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Form **4720** 

# Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

41 and 42 of the Internal Revenue Code (Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944,

2025

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

Go to www.irs.gov/Form4720 for instructions and the latest information.

For cal	endar year 2025 or other ta	x year beginning	, 2025	5, and ending			, 2	20
Name o	of organization, entity, or pe	erson subject to tax			EIN or SSN			
Numbe	r and street (or P.O. box if	mail is not delivered to street add	ress)	Room or suite no.	Amended re	aturn		
			. 555,				-1 4	
City or	tourn	State or province	Country	ZIP or foreign postal code	Check box for ty	_		
City of	town	State or province	Country	ZIP or loreign postal code		=	Form 99	90-EZ
					Form 990-P	PF 📙 '	Other	
					Form 5227			
							Yes	No
Α	Is the organization a	a foreign organization des	cribed in section 4948(b)?					
	Show conversion ra	ate to U.S. dollars. See ins	tructions					
В			son subject to tax: Are you		1 4720 with res	spect to		
	2 1	, .	year? See instructions .	•		•		
	_		IN for each organization with				or the	
	current tax year.	t snowing the name and t	in tor each organization with	irrespect to willon y	ou will life I of	1111 4720 1	OI LITE	
D			70(5)(10) 004(-)(0) 4041(-)	1010/-\ 1010/-\	40.40(-) 40	4.4/-\/4\	1015/	-\/-\
Par			70(f)(10), 664(c)(2), 4911(a)	), 4912(a), 4942(a),	, 4943(a), 494	44(a)(1),	4945(	a)(1),
			4966(a)(1), and 4968(a))					
1			ne 4		1			
2	Tax on excess busi	ness holdings—Schedule	C, line 7		2			
3	Tax on investments	that jeopardize charitable	purpose-Schedule D, Part	I, column (f)	3			
4	Tax on taxable expe	enditures—Schedule E, Pa	art I, column (h)		4			
5	Tax on political exp	enditures-Schedule F, P	art I, column (f)		5			
6			dule G, line 4		6			
7			Schedule H, Part I, column (		7			
8		aid on personal benefit co	-		8			
9		-	transactions—Schedule J, F		9			
		=						
10		ributions—Schedule K, Pa	•		10			
11			ed business taxable income.		11			
12			ction 501(r)(3)—Schedule M,		12			
13		•	nedule N		13			
14			eges and universities—Sched		14			
15	Total (add lines 1-1	4)			15			
Part	Taxes on a l	Manager, Self-Dealer,	Disqualified Person, Do	nor, Donor Advis	or, or Relate	ed Perso	on	
	(Sections 49	12(b), 4941(a), 4944(a)(2	2), 4945(a)(2), 4955(a)(2), 4	958(a), 4965(a)(2),	, 4966(a)(2), a	and 4967	7(a))	
Name	and address of related	organization; city or town, s	tate or province, country, ZIP o	r foreign postal code	Employer ide	entificatio	n num	ber
			, , ,	0 1				
1	Tax on self-dealing	-Schedule A. Part II. colu	ımn (d); and Part III, column (	(d)	1			
2	•		e purposes—Schedule D, Pai	· ,	2			
3			art II, column (d)		3			
	•		* *					
4	•		art II, column (d)		4			
5			Schedule H, Part II, column (		5			
6			e I, Part II, column (d); and P		6			
7		=	transactions-Schedule J, F		7			
8	Tax on taxable dist	ributions—Schedule K, Pa	ırt II, column (d)		8			
9	Tax on prohibited b	enefits—Schedule L, Part	II, column (d); and Part III, co	olumn (d)	9			
10	Total-Add lines 1	through 9			10			
Part		its						
1					1			
2	, ,	, ,	orm 8868 (see instructions)		2			
3		•	mount owed (see instructions)		3			
ა 4		•	e 2, enter the difference. T	•				
4			tions					
	Complete and attac	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4			

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		S	CHEDIII	F A _ Initial	Τανρς	on Sal	If-Dealing (Section 4941	1	
Part	Acts of Self-					011 001	Dealing (Scottern 4541	,	
	Acts of och		ction made?		1011				
(a) Act number	(b) Date of act	Yes	No				(d) Description of act		
1									
2		T							
3		T							
4		T							
5									
(e) Question number from Form 990-PF, Part VI-B, or Form 5227, Part VIII, applicable to the act  (f) Amount involved in ac				t	(	g) Initial tax on self-dealer (10% of col. (f))	•	Tax on foundation managers (if applicable) ser of \$20,000 or 5% of col. (f))	
Part I	Summary of	Tax Lia	ability of	Self-Dealers	s and I	rorati	ion of Payments		
	(a) Names of se	elf-dealers	liable for tax		(b) Act r Part I,		(c) Tax from Part I, col. (g), or prorated amount		(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)
Part I	Summary of	f Tax Lia	ability of	Foundation	Mana	gers a	nd Proration of Paymer	nts	
	(a) Names of founda				(b) Act r Part I,	no. from	(c) Tax from Part I, col. (h), or prorated amount		(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
							outed Income (Section 4	942)	T
		-		•			2025, Part XII, line 6d) .	1	
	Undistributed incor		•					2	
							n 2025 and subject to tax	3	

Tax-Enter 30% of line 3 here and on Part I, line 1 . . . . .

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	,
SCHEDULE C.—Initial Tay on Excess Business Holdings (Section 4943)	

		SCHE	DULE C-	-Initial Tax o	n Ex	cess Bu	siness	Holdir	ngs (Secti	ion 494	3)			
Busin	ess Holdings ar								<u> </u>					
	nave taxable excestions for each line				ness e	enterprise	, attach	a sepa	rate sched	lule for e	ach en	terprise.	Refer	to the
Name a	nd address of busin	ess enterp	rise											
	er identification n													
Form c	of enterprise (corpo	oration, p	artnership	o, trust, joint ver	nture,	sole prop	rietors	hip, etc.	)					
			(profi	(a) ting stoc ts interes icial inter	t or		<b>(b)</b> alue		Nonvot	(c) ing stoc				
1	Foundation holding	ngs in bus	siness ent	erprise	1			%			%			
•	Dameitta di la cialia a	a ta la cata		t				0/			04			
2	Permitted holding	s in busii	ness ente	rprise	2			%			%			
3	Value of excess h	oldings ir	n busines	s enterprise	3									
4	Value of excess													
	days; or, other subject to section				4									
5	Taxable excess h		•	•							_			
	line 3 minus line 4				5									
6	Tax—Enter 10%	of line 5			6									
7	Total tax-Add a	amounts												
	(b), and (c); enter	total here	and on F	Part I, line 2	7								126	
8	Did the organizati	on disno	se of exce	ess holdings sub	niect t	to tax ren	orted o	n line 67	<b>)</b>				Yes	No
·	Attach a statemer			•	•									
				s on Investme	ents	That Jed	pardi	ze Cha	ritable P	urpose	(Secti	on 4944	<b>l</b> )	
Part	Investmen	ts and 1	Tax Com	putation				1						
(a)	(h) Data of	(c) Co	rrection					(5) (4)	may not of	<b>(f)</b> In	itial tax		Initial ta ation ma	
Investme numbe	I INVASTMENT	ma	de?	(d) Descrip	otion of	finvestment		1 '	mount of estment	I	undation of col. (e))		applicab er of \$1	
		Yes	No							,			0% of co	
1		<del> </del>						ļ 						
3		<b></b>												
4		†												
5														
	-Column (f). Enter													
Total –	-Column (g). Enter			amount) here ar  of Foundation						onte		<u>-   </u>		
Part	Summary	UI TAX L	lability (	or Foundation	1	nvestment					(d) Ma	nager's tot	al tax lia	bility
	(a) Names of four	ndation man	agers liable	for tax	no. f	rom Part I, col. (a)	(6		n Part I, col. (g ted amount	g),	(add	d amounts (see instruc	in col. (d	,

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(a) Names of foundation managers liable for tax	no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(a) Manager's total tax liability (add amounts in col. (c)) (see instructions)
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		SCHEDULE E-			s on Tax	able	e Expenditures (	(Section	า 4945	5)	
Part	Expenditure	s and Computa	tion of 1	Гах							
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Corre	1	nade? No		<b>(e)</b> Nar	me and ad	dress of	recipient	
1											
2											
3											
4											
5											
	(f) Description of ex	xpenditure and purpose	s for which I	made		Fo	Question number from orm 990-PF, Part VI-B, Form 5227, Part VIII, applicable to the expenditure	on	al tax im foundati 6 of col.	posed on	Initial tax imposed on foundation managers (if applicable)— (lesser of \$10,000 or 5% of col. (b))
	Column (h). Enter h				<u> </u>						
	Column (i). Enter to							<u></u>	<u></u>		
Part I	Summary of	Tax Liability of	Founda	tion	Manage	rs a	ind Proration of	Payme	ents		
	(a) Names of founda	ation managers liable for	r tax		(b) Item no. Part I, col		(c) Tax from Pa or prorated		,	(add a	ger's total tax liability mounts in col. (c)) ee instructions)
		SCHEDIII E E	-Initial T	200	s on Poli	tica	│ II Expenditures(	Section	1055	2)	
Part	Evnenditure	s and Computa			3 011 1 011	lica	ii Experialtures	OCCIO	14330	<i>'</i> )	
rait	Experialtare	s and Computa	tion or i	ax							(-)
(a) Item number	<b>(b)</b> Amount	(c) Date paid or incurred	(d) Correc made <sup>a</sup> Yes		<b>(e)</b> De	script	ion of political expendit		on or	tax imposed ganization oundation of col. (b))	(g) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 21/2% of col. (b))
1 2											
3			T								
4											
5											
Total-	Column (f). Enter h	ere and on Part I, li	ine 5 .								
Total-	Column (g). Enter t	otal (or prorated ar	mount) he	re an	nd in Part I	I, cc	lumn (c), below .				
Part I	Summary of	Tax Liability of C	)rganiza	tion	Manager	s or	Foundation Mar	nagers	and P	roration o	of Payments
		ganization managers or anagers liable for tax			(b) Item no. Part I, col		(c) Tax from Pa or prorated		),	(add a	ger's total tax liability mounts in col. (c)) ee instructions)

	20 (2025)								Page <b>5</b>
	SC	CHEDULI	E G — Ta	x on Exc	ess Lobbying	Expenditures	(Section 4911)	)	
	Excess of grass roots 990), Part II-A, column							1	
2	Excess of lobbying ex Part II-A, column (b), li							2	
3	Excess lobbying expe	nditures-	enter the	larger of li	ne 1 or line 2			3	
4	Tax-Enter 25% of lin		4						
	SCHE								
Part					yg _0.00	<i>yg</i> =		· · · · · · ·	
(a) Item number	a) Item (b) Amount (c) Date paid (d) Description of lobbying expenditures on organization							zation organization man	
1 2									
2 3 4									
<u>-</u> 5									
Total-	-Column (e). Enter here	and on P	art I, line	7					
Total-	-Column (f). Enter total								
Part	Summary of Ta	ax Liabili	ty of Or	ganizatio	n Managers	and Proration	of Payments		
	(a) Names of organization managers liable for tax  (b) Item no. from Part I, col. (a)  (c) Tax from Part I, col. (f), or prorated amount  (d) Manager's total tax liability (add amounts in col. (c)) (see instructions)								
	SCH	EDULE I	– Initial	Taxes or	n Excess Ben	efit Transactio	ns (Section 49	58)	
Part	Excess Benefi	t Transac	ctions a	nd Tax C	omputation	· · · · · · · · · · · · · · · · · · ·	-		
(a) Transac numb	1 . ,	(c) Correct Yes	ion made? No			(d) Description	n of transaction		
1 2									
3									
4									
5						T			
	(e) Amount of excess b	enefit		persons		(if applic	cation managers cable) or 10% of col. (e))		

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					t Transactions (Section 495	
Part II	Sum	mary of Tax	Liability of Disqualified	d Persons a	and Proration of Payments	•
	(a) Nam	es of disqualified p	ersons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)
Part III	Sum	mary of Tax	Liability of 501(c)(3), (c	c)(4) & (c)(29	9) Organization Managers	and Proration of Payments
(	(a) Names	s of 501(c)(3), (c)(4) managers liable	& (c)(29) organization e for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
	SCH	IEDULE J-T	axes on Being a Party	to Prohibit	│ ted Tax Shelter Transactio	ns (Section 4965)
Part I	Proh	ibited Tax SI		TST) and Ta	ax Imposed on the Tax-Exe	empt Entity (see instructions)
(a) Transaction number	<b>(b)</b> Tr	ansaction date	(c) Type of transaction  1 — Listed  2 — Subsequently listed  3 — Confidential  4 — Contractual protection		(d) Description of transa	action
1						
2						
3						
4						
5						
reason to kno	ow this tr	ot entity know or ha ansaction was a Pi ty to the transactio	rst (f) Net income attrib	utable	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
Total - Co	lumn (h	). Enter here ar	nd on Part I, line 9		<del> </del>	

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Part II	Tax Imposed	on Entity Managers (Section	on 4965) C	ontin	ued	
	(a) Name of	entity manager	(b) Transaction number from Part I, col. (a	n	(c) Tax—enter \$20,000 for each transaction listed in col. (b for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))
		-Taxes on Taxable Distrib Advised Funds (S	ection 4960	<b>Spon</b> 6). Se	soring Organizations ee the instructions.	Maintaining Donor
Part I	Taxable Distri	ibutions and Tax Computa	ation			
(a) Item number	<b>(b)</b> Na			(c) Description	n of distribution	
1						
2						
3						
4						
( <b>d)</b> [	Date of distribution	(e) Amount of distribution	n	(f)	Tax imposed on organization (20% of col. (e))	(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)
Total — C	Column (f). Enter her	e and on Part I, line 10				
	Column (g). Enter tot	al (or prorated amount) here ar	nd in Part II,	colur	nn (c), below	
Part II	Summary of T	Tax Liability of Fund Mana	Ť		tion of Payments	1
	(a) Name of fund n	nanagers liable for tax	(b) Item no from Part I, col. (a)		(c) Tax from Part I, col. (g) or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

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SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds	(Section 4	4967).
See the instructions	•	,

			56	ee the instruction	ons.		
Part I	Prohibited Benefit	s and Ta	c Computat	ion			
(a) Item number	<b>(b)</b> Date of prohibited benefit				(c) Description of b	enefit	
1							
2							
3							
4							
5							
	(d) Amount of prohibited benef	fit	(e) Tax on done	ors, donor advisors, of (125% of col. (d)) (see instructions)	or related persons		n fund managers (if applicable) of 10% of col. (d) or \$10,000) (see instructions)
Part II	Summary of Tax L	iability of	Donors, Do	onor Advisors,	Related Pers	sons, and Pr	oration of Payments
	(a) Names of donors, don related persons liab		r	(b) Item no. from Part I, col. (a)	(c) Tax from or prorate	Part I, col. (e) d amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)
Part III	Summary of Tax L	iability of	Fund Mana	agers and Pro	ration of Payr	ments	
	(a) Names of fund manage	ers liable for ta	ıx	(b) Item no. from Part I, col. (a)	(c) Tax from or prorate	Part I, col. (f) d amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

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Part	Failures 1	Assessment Requalto Meet Section 501	•		2 1000 4114 0	- (	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
(a) Item				c) Des	c) Description of the failure			(d) Tax year hospital facility last conducted a CHNA		(e) Tax year hospital facility last adopted an implementation strategy
1										
2										
3 4										
5										
Part	Computa	ition of Tax								
1		oital facilities operated be ssessment requirement						=	1	
2		,000 multiplied by line 1							2	
	SCHE	DULE N—Tax on Exc	cess Execu	itive	Compensation	า (S	Section 4960	0). (See inst	ructio	ns.)
(a) Item number	(b)	(b) Name of covered employee		(c	(c) Excess remuneration		(d) Excess parachute payment		(e) Total. Add column (c) and (d)	
1										
2										
3										
<u>4</u> 5										
6	Attachment if r	necessary. See instructi	inns							
_	add column (e) it									
	· · · · · ·	amount above here and								
5	CHEDULE O-	<ul><li>Excise Tax on Net</li></ul>	Investmen	t Inc					es (S	ection 4968)
		(a) Name	<b>(b)</b> EIN		(c) Gross investment income (See instructions.)		(d) Capital gain net income	(e) Adminis expenses a to income ir in cols. (c)	locable ncluded	I INCOME
1	Filing Organization									
2	Related Organization									
3	Related Organization									
4	Related Organization									
5	Total from attac	hment, if necessary .								
6	Total									

Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14

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## TREASURY/IRS AND OMB USE ONLY DRAFT

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Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer any knowledge.									
Sign Here	Signature of officer or trustee		Title	Date						
	Signature (and organization or entity namadvisor, or related person  May the IRS discuss this return with the IRS discuss									
Paid Preparer	Preparer's name	Preparer's signature	Date	Check if PTIN self-employed						
Preparer Use Only	Firm's name	Firm's EIN								
USE Office	Firm's address	Phone no.								

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