JOB READINESS TRAINING, SUPPORTIVE SERVICES, INDUSTRY CREDENTIALS, AND
NEW ENGLAND CULINARY ARTS TRAINING 23 BRADSTON STREET BOSTON, MA 02118	27-2441203	501(C)(3)	15,000.	0.			TO EMPOWER ADULTS FACING BARRIERS TO EMPLOYMENT THROUGH TRAINING IN CULINARY SKILLS AND
NEW ORLEANS WOMEN & CHILDREN'S SHELTER - 2625 IBERVILLE STREET - NEW ORLEANS, LA 70119	26-0859964	501(C)(3)	20,000.	0.			TO ENABLE WOMEN AND THEIR CHILDREN TO TRANSITION FROM A LIFE OF HOMELESSNESS AND POVERTY
OAK CITY CARES, INC. 1430 S WILMINGTON ST RALEIGH, NC 27603	83-0826329	501(C)(3)	20,000.	0.			TO FIGHT AND PREVENT HOMELESSNESS BY CONNECTING THOSE AT RISK TO COORDINATED SERVICES
ORLANDO UNION RESCUE MISSION, INC. 1521 W. WASHINGTON ST ORLANDO, FL 32805	59-1035082	501(C)(3)	20,000.	0.			TO HELP PURCHASE NEW COMPUTERS FOR UNDERSERVED STUDENTS IN THE ORLANDO AREA THAT ARE BEHIND ON
OUR HOUSE INC. 302 E. ROOSEVELT RD LITTLE ROCK, AR 72206	71-0653846	501(C)(3)	10,000.	0.			TO EMPOWER HOMELESS AND AT-RISK FAMILIES TO ACHIEVE STABILITY AND WELL-BEING
PEACE4KIDS 1339 E 120TH ST COMPTON, CA 90059	33-0920234	501(C)(3)	20,000.	0.			TO SUPPORT PROGRAMS FOR YOUTH IMPACTED BY FOSTER CARE THAT ADDRESS HEALTH AND NUTRITION EDUCATION,

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAGS OF HONOR 1 7764 NORTH SHERIDAN RD CHICAGO, IL 60626	46-4924505	501(C)(3)	20,000.	0.			TO PROVIDE ASSISTANCE TO HOMELESS AND UNEEMPLOYED VETERANS AND REFUGEES
SD GUNNER FUND 24 CHENEY COURT RICHMOND HILL, GA 31324	47-1346302	501(C)(3)	25,000.	0.			TO PROVIDE FULLY TRAINED SERVICE DOGS AT NO COST TO VETERANS IN NEED
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC. - 411 MERCY DR - ORLANDO, FL 32805	59-2142315	501(C)(3)	30,000.	0.			TO SUPPORT THE CULINARY TRAINING WORKFORCE DEVELOPMENT PROGRAM WHICH PROVIDES CULINARY
SECOND HELPINGS ATLANTA 970 JEFFERSON ST NW, SUITE 5 ATLANTA, GA 30318	45-3631347	501(C)(3)	20,000.	0.			TO HELP REDUCE FOOD WASTE AND HUNGER IN METRO ATLANTA
SHOES THAT FIT 1420 NORTH CLAREMONT BLVD, SUITE 20 CLAREMONT, CA 91711	95-4425565	501(C)(3)	45,000.	0.			TO TACKLE ONE OF THE MOST VISIBLE SIGNS OF POVERTY BY GIVING CHILDREN IN NEED NEW ATHLETIC SHOES
SISTERS OF WATTS 36635 LITTLE SYCAMORE ST. PALMDALE, CA 93552	81-0987519	501(C)(3)	25,000.	0.			TO HELP ADDRESS THE PRESSING NEEDS OF LOW-INCOME FAMILIES AND INDIVIDUALS IN THE WATTS
SKILLS FOR CHICAGOLAND'S FUTURE 191 N WACKER DRIVE, SUITE 1150 CHICAGO, IL 60606	45-1287418	501(C)(3)	20,000.	0.			TO HELP INCREASE THE ECONOMIC MOBILITY OF THE UNDER AND UNEMPLOYED BY CONNECTING THEM TO
SO ALL MAY EAT INC. 2023 E COLFAX AVE DENVER, CO 80206	20-4765519	501(C)(3)	20,000.	0.			TO FIGHT FOOD INSECURITY AND CREATE COMMUNITY THROUGH HEALTHY FOOD ACCESS
SPRINGS RESCUE MISSION 5 W. LAS VEGAS ST COLORADO SPRINGS, CO 80903	84-1340824	501(C)(3)	25,000.	0.			TO SUPPORT VOCATIONAL TRAINING FOR ADULTS EXPERIENCING HOMELESSNESS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEP UP WOMENS NETWORK 510 S. HEWITT ST., SUITE 111 LOS ANGELES, CA 90013	95-4701468	501(C)(3)	25,000.	0.			TO SUPPORT ON CAMPUS HIGH SCHOOL MENTORSHIP PROGRAMMING FOR A COHORT OF STUDENTS IN THE
THE HOPE PROGRAM 1 SMITH STREET, 4TH FLOOR BROOKLYN, NY 11201	13-3268539	501(C)(3)	30,000.	0.			TO EMPOWER NEW YORKERS TO BUILD SUSTAINABLE FUTURES THROUGH COMPREHENSIVE JOB TRAINING, ADVANCEMENT AND
THE LAMB CENTER 3160 CAMPBELL DR FAIRFAX, VA 22031	41-2222581	501(C)(3)	25,000.	0.			ASSIST THE HOMELESS IN THE COMMUNITY BY PROVIDING MEALS, SHELTER AND JOB TRAINING
HEAVEN SOUTH, INC. DBA THE STORE 2009 12TH AVE S. NASHVILLE, TN 37204	81-4247568	501(C)(3)	20,000.	0.			TO HELP ALLEVIATE FOOD INSECURITY FOR FOLKS AFFECTED BY POVERTY IN NASHVILLE, TN
TOGETHER WE BAKE 212 S WASHINGTON ST ALEXANDRIA, VA 22314	47-2543526	501(C)(3)	25,000.	0.			TO PROVIDE ASSISTANCE TO THE COMMUNITY HELPING THEM DEVELOPING A NEW SKILL
UNITED STATES VETERANS INITIATIVE (U.S. VETS HOUSTON) - 18818 TOMBALL PARKWAY - HOUSTON, TX 77070	95-4382752	501(C)(3)	20,000.	0.			TO PROVIDE VETERANS WITH JOB TRAINING, WORKSHOPS, AND PLACEMENT ASSISTANCE
UNITED WAY OF MIDDLE TENNESSEE DBA HANDS ON NASHVILLE - 2525 PERIMETER PLACE DRIVE, SUITE 121 - NASHVILLE, TN 37214	62-0533104	501(C)(3)	15,000.	0.			INSPIRING VOLUNTEERS TO MAKE A DIFFERENCE BY HELPING OUR NEIGHBORS EXPERIENCING FOOD OR
UNITED WAY OF SOUTHERN NEVADA 5830 W FLAMINGO ROAD LAS VEGAS, NV 89103	88-0071328	501(C)(3)	20,000.	0.			TO PROVIDE CAPACITY BUILDING SUPPORT, TECHNICAL ASSISTANCE, AND OPERATIONAL SUPPORT TO
UPLIFT NORTHWEST 2515 WESTERN AVENUE SEATTLE, WA 98121	91-0607513	501(C)(3)	20,000.	0.			TO PROVIDE JOBS AND JOB-READINESS SERVICES TO INDIVIDUALS EXPERIENCING POVERTY AND HOMELESSNESS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USA CARES, INC. 11760 COMMONWEALTH DR LOUISVILLE, KY 40299	05-0588761	501(C)(3)	20,000.	0.			TO HELP PROVIDE VETERANS, SERVICE MEMBERS, AND THEIR FAMILIES WITH FINANCIAL ASSISTANCE AND
YOUR HARVEST HOUSE 349 NW RENFRO BURLESON, TX 76028	75-1985674	501(C)(3)	15,000.	0.			TO PROVIDE FUNDING FOR A WALK-IN REFRIGERATOR, INCREASING THE EFFICIENCY AND EFFECTIVENESS OF THE
YOUTH GUIDANCE 1 N. LASALLE STREET, SUITE 900 CHICAGO, IL 60602	36-2167032	501(C)(3)	30,000.	0.			TO PROVIDE STUDENTS IN CHICAGOS RIVERSIDE COMMUNITY WITH ACCESS TO CULINARY LESSONS AND

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CASH DONATIONS	172	66,771.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

THE DIRECTOR CONDUCTS RESEARCH TO DETERMINE THAT THE MISSION OF THE DONEE IS IN LINE WITH THE MISSION OF THE FOUNDATION. THE BOARD VOTES ON THE APPROVAL OF EACH GRANT PRIOR TO ISSUANCE.

**PART II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT: 412 FOOD RESCUE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE GROWTH AND EXPANSION OF FOOD RECOVERY AND REDISTRIBUTION EFFORTS IN WESTERN, PA

NAME OF ORGANIZATION OR GOVERNMENT: BE A LEADER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER STUDENTS WITH THE TOOLS, LEADERSHIP SKILLS AND SUPPORT NEEDED TO SUCCEED IN HIGHER EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: BEAN'S CAFE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FIGHT HUNGER FOR ALL AGES, ONE MEAL AT A TIME WHILE PROVIDING A PATHWAY TO SELF-SUFFICIENCY WITH DIGNITY AND RESPECT

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BLACK GIRLS COOK

(H) PURPOSE OF GRANT OR ASSISTANCE: EMPOWER AND INSPIRE INNER-CITY ADOLESCENT GIRLS OF COLOR THROUGH CULINARY ARTS AND URBAN FARMING

NAME OF ORGANIZATION OR GOVERNMENT: CODE PLATOON 1

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TRANSFORM THE LIVES OF VETERANS, ACTIVE-DUTY SERVICE MEMBERS, AND MILITARY SPOUSES THROUGH HANDS-ON EDUCATIONAL TRAINING IN SOFTWARE DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY CULINARY SCHOOL OF CHARLOTTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TRAINING AND JOB PLACEMENT ASSISTANCE IN THE CULINARY INDUSTRY FOR ADULTS WITH BARRIERS TO LONG-TERM SUCCESSFUL EMPLOYMENT

NAME OF ORGANIZATION OR GOVERNMENT: DOG TAG INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER VETERANS WITH SERVICE-CONNECTED DISABILITIES TO FIND RENEWED PURPOSE AND COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: EAT WELL EXCHANGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS FOOD INSECURITY AND IMPROVE NUTRITIONAL EDUCATION IN UNDERSERVED COMMUNITIES IN MIAMI, FL

NAME OF ORGANIZATION OR GOVERNMENT: FAITH-HOPE-LOVE CHARITY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP REINTEGRATE DISPLACED AND AT-RISK VETERANS AND THEIR FAMILIES BACK INTO THE COMMUNITY TO SUSTAIN INDEPENDENT LIVING

NAME OF ORGANIZATION OR GOVERNMENT: FEEDING SOUTH FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SCHOOLS IN THE FORT LAUDERDALE REGION WITH FREE FOOD AND NUTRITION EDUCATION TO STUDENTS AND THEIR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: FEEDING TAMPA BAY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HEALTHY FOOD DISTRIBUTION TO LOW-INCOME HOUSEHOLDS VIA THE COMMUNITY MARKET PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF THE LIBRARY OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE LET'S READ TOGETHER SUMMER READING PROGRAM FOR CHILDREN AND FAMILIES EXPERIENCING POVERTY THROUGHOUT HAWAII

NAME OF ORGANIZATION OR GOVERNMENT: GOTHAM FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EXPANSION OF FOOD RESCUE AND REDISTRIBUTION EFFORTS IN NEW YORK CITY LOW-INCOME HOUSING COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: GRACE-MAR SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SOCIAL CAPITAL AND JOB TRAINING TO LOW-INCOME INDIVIDUALS AND FAMILIES IN THE CHARLOTTE, NC REGION

NAME OF ORGANIZATION OR GOVERNMENT: HIGHLINE SCHOOLS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS THE IMPACT OF POVERTY IN THE LOCAL COMMUNITY THROUGH SUPPORTING STUDENTS, FAMILIES AND EDUCATORS

**Part IV Supplemental Information**

**IN THE PUBLIC SCHOOL SYSTEM**

NAME OF ORGANIZATION OR GOVERNMENT: HIT THE BOOKS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT OUT-OF-SCHOOL TIME PROGRAMS FOR LOW-INCOME HARLEM YOUTH WITH ACADEMIC AND SPORTS-BASED DEVELOPMENT PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

HOMELESS COALITION OF PALM BEACH COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP HOMELESS INDIVIDUALS AND FAMILIES GET OFF THE STREETS AND INTO STABLE, AFFORDABLE HOUSING

NAME OF ORGANIZATION OR GOVERNMENT: HOODIES 4 HEALING, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SERVE HOT MEALS AND PROVIDE OTHER ESSENTIAL SUPPLIES FOR INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS

NAME OF ORGANIZATION OR GOVERNMENT: HOPE AND A HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER LOW-INCOME FAMILIES TO CREATE STABLE HOMES OF THEIR OWN AND MAKE LASTING CHANGES IN THEIR LIVES

NAME OF ORGANIZATION OR GOVERNMENT:

ILLINOIS RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE GROWTH OF STUDENTS IN THE SOUTHSIDE AND CHICAGOLAND AREAS THROUGH HOSPITALITY INDUSTRY TRAINING AND WORKFORCE DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

KID NET FOUNDATION DBA JONATHAN'S PLACE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A SAFE PLACE, LOVING HOMES, AND PROMISING FUTURES FOR ABUSED AND NEGLECTED CHILDREN, TEENS, AND YOUNG ADULTS

NAME OF ORGANIZATION OR GOVERNMENT: KIDS PACK INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FEED STUDENTS WHO ARE HOMELESS AND/OR FOOD INSECURE BY PREPARING AND DELIVERING WEEKEND MEAL PACKS

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE JOB READINESS TRAINING, SUPPORTIVE SERVICES, INDUSTRY CREDENTIALS, AND EMPLOYMENT OPPORTUNITIES TO FOLKS WITH ACUTE BARRIERS TO OPPORTUNITY

NAME OF ORGANIZATION OR GOVERNMENT: NEW ENGLAND CULINARY ARTS TRAINING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER ADULTS FACING BARRIERS TO EMPLOYMENT THROUGH TRAINING IN CULINARY SKILLS AND CAREER-READINESS

NAME OF ORGANIZATION OR GOVERNMENT:

NEW ORLEANS WOMEN & CHILDREN'S SHELTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENABLE WOMEN AND THEIR CHILDREN TO TRANSITION FROM A LIFE OF HOMELESSNESS AND POVERTY TO ONE OF STABILITY AND SELF-SUFFICIENCY

NAME OF ORGANIZATION OR GOVERNMENT: OAK CITY CARES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FIGHT AND PREVENT HOMELESSNESS BY CONNECTING THOSE AT RISK TO COORDINATED SERVICES THAT CREATE A PATH TO STABLE HOUSING AND RENEWED HOPE

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ORLANDO UNION RESCUE MISSION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP PURCHASE NEW COMPUTERS FOR UNDERSERVED STUDENTS IN THE ORLANDO AREA THAT ARE BEHIND ON GRADES

NAME OF ORGANIZATION OR GOVERNMENT: PEACE4KIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMS FOR YOUTH IMPACTED BY FOSTER CARE THAT ADDRESS HEALTH AND NUTRITION EDUCATION, FOOD INSECURITY, AND JOB DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CULINARY TRAINING WORKFORCE DEVELOPMENT PROGRAM WHICH PROVIDES CULINARY TRAINING AND JOB PLACEMENT OPPORTUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: SHOES THAT FIT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TACKLE ONE OF THE MOST VISIBLE SIGNS OF POVERTY BY GIVING CHILDREN IN NEED NEW ATHLETIC SHOES TO ATTEND SCHOOL WITH DIGNITY AND JOY

NAME OF ORGANIZATION OR GOVERNMENT: SISTERS OF WATTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP ADDRESS THE PRESSING NEEDS OF LOW-INCOME FAMILIES AND INDIVIDUALS IN THE WATTS COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: SKILLS FOR CHICAGOLAND'S FUTURE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP INCREASE THE ECONOMIC MOBILITY OF THE UNDER AND UNEMPLOYED BY CONNECTING THEM TO QUALITY JOBS

NAME OF ORGANIZATION OR GOVERNMENT: STEP UP WOMENS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ON CAMPUS HIGH SCHOOL MENTORSHIP PROGRAMMING FOR A COHORT OF STUDENTS IN THE DALLAS, TX AREA

NAME OF ORGANIZATION OR GOVERNMENT: THE HOPE PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER NEW YORKERS TO BUILD SUSTAINABLE FUTURES THROUGH COMPREHENSIVE JOB TRAINING, ADVANCEMENT AND LIFELONG CAREER SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED WAY OF MIDDLE TENNESSEE DBA HANDS ON NASHVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: INSPIRING VOLUNTEERS TO MAKE A DIFFERENCE BY HELPING OUR NEIGHBORS EXPERIENCING FOOD OR HOUSING INSECURITY

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF SOUTHERN NEVADA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CAPACITY BUILDING SUPPORT, TECHNICAL ASSISTANCE, AND OPERATIONAL SUPPORT TO GRASSROOTS NONPROFITS IN SOUTHERN NEVADA WORKING TO FIGHT POVERTY

NAME OF ORGANIZATION OR GOVERNMENT: UPLIFT NORTHWEST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE JOBS AND JOB-READINESS SERVICES TO INDIVIDUALS EXPERIENCING POVERTY AND HOMELESSNESS IN THE SEATTLE, WA REGION

NAME OF ORGANIZATION OR GOVERNMENT: USA CARES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP PROVIDE VETERANS, SERVICE

**Part IV Supplemental Information**

MEMBERS, AND THEIR FAMILIES WITH FINANCIAL ASSISTANCE AND POST SERVICE SKILLS TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: YOUR HARVEST HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR A WALK-IN REFRIGERATOR, INCREASING THE EFFICIENCY AND EFFECTIVENESS OF THE FOOD PANTRY

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH GUIDANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE STUDENTS IN CHICAGOS RIVERSIDE COMMUNITY WITH ACCESS TO CULINARY LESSONS AND TECHNIQUES

Multiple horizontal lines for supplemental information.

**SCHEDULE L**

**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization <b>JOURNEY FOR GOOD FOUNDATION, INC</b>	Employer identification number <b>47-4494775</b>
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) LAURA SILDON	FORMER EMPLOYEE	SHORT TERM		X	35,000.	1,408.		X	X			X
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> .....						\$	1,408.					

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

SEE PART V FOR CONTINUATIONS



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

JOURNEY FOR GOOD FOUNDATION, INC

Employer identification number

47-4494775

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF NONPROFITS BASED ON THESE FIVE CORE PILLARS OF GIVING:

(1) RELIEVING HUNGER AND PROMOTING NUTRITIONAL WELLNESS THROUGH FOOD RELATED INITIATIVES.

(2) COMBATTING HOMELESSNESS THROUGH ACCESS TO SAFE HOUSING, FURNISHINGS, CLOTHING, AND STABLE EMPLOYMENT.

(3) ENCOURAGING THE NEXT GENERATION THROUGH ACCESS TO EDUCATION AND TRAINING.

(4) PROVIDING OPPORTUNITY FOR FINANCIAL STABILITY THROUGH HOSPITALITY INDUSTRY TRAINING AND PLACEMENT.

(5) HONORING AMERICA'S MILITARY VETERANS AND THEIR FAMILIES BY SUPPORTING PROGRAMS THAT MEET THEIR NEEDS FOR FOOD, SHELTER, MEDICAL CARE, AND JOB TRAINING AND PLACEMENT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CHARITABLE DEDUCTION. THE FOUNDATION REQUIRES THAT EACH EMPLOYEE APPLYING FOR ASSISTANCE FROM THE FUND DEMONSTRATE AN IMMEDIATE NEED BEFORE A GRANT IS MADE TO SUCH EMPLOYEE. THUS, EMPLOYEES MUST PROVIDE A PERSONAL FINANCIAL STATEMENT DETAILING THE MONTHLY FINANCES OF THE EMPLOYEE AND HIS/HER FAMILY. IN ADDITION, THE EMPLOYEE MUST DESCRIBE THE INCIDENT AND HOW IT IS CAUSING FINANCIAL HARDSHIP FOR THE EMPLOYEE AND HIS/HER FAMILY AND ATTACH APPROPRIATE DOCUMENTATION TO SHOW PROOF OF THE FINANCIAL HARDSHIP. IF THE EMPLOYEE REQUESTS THAT THE FOUNDATION PAY BILLS ON BEHALF OF THE EMPLOYEE, THE FOUNDATION REQUIRES A COPY OF THE BILL. APPLICATIONS FOR ASSISTANCE FROM THE FUND ARE REVIEWED BY AN INDEPENDENT SELECTION COMMITTEE WHICH CONSISTS OF EMPLOYEES OF THE CORPORATION, A MAJORITY OF WHICH ARE NOT IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE CORPORATION'S AFFAIRS. CURRENTLY, ELIGIBLE PARTICIPANTS INCLUDE ANY EMPLOYEE OF HMSHOST, HUDSON, DUFY AND ITS AFFILIATES WHO HAS INCURRED AN ELIGIBLE FINANCIAL HARDSHIP AND WHO IS ACTIVELY WORKING OR ON AN APPROVED LEAVE OF ABSENCE OF NO MORE THAN ONE YEAR. APPLICATIONS TO THE FUND ARE TREATED IN A CONFIDENTIAL MANNER. GRANTS FROM THE FUND ARE MADE ON AN OBJECTIVE, NONDISCRIMINATORY BASIS AND AS SUCH NO EMPLOYEE IS ENTITLED TO RECEIVE ASSISTANCE FROM THE FUND BY REASON OF THE EMPLOYEE'S LENGTH OR TYPE OF SERVICE WITH THE CORPORATION, OR THE EMPLOYEE'S HISTORY OF CONTRIBUTIONS TO THE FUND. 172 EMPLOYEES WERE ASSISTED IN 2024 THROUGH THIS PROGRAM.

FORM 990, PART VI, SECTION A, LINE 8B:

JOURNEY FOR GOOD FOUNDATION DOES NOT HAVE ANY BOARD COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FOUNDATION PROVIDED A COMPLETE COPY OF THE FORM 990 TO ALL MEMBERS OF THE GOVERNING BODY BEFORE FILING THE 990 WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

YEARLY DISCLOSURE STATEMENTS PROVIDED AT THE FIRST BOARD MEETING OF THE CALENDAR YEAR AND E-MAILED TO THOSE THAT DID NOT ATTEND. ALL FORMS FOR THE CURRENT YEAR WERE SIGNED AND RECEIVED.

Name of the organization JOURNEY FOR GOOD FOUNDATION, INC	Employer identification number 47-4494775
--	--

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, ND, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WV  
WI

FORM 990, PART VI, SECTION C, LINE 19:  
JOURNEY FOR GOOD FOUNDATION, INC. WILL PROVIDE DOCUMENTS FOR PUBLIC  
INSPECTION UPON REQUEST. FINANCIAL STATEMENTS AND FORM 990 WILL ALSO BE  
MADE AVAILABLE ON THE FOUNDATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:  
THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE  
AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT  
ACCOUNTANT.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **JOURNEY FOR GOOD FOUNDATION, INC** Employer identification number **47-4494775**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

