Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning TaxPeriodBeginDt **, 2024, and ending** TaxPeriodEndDt **, 20**

B Check if applicable:
- Address change AddressChangeInd
- Name change NameChangeInd
- Initial return InitialReturnInd
- Final return FinalReturnInd
- Amended AmendedReturnInd
- Application pending ApplicationPendingInd

C Name of organization BusinessName InCareOfNm

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite

USAddress ForeignAddress

City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number EIN

E Telephone number PhoneNum ForeignPhoneNum

F Group Exemption Number GroupExemptionNum

G Accounting Method: MethodOfAccountingCashInd MethodOfAccountingAccrualInd Other (specify): MethodOfAccountingOtherDesc

H Check if ScheduleBNotRequiredInd the organization is not required to attach Schedule B (Form 990).

I Website: WebsiteAddressTxt

J Tax-exempt status (check only one) — Organization501c3Ind Organization501cInd ( ) (insert no.) organization501cTypeTxt Organization4947a1NotPFInd Organization527Ind

K Form of organization: TypeOfOrganizationCorpInd TypeOfOrganizationTrustInd TypeOfOrganizationAssocInd Other: TypeOfOrganizationOtherInd TypeOfOrganizationOtherDesc

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . $ GrossReceiptsAmt

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . InfoInScheduleOPartIInd

Revenue	1	Contributions, gifts, grants, and similar amounts received . . .			1	ContributionsGiftsGrantsEtcAmt
	2	Program service revenue including government fees and contracts . . .			2	ProgramServiceRevenueAmt
	3	Membership dues and assessments . . .			3	MembershipDuesAmt
	4	Investment income . . .			4	InvestmentIncomeAmt
	5a	Gross amount from sale of assets other than inventory . . .	5a	SaleOfAssetsGrossAmt		
	b	Less: cost or other basis and sales expenses . . .	5b	CostOrOtherBasisExpenseSaleAmt		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . .			5c	GainOrLossFromSaleOfAssetsAmt
	6	Gaming and fundraising events:				
	a	Gross income from gaming (attach Schedule G if greater than $15,000) . . .	6a	GamingGrossIncomeAmt		
	b	Gross income from fundraising events (not including $ FundraisingGrossIncomeAmt of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) . .	6b	SpecialEventsDirectExpensesAmt		
	c	Less: direct expenses from gaming and fundraising events . . .	6c	SpecialEventsNetIncomeLossAmt		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . .			6d	SpecialEventsNetIncomeLossAmt
	7a	Gross sales of inventory, less returns and allowances . . .	7a	GrossSalesOfInventoryAmt		
	b	Less: cost of goods sold . . .	7b	CostOfGoodsSoldAmt		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . .			7c	GrossProfitLossSlsOfInvntryAmt
	8	Other revenue (describe in Schedule O) . . .			8	OtherRevenueTotalAmt
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . .			9	TotalRevenueAmt
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . .			10	GrantsAndSimilarAmountsPaidAmt
	11	Benefits paid to or for members . . .			11	BenefitsPaidToOrForMembersAmt
	12	Salaries, other compensation, and employee benefits . . .			12	SalariesOtherCompEmplBnftAmt
	13	Professional fees and other payments to independent contractors . . .			13	FeesAndOtherPymtToIndCntrctAmt
	14	Occupancy, rent, utilities, and maintenance . . .			14	OccupancyRentUtltsAndMaintAmt
	15	Printing, publications, postage, and shipping . . .			15	PrintingPublicationsPostageAmt
	16	Other expenses (describe in Schedule O) . . .			16	OtherExpensesTotalAmt
	17	**Total expenses.** Add lines 10 through 16 . . .			17	TotalExpensesAmt
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9) . . .			18	ExcessOrDeficitForYearAmt
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . .			19	NetAssetsOrFundBalancesBOYAmt
	20	Other changes in net assets or fund balances (explain in Schedule O) . . .			20	OtherChangesInNetAssetsAmt
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . .			21	NetAssetsOrFundBalancesEOYAmt

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . InfoInScheduleOPartIIInd ☐

			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	CashSavingsAndInvestmentsGrp	BOYAmt	22	EOYAmt
23	Land and buildings	LandAndBuildingsGrp	BOYAmt	23	EOYAmt
24	Other assets (describe in Schedule O)	OtherAssetsTotalDetail	BOYAmt	24	EOYAmt
25	**Total assets**	Form990TotalAssetsGrp	BOYAmt	25	EOYAmt
26	**Total liabilities** (describe in Schedule O)	SumOfTotalLiabilitiesGrp	BOYAmt	26	EOYAmt
27	**Net assets or fund balances** (line 27 of column (B) **must** agre	NetAssetsOrFundBalancesGrp	BOYAmt	27	EOYAmt

Part III Statement of Program Service Accomplishments (see the instructions for Part III) InfoInScheduleOPartIIIInd

Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? PrimaryExemptPurposeTxt

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and (ProgramSrvcAccomplishmentGrp r each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 DescriptionProgramSrvcAccomTxt

(Grants $ GrantsAndAllocationsAmt) If this amount includes foreign grants, check here . ForeignGrantsInd ☐ **28a** ProgramServiceExpensesAmt

29

(Grants $) If this amount includes foreign grants, check here . . . . . . ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . . . . ☐ **30a**

31 Other program services (describe in Schedule O) . . . .

(Grants $) If this amount includes foreign grants, check here . . . . . . ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) . . . . **32** TotalProgramServiceExpensesAmt

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . InfoInScheduleOPartIVInd ☐

OfficerDirectorTrusteeEmplGrp

(a) Name and title	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) **(if not paid, enter -0-)**	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation
PersonNm ⟷ BusinessName TitleTxt	AverageHrsPerWkDevotedToPosRt	CompensationAmt	EmployeeBenefitProgramAmt	ExpenseAccountOtherAllwncAmt

Part V Other Information

(Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any questio InfoInScheduleOPartVInd ☐

				Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	ActivitiesNotPreviouslyRptInd	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	ChgMadeToOrgnzngDocNotRptInd	34		
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	OrganizationHadUBIInd	35a		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explan	OrganizationFiled990TInd	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part II	SubjectToProxyTaxInd	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	OrganizationDissolvedEtcInd	36		
37a	Enter amount of political expenditures, direct or indirect, as described	37a DirectIndirectPltclExpendAmt			
b	Did the organization file **Form 1120-POL** for this year?	Form1120PolFiledInd	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covere	MadeLoansToFromOfficersInd	38a		
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b LoansToFromOfficersAmt			
39	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on line 9	39a InitiationFeesAndCapContriAmt			
b	Gross receipts, included on line 9, for public use of club facilities	39b GrossReceiptsForPublicUseAmt			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 TaxImposedUnderIRC4911Amt section 4912 TaxImposedUnderIRC4912Amt section 4955: TaxImposedUnderIRC4955Amt				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	EngagedInExcessBenefitTransInd	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	TaxImposedOnOrganizationMgrAmt			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	TaxReimbursedByOrganizationAmt			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	ProhibitedTaxShelterTransInd	40e		

41 List the states with which a copy of this return is filed: StatesWhereCopyOfReturnIsFldCd

42a The organization's book BooksInCareOfDetail Telephone no. PhoneNum

Located at: PersonNm ⟷ BusinessName USAddress ⟷ ForeignAddress ZIP + 4

				Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other fi	ForeignFinancialAccountInd	42b		
	If "Yes," enter the name of the foreign country: ForeignFinancialAccountCntryCd				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
c	At any time during the calendar year, did the organization maintain an office outside the United S	ForeignOfficeInd	42c		
	If "Yes," enter the name of the foreign country: ForeignOfficeCountryCd				

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here NECTFilingForm990Ind ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . . 43 interestAmt

				Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	DonorAdvisedFndsInd	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	OperateHospitalInd	44b		
c	Did the organization receive any payments for indoor tanning services during the year?	TanningServicesProvidedInd	44c		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	Form720FiledInd	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	RelatedOrganizationCtrlEntInd	45a		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	TransactionWithControlEntInd	45b		

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . PoliticalCampaignActyInd	46		

Part VI **Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . InfoInScheduleOPartVIInd ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . LobbyingActivitiesInd	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E SchoolOperatingInd	48		
49a	Did the organization make any transfers to an exempt non-charitable related organizat TrnsfrExmptNonChrtblRltdOrgIn	49a		
b	If "Yes," was the related organization a section 527 organization? RelatedOrgSect527OrgIn	49b		

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

CompensationHighestPaidEmplGrp PartVIOfCompOfHghstPdEmplTxt NONE

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

f Total number of other employees paid over $100,000 . . . . . OtherEmployeePaidOver100kCnt

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

CompensationOfHghstPdCntrctGrp PartVIHghstPdCntrctProfSrvcTxt NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
BusinessName PersonNm USAddress ForeignAddress	ServiceTypeTxt	CompensationAmt

d Total number of other independent contractors each receiving over $100,000 . . CntrctRcvdGreaterThan100KCnt

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . FiledScheduleAInd ☐ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer			Date	
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

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