990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2024 calend	dar year, or tax year beginning	01/01/2024	and ending	12/31/	2024							
В	Check if a	applicable:	C Name of organization RPM FO	UNDATION			D Emple	oyer identification number						
	Address	change	Doing business as					20-2102643						
$\overline{\Box}$	Name cha	· ·	Number and street (or P.O. box if	f mail is not delivered to stree	et address)	Room/suite	E Teleph	none number						
$\overline{\Box}$	Initial retu	· ·	2702 East D Street		,		· ·	855-537-4579						
П		n/terminated	City or town, state or province, co	ountry, and ZIP or foreign po	stal code									
\exists	Amended		Tacoma, WA 98421				G Gross	receipts \$ 220,604						
H		on pending	F Name and address of principal off	ficer: Christina Hannan		H(a) Is this a ru		or subordinates? Yes No						
ш	Application	on pending	2702 East D Street, Tacoma, \			''	•	es included? Yes No						
$\overline{}$	Tax-exem	npt status:	501(c)(3) 501(c) (947(a)(1) or 527									
J	_	-	n.foundation.org) (INSCITTIO.) 40	047(a)(1) 01 <u>027</u>	H(c) Group e								
_	•		Corporation Trust Associa	ation Other	L Year of for									
_	art I	Summa		tion Other	L fear of for	mation: 2005	IVI State	of legal domicile: WA						
					and the same of the F	DM Farmdation								
		-	scribe the organization's miss											
Se		preservation training programs for the next generation of automotive, motorcycle and marine craftsmen. As the educational arm of America's Automotive Trust, the services, resources and grants provided by the RPM Foundation safeguard the future												
Jan				services, resources and	grants provided	by the RPM Four	idation	sateguard the future						
ērī			d on Schedule O, Statement 1)											
30			box if the organization d	•	-		1 1							
ø	1		f voting members of the gove		•		3	14						
ies			findependent voting member	•	• •	•	4	12						
ĬΞ			ber of individuals employed in		•		5	1						
Activities & Governance	1		ber of volunteers (estimate if				6	16						
-			lated business revenue from				7a	0						
	b	Net unrelat	ted business taxable income	from Form 990-T, Par	t I, line 11		7b	0						
				Prior Yea	r	Current Year								
Φ	8	Contribution	ons and grants (Part VIII, line	1h)			466,601	219,285						
ž	9	Program se	ervice revenue (Part VIII, line	2g)			500	1,319						
Revenue	10	Investment	t income (Part VIII, column (A	s), lines 3, 4, and 7d)			0	0						
Œ	11	Other reve	nue (Part VIII, column (A), line	0	0									
	12	Total reven	nue-add lines 8 through 11 (n	nust equal Part VIII, col	umn (A), line 12)		167,101	220,604						
			d similar amounts paid (Part I	· · · · · · · · · · · · · · · · · · ·			26,180	100,771						
			aid to or for members (Part I)				0	0						
s			ther compensation, employee				224,784	232,917						
Expenses			al fundraising fees (Part IX, c	•			0	0						
per			raising expenses (Part IX, col	, ,,	40.646		,							
Ä	1		enses (Part IX, column (A), lin		10,010		125,340	54,894						
		-	enses. Add lines 13–17 (must		(A) line 25)		376,304	388,582						
	1	-	ess expenses. Subtract line 1	•	(, t), iii (0 20) .		90,797	-167,978						
- Se		i iovorido io	200 Oxponded. Gubtradt iirio 1	0 110111 11110 12		Beginning of Cur		End of Year						
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)				556,157	599,127						
Asse	21		ities (Part X, line 26)				150,067							
u det	22		or fund balances. Subtract I				506,090	261,015						
	art II		re Block	ille 21 illoill illie 20 .	· · · · · ·		000,090	338,112						
Un	der penalt	ties of perjury	r, I declare that I have examined this re. Declaration of preparer (other than					my knowledge and belief, it is						
Çi,	~n	0:	- f - f G				L-							
Sig	-	Signature				Da	ıe							
He	ere		a Hannan, VP of Finance											
			rint name and title	T										
Pa	id	Preparer's	name	Preparer's signature		Date		_						
	eparei	r					self-emp	ployed						
	e Only	L Ciuma'a man	ne			Firm'	s EIN							
_		Firm's add	dress	none no.										
Ma	y the IR	S discuss t	this return with the preparer	shown above? See ins	tructions			. Yes No						

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: The RPM Foundation supports restoration and preservation training programs for the next generation of automotive, motorcycle and marine craftsmen. As the educational arm of America's Automotive Trust, the services, resources and grants provided by the RPM Foundation safeguard the future of the collector vehicle industry by
	sustaining hands-on training for young adults.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b 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 \$ 312,252 including grants of \$ 100,771) (Revenue \$ 1,319)
	The RPM Foundation is dedicated to ensuring that critical skills necessary to preserve and restore collector vehicles are not lost
	by providing scholarships and educational grants to students and organizations committed to hands-on training of the trades. Total
	scholarships granted = 15.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses 312,252

Form 990 (202	Checklist of Required Schedules	
r air iv	Oneckilst of Nequiled Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7	"Yes," complete Schedule D, Part I	6		<i>'</i>
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		<i>'</i>
	complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	~	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	~	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,

Part I	V Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	,	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	~	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		,
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		\(\times \)
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	~	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	,	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		
С	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	10	./	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9		8		
э a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	the organization is licensed to issue qualified health plans	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 V 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? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 ~ Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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. Sandy Colt, (253)683-3948

Part VI

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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.

r any relate	d org	anız			ompe	nsa	ted any current	officer, director,	or trustee.
				•					
(B)	(do r	ot of				200	(D)	(E)	(F)
Average hours	box,	unles	ss pe	erson	is both or/trust	n an	Reportable compensation	Reportable compensation from related	Estimated amount of other compensation
(list any hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
0.05									
39.95	~		~				0	338,750	26,972
0.05									
39.95	~		~				0	126,509	16,712
0.05									
39.95	~		~				100,452	0	15,488
0.05									
1.10	~						0	0	0
0.05									
1.10	~		~				0	0	0
0.05									
1.10	~		~				0	0	0
0.05									
1.10	~		~				0	0	0
0.05									
1.10	~						0	0	0
0.05									
1.10	·		~				0	0	0
0.05									
1.10	·						0	0	0
0.05									
1.60	~		~				0	0	0
0.05									
1.10	~						0	0	0
0.05									
1.10	~						0	0	0
0.05									
1.10	~						0	0	0
	(B) Average hours per week (list any hours for related organizations below dotted line) 0.05 39.95 0.05 39.95 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05	(B) Average hours per week (list any hours for related organizations below dotted line) 0.05 39.95 0.05 39.95 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05 1.10 0.05	(B) Average hours per week (list any hours for related organizations below dotted line) 0.05 39.95 0.05 39.95 0.05 1.10 0.05	(B) Average hours per week (list any hours for related organizations below dotted line) 0.05 39.95 0.05 1.10 0.05	(B) Average hours per week (list any hours for related organizations below dotted line) 0.05 39.95 0.05 39.95 0.05 1.10 0.05	(B) Average hours per week (list any hours for related organizations below dotted line) 0.05 39.95 0.05 39.95 0.05 1.10 0.05	(B) Average hours per week (list any hours for related organizations below dotted line) 0.05 39.95 0.05 1.10 0.05	(B) Average hours per week (list any hours for related organizations below dotted line) 0.05 39.95 0.05 1.10 0.05	Column Position Column Column

Part	VII Section A. Officers, Directors, 1	Γrustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	ensated Emplo	yees (continued)
						C)					
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)	(F)
	Name and title	Average	,				is both		Reportable	Reportable	Estimated amount
		hours per week		er and	_	lirect	or/trus	T _	compensation from the	compensation from related	of other compensation
		(list any	Indi or d	Inst	Officer	Key	High	Former	organization (W-2/	organizations (W-2/	from the
		hours for related	vidu lirec	Ē	cer	Key employee	nest	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
		organizations	ð al	ona		ploy	8 cg		1099-1120)	1099-NEO)	related organizations
		below	Individual trustee or director	Institutional trustee		ee	hper				
		dotted line)) ø	stee			Highest compensated employee				
							a a				
	Barline	0.05									
	Member (Emeritus)	1.10	~						0	0	0
	Gartner	0.05	.,		,						
vice C	chair (retired Sept 2024)	1.10	~		-				0	0	0
			-								
			-								
		 	1								
		 	1								
			1								
			1								
			1								
			1								
1b	Subtotal								100,452	465,259	59,172
С	Total from continuation sheets to Part	VII, Sectio	n A								
d	Total (add lines 1b and 1c)								100,452	465,259	
2	Total number of individuals (including		limite	ed t	to t	thos	se lis	ted	above) who re	eceived more t	than \$100,000 of
	reportable compensation from the organi	ization							1		
_											Yes No
3	Did the organization list any former of							mpl	loyee, or highes	st compensated	
	employee on line 1a? If "Yes," complete							•			3 ~
4	For any individual listed on line 1a, is the organization and related organizations										
	individual	greater th	ан ф	150,	,000): 1	1 16	٥,	complete sched	dule o loi suci	
_					Han	•				· · · · ·	4 🗸
5	Did any person listed on line 1a receive of for services rendered to the organization										
Sooti	on B. Independent Contractors	: 11 163, 0	σπρι	CiC	OCI	icai	ale o i	OI S	such person .		5 /
1	Complete this table for your five high	nest comp	ensat	ed	inde	ene	ndent	CC	ontractors that r	eceived more	than \$100,000 of
•	compensation from the organization. Rep										
								, , .			<u> </u>
	(A) Name and business add	lress							(B) Description of serv	vices	(C) Compensation
None										1	
2	Total number of independent contractor						ted to	th	ose listed abov	e) who	
	received more than \$100,000 of compens	ation from	the or	gan	izat	ion			0		

Page 8

D //////	0
PAIR VIII	Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	ırt VIII		🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
i, Si	1a	Federated campaign	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
င်္ခ ဧ	С	Fundraising events			1c	0				
ts, r A	d	Related organization			1d	25,000				
ਕੂ ਲੱ	е	Government grants			1e	0				
ii,	f	All other contribution				-				
is is		and similar amounts no			1f	194,285				
를 했	g	Noncash contribution				174,203				
들이	9	lines 1a–1f			1g	¢ 21.020				
ž ž	h						210 205			
0 "	h	Total. Add lines 1a-	-11 .		•		219,285			
o l						Business Code				
Š	2a									
ne e	b									
gram Ser Revenue	С									
e a	d									
Program Service Revenue	е									
ፈ	f	All other program se					1,319	1,319	0	0
	g	Total. Add lines 2a-					1,319			
	3	Investment income								
		other similar amoun	its) .							
	4	Income from investn	nent d	of tax-exem	pt bo	nd proceeds				
	5	Royalties								
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)			0	0				
	d	Net rental income o		s)						
	7a	<u> </u>		(ii) Other						
		sales of assets								
		other than inventory	7a							
a	b	Less: cost or other basis								
Revenue	_	and sales expenses .	7b							
ķ	•	Gain or (loss)	7c		0	0				
		Net gain or (loss)								
Other					•	 				
₹	8a	Gross income from events (not including		nuraising 0						
		of contributions rep		<u>.</u>						
		1c). See Part IV, line			8a					
	h	Less: direct expense			8b					
		•				nto				
		Net income or (loss) Gross income f			y eve	nts				
	Эa	activities. See Part I								
					9a					
		Less: direct expense			9b					
		Net income or (loss)			ctivitie	es				
	10a	Gross sales of in		-						
		returns and allowan			10a					
		Less: cost of goods			10b					
	С	Net income or (loss)) from	sales of in	vento	ory				
<u>s</u>						Business Code				
<u>e</u> 60	11a									
scellaneo Revenue	b									
	С									
Miscellaneous Revenue	d	All other revenue								
Σ	е	Total. Add lines 11a	a–11d	۱			0			
	12	Total revenue. See					220,604	1,319	0	0

Part IX Statement of Functional Expenses

Section 50	1(c)(3)) and 5	501(c)(4 _,) orga	nizations	must complet	e all col	lumns. i	4II oti	her o	rganiza	ations m	ust compl	lete colui	mn (A)	L.
		1 100	· · ·								<u> </u>					

	Check if Schedule O contains a response	or note to any line	in this Part IX .		
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .	4,500	4,500		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	·			
3	Grants and other assistance to foreign	96,271	96,271		
3	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
	_	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	121,240	90,930	12,124	18,186
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	87,434	65,576	8,743	13,115
8	Pension plan accruals and contributions (include	2.7.3.	52,53	-,	
	section 401(k) and 403(b) employer contributions)	3,080	2,310	308	462
9	Other employee benefits	5,612	4,209	561	842
10	Payroll taxes	15,551	11,663	1,555	2,333
11	Fees for services (nonemployees):	15,551	11,003	1,000	2,333
a	Management				
_	9				
b	Legal	0.000	0	0.000	
C	Accounting	2,332	0	2,332	0
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .	10,764	8,073	1,076	1,615
12	Advertising and promotion	6,253	0	6,253	0
13	Office expenses	1,401	1,051	140	210
14	Information technology	1,749	1,312	175	262
15	Royalties				
16	Occupancy	2,890	2,166	291	433
17	Travel	15,780	11,835	1,578	2,367
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	·				
4 4	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.)				
_	•				
a	Meals & Entertainment	3,960	2,970	396	594
b	Design Services	226	169	23	34
C	In-kind Goods	8,250	8,250	0	0
d	Printing & Reproduction	1,289	967	129	193
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	388,582	312,252	35,684	40,646
26	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 if				
	following ŠOP 98-2 (ASC 958-720)				
					Form 990 (2024)

Part X Balance Sheet

Pledges and grants receivable, net			Check if Schedule O contains a response or note to any line in this Pa	rt X		
Pledges and grants receivable, net						
3 Pledges and grants receivable, net 105,179 3 124,253 4 Accounts receivable, net 5 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 0 5 5		1	Cash-non-interest-bearing	490,978	1	414,074
A Accounts receivable, net		2	Savings and temporary cash investments	60,000	2	60,000
Tustese, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (a complete lines exclined 4958(c)(3)(B)) 10		3	Pledges and grants receivable, net	105,179	3	124,253
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		4	Accounts receivable, net	0	4	800
controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(f)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total Inabilities. Add lines 17 through 25 27 Corganizations that follow FASB ASC 958, check here 28 Not assets with donor restrictions 29 Corganizations that donor restrictions 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund ballances 31 Total net assets or fund ballances 32 Total net assets or fund ballances 33 Secured mortgages and notes payable to unrelated third parties 34 Unsecured notes and loans payable to unrelated third parties 35 Total liabilities (including federal income officer, director, trustee, expending the payable to unrelated third p		5				
1						
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 11 Investments – publicity traded securities 12 Investments – other securities. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Total hisbilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 28 Total liabilities. Add lines 17 through 25 27 Net assets without donor restrictions 28 Total sessets without donor restrictions 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 20 Capital stock or trust principal, or current funds 20 Capital stock or trust principal, or current funds 21 Retained earnings, endowment, accoundlated income, or other funds 20 Capital stock or trust principal, or current funds 20 Capital stock or trust principal, or current funds 21 Retained earnings, endowment, accoundlated income, or other funds 22 Total net assets or fund ballances 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Capital stock or trust principal, or				0	5	
7 Notes and loans receivable, net		6	. , , , ,			
8 Inventories for sale or use				0		
10a	şts	7	· · · · · · · · · · · · · · · · · · ·			
10a	SSE	8	,	0		
Basis. Complete Part VI of Schedule D 10a 10b 10c 10c 11 10c 11c 10c 12 10c 11 10c 11c 10c 12 10c 11c	A			0	9	
B		10a				
11 Investments – publicly traded securities 0 11 12 10 12 10 12 10 12 10 13 10 14 10 12 11 10 13 10 14 11 10 13 11 11 11 11 10 13 11 11						
12 Investments – other securities. See Part IV, line 11						
13			· · · · · · · · · · · · · · · · · · ·			
14			· · · · · · · · · · · · · · · · · · ·			
15 Other assets. See Part IV, line 11 .			· •			
16 Total assets. Add lines 1 through 15 (must equal line 33)			· · · · · · · · · · · · · · · · · ·			
17			· · · · · · · · · · · · · · · · · · ·		_	
18						
Tax-exempt bond liabilities. Tax-exempt bond liability. Complete Part IV of Schedule D. Loans and other payables to any current officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. Tax-exempt bond liabilities. Tax-exempt bond liability. Complete Part IV of Schedule D. Tax-exempt bond liabilities. Tax-exempt bond liab			· · · · · · · · · · · · · · · · · · ·			2,356
Tax-exempt bond liabilities			·			
Escrow or custodial account liability. Complete Part IV of Schedule D. 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			l de la companya de			
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						
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				0	21	
24 Unsecured notes and loans payable to unrelated third parties	ies	22				
24 Unsecured notes and loans payable to unrelated third parties	ij			_		
24 Unsecured notes and loans payable to unrelated third parties	.iak	00	· · · · · · · · · · · · · · · · · · ·			
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	_		· · · · · · · · · · · · · · · · · ·			
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D				0	24	
of Schedule D		23				
26 Total liabilities. Add lines 17 through 25			• • • • • • • • • • • • • • • • • • • •	147 (70	25	250 450
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		26				· · · · · · · · · · · · · · · · · · ·
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		20		150,067	20	201,015
Net assets without donor restrictions	ce					
Net assets with donor restrictions	lan	27		81 782	27	-179 56/
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	Ва					
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	nd			727,300		317,070
29 Capital stock or trust principal, or current funds	Fu					
Paid-in or capital surplus, or land, building, or equipment fund	o	29	-		29	
31 Retained earnings, endowment, accumulated income, or other funds 31	ets		· · · · · · · · · · · · · · · · · · ·		_	
4 to 2 32 Total net assets or fund balances	SS		· · · · · · · · · · · · · · · · · · ·			
2 33 Total liabilities and net assets/fund balances	t A		<u> </u>	506.090		338,112
	Š			•		599,127

Part	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		22	0,604			
2	Total expenses (must equal Part IX, column (A), line 25)	2		38	8,582			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	Net unrealized gains (losses) on investments	5			0			
6	Donated services and use of facilities				0			
7	Investment expenses	7			0			
8	Prior period adjustments	3			0			
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							
		0		33	8,112			
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: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain	ain (on					
	Schedule O.							
2a					~			
	If "Yes," check a box below to indicate whether the financial statements for the year were compi	iled	or					
	reviewed on a separate basis, consolidated basis, or both.							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	~				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	a					
	separate basis, consolidated basis, or both.							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi							
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			~				
	If the organization changed either its oversight process or selection process during the tax year, explanation changed either its oversight process or selection process during the tax year, explanation changed either its oversight process or selection process during the tax year, explanation changed either its oversight process or selection process during the tax year, explanation changed either its oversight process or selection process during the tax year, explanation changed either its oversight process or selection process during the tax year, explanation changed either its oversight process or selection process during the tax year, explanation changed either its oversight process or selection process during the tax year.	lain (on					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in t	he					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		~			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.							
	required addition addition, explain with on ochedule of and describe any steps taken to undergo such add	, CJ	JD					

Form **990** (2024)

SCHEDULE A (Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

	FOUNDATION					20-21			
Pai						<u> </u>	ons.		
The o	organization is not a private founda		,		-	•			
1	A church, convention of church					0(b)(1)(A)(i).			
2	A school described in section		,		•				
3	A hospital or a cooperative hos	•					····	41	
4	A medical research organization hospital's name, city, and state	•	onjunction with a nosp	oitai desc	ribed in s	section 170(b)(1)(A)((III). Ent	er the	
5	An organization operated for t		college or university	owned o	r operate	ad by a government	al unit	describe	d in
·	section 170(b)(1)(A)(iv). (Comp		conege of university	OWIICG O	Орстато	a by a government	ai aint	acsonbe	G III
6	☐ A federal, state, or local govern	,	mental unit described	l in sectio	on 170(b)	(1)(A)(v)			
7									
	described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)					
9	☐ An agricultural research organi				erated in	conjunction with a la	and-gra	int collec	је
	or university or a non-land-graduniversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the col	lege or	
10	An organization that normally receives (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its								
	support from gross investment	income and un	related business taxal	ble incom	nė (less se	ection 511 tax) from	busines	sses	
	acquired by the organization a		•		•	•			
11	An organization organized and	•	•	-					
12	An organization organized and one or more publicly supported								
	the box on lines 12a through 12								ICCK
а			• • • • • • • • • • • • • • • • • • • •			•		•	na
-	the supported organization								''9
	supporting organization. Yo								
b	☐ Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), b	y having	
	control or management of t				persons	that control or mana	age the	support	ed
	organization(s). You must o	-	·						
С							ally inte	grated w	ith,
	its supported organization(, ,	•		-				
d									
	that is not functionally integree requirement (see instruction						a an at	entivene	ess
•	_ ` `	,	•		•			- 111	
е	Check this box if the organ functionally integrated, or T						эп, тур	e III	
f	Enter the number of supported of			oporting (organizat		[1	
g	D 11 11 6 11 1 1 6 11						• [•	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi)	Amount of	
			(described on lines 1–10 above (see instructions))	,	ur governing ment?	support (see instructions)		support (se tructions)	эe
			above (see instructions))	doca	mont.	instructions)	1115	tructions)	
				Yes	No				
(A)	merica's Automotive Trust								
		81-4337717	10	~		100,771			0
(B)									
(C)									
(D)									
(E)									
(E)									
Toto						100 774			_

Schedule A (Form 990) 2024 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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) **(b)** 2021 (a) 2020 (c) 2022 (d) 2023 **(e)** 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2023 Schedule A, Part II, line 14 15 331/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2024. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2023. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2024 Page **3**

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.)

Secti	on A. Public Support			- ,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees	• •				, ,	
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0 1:	line 6.)						
	on B. Total Support	() 0000	# \ 0004	() 0000	(B 0000	() 000 ((0 T : 1
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•			or fifth tax ye		
Secti	on C. Computation of Public Suppor						<u>_</u> _
15	Public support percentage for 2024 (line 8						%
16	Public support percentage from 2023 Sch	nedule A, Part	III, line 15 .	<u> </u>	<u> </u>	16	%
Secti	on D. Computation of Investment In-	come Perce	ntage				
17	Investment income percentage for 2024 (-			%
18	Investment income percentage from 2023						%
19a	331/3% support tests – 2024. If the organ						
	17 is not more than 33 ¹ / ₃ %, check this box		_	-		=	_
b	331/3% support tests—2023. If the organiz						
00	line 18 is not more than 33½%, check this l	_	=	=	-		_
20	Private foundation. If the organization di	u not check a	DOX ON TIME 14	, 19a, or 19b, 0	CHECK THIS DOX	and see instru	CUONS . 🔲

Schedule A (Form 990) 2024 Page 4

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

1	Are all of the	organization's	supported	organizations	listed by	name	in	the	organization's	governing
	documents? If	"No," describe	in Part VI I	now the suppo	rted orgai	nizations	are	e des	signated. If de	signated by
	class or purpose	e, describe the d	designation.	If historic and	continuin	g relatioi	nshi	p, ex	rplain.	

- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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)(E purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and Ell 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 o benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990) 2024 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2024 Page **6**

	Type III Non Eunstianally Integrated 500(a)(2) Supporting Ora	10-	izotiono	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A-Adjusted Net Income	ıızal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(0)
2	Recoveries of prior-year distributions	2		
_ _ _	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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III support	rting organization

Schedule A (Form 990) 2024 Page **7**

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** 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 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2024 Amount for 2024 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. Excess distributions carryover, if any, to 2024 a From 2019 From 2020 **c** From 2021 **d** From 2022 **e** From 2023 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2024 distributable amount Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2024 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2024 distributable amount Remainder. Subtract lines 4a and 4b from line 4. 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. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3j and 4c. Breakdown of line 7: Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . . Excess from 2024 . . .

Schedule A (Form 990) 2024 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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.)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name o	t the organization		Employer identification number
RPM F	FOUNDATION		20-2102643
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Accounts
	Complete if the organization answered "		0 1 1 10 0 0 u 11 0
	Complete if the organization answered	(a) Donor advised funds	(h) Funda and ather accounts
	T	(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 a	dvisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control	? □ Yes □ No
6	Did the organization inform all grantees, donors, an		
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
			□ res □ No
Par	t II Conservation Easements		
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o		
	☐ Preservation of land for public use (for example, recre	ation or education) Preservation of	f 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 hel	ld 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
2	Total number of conservation easements		
a			
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included on line		
	on a historic structure listed in the National Register		Zu
3	Number of conservation easements modified, trans		
	the organization during the tax year		
4	Number of states where property subject to conserve	vation easement is located	
5	Does the organization have a written policy rega		
	violations, and enforcement of the conservation eas	sements it holds?	· · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, ar	nd enforcing
	_		=
7	Amount of expenses incurred in monitoring, in	specting, handling of violations, an	nd enforcina
	_		=
8	Does each conservation easement reported on line		Ť
Ü	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
9	In Part XIII, describe how the organization reports c		
3	sheet, and include, if applicable, the text of the foot		•
	organization's accounting for conservation easemen	=	terrents that describes the
	<u> </u>		
Part	Organizations Maintaining Collections	· · · · · · · · · · · · · · · · · · ·	Other Similar Assets
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t	o its financial statements that describe	es these items.
b	If the organization elected, as permitted under FAS	SB ASC 958, to report in its revenue s	tatement and balance sheet works of
	art, historical treasures, or other similar assets held	for public exhibition, education, or res	earch in furtherance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art,		
2	•		assets for illiancial gain, provide the
	following amounts required to be reported under FA	=	
а	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		\$

Par	III Organizat	tions Maintaining	Collections of	Art, Historical 1	Treasures, or O	ther Similar Ass	ets (continued)			
3	Using the organiz	ation's acquisition, check all that apply).	accession, and oth							
а	☐ Public exhibition	on		d 🗌 Loan	or exchange prog	ram				
b	☐ Scholarly resea	arch		e 🗌 Other						
С	Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
4	Provide a descrip XIII.	tion of the organiza	tion's collections a	and explain how t	hey further the or	ganization's exem _l	ot purpose in Part			
5		lid the organization to raise funds rather					☐ Yes ☐ No			
Par		nd Custodial Arra								
	990, Part 2						ount on Form			
1a	included on Form	n an agent, trustee, 990, Part X?					☐ Yes ☐ No			
b	If "Yes," explain the	ne arrangement in P	art XIII and comple	ete the following to	able.					
							nount			
C		e he year				_				
d e	•	ng the year								
f										
2a	•	on include an amou					☐ Yes ☐ No			
	•	ne arrangement in P								
Par				'	'					
	Complete	if the organization	answered "Yes"	' on Form 990, F	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	129,547	127,839	126,173	124,547	122,961			
b			0	0	0	0	0			
С	Net investment ea									
			1,752	1,708	1,666		1,586			
d	Grants or scholars	ships es for facilities and	0	0	0	0	0			
е	· · · · · · · · · · · · · · · · · · ·		0	0						
f		oenses	0	0	0		0			
g	End of year balance		131,299	129,547	127,839					
2	-	ated percentage of t					121,017			
а		l or quasi-endowme	-	, -	,, (),					
b	Permanent endow	vment 100								
С	Term endowment	0 %								
		on lines 2a, 2b, and								
3a		nent funds not in the	e possession of th	e organization the	at are held and a	dministered for the				
	organization by:	0					Yes No			
	.,	anizations?					3a(i) /			
L	(ii) Related organ	lizations? l(ii), are the related o					3a(ii)			
ь 4		(III), are the related o	_	•			30			
Pari		Idings, and Equip		in 3 endowment i	unus.					
		if the organization		' on Form 990. F	Part IV. line 11a.	See Form 990. F	Part X. line 10.			
	· · · · · · · · · · · · · · · · · · ·	ption of property	(a) Cost or oth	her basis (b) Cost of	or other basis (c)	Accumulated depreciation	(d) Book value			
1a	Land									
b										
С	Leasehold improv	rements								
d	Equipment									
е										
Total.	Add lines 1a throu	gh 1e. (Column (d) n	nust equal Form 99	90, Part X, line 10	c, column (B)) .					

(7) (8)

Schedule D (Fo	rm 990) (Rev. 12-2024)			Page (
Part VII	Investments – Other Securities			
	Complete if the organization answered "Yes" on Form 990, Part			
	(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: nd-of-year market value
(1) Financia	I derivatives			
	neld equity interests			
(3) Other				
(B)				
(C)				
(E)				
(F)			+	
(G) (H)			+	
	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments—Program Related	-		
a.c.	Complete if the organization answered "Yes" on Form 990, Part	IV. line 11c. See F	orm 990.	Part X. line 13.
-	(a) Description of investment	(b) Book value		ethod of valuation:
	(·)	(,,		nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b)			
Part IX	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Partix	Complete if the organization answered "Yes" on Form 990, Part	IV line 11d See E	- -orm 000	Dart V lina 15
	(a) Description	iv, iiile i iu. See r	OIIII 990,	(b) Book value
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			200 5
	Complete if the organization answered "Yes" on Form 990, Part line 25.	IV, line 11e or 11t.	. See For	m 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal i	ncome taxes			(
(2) Due to F	Related Entities			258,659
(3)				
(4)				
(5)				
(4)				

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 .

258,659

Part	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	247,488					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	247,400					
a	Net unrealized gains (losses) on investments	2a	0							
b	Donated services and use of facilities	2b	26,884	-						
C	Recoveries of prior year grants	2c	0							
d	Other (Describe in Part XIII.)	2d	0	-						
e	Add lines 2a through 2d		-	2e	26,884					
3	Subtract line 2e from line 1			3	220,604					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				.,					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0							
b	Other (Describe in Part XIII.)	4b	0							
С	Add lines 4a and 4b			4c	0					
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	220,604					
Part				er Retu	ırn					
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.							
1	Total expenses and losses per audited financial statements			1	415,466					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:									
а	Donated services and use of facilities	2a	26,884							
b	Prior year adjustments	2b	0							
С	Other losses	2c	0							
d	Other (Describe in Part XIII.)	2d	0							
е	Add lines 2a through 2d			2e	26,884					
3	Subtract line 2e from line 1	· ·		3	388,582					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	-						
b	Other (Describe in Part XIII.)	4b	0	-						
c	Add lines 4a and 4b			4c	0					
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	 	5	388,582					
	Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; P	art IV, lines 1b and 2b	; Part \	/, line 4; Part X, line					
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	ıformati	on.					
Sched	ule D, Part V, Line 4 - Scholarships for apprentices.									
Sched	ule D, Part X, Line 2 - RPM evaluates its uncertain tax positions and a loss cor	ntinge	ncy is recognized only	when it	is more likely than					
	e tax position will not be sustained on examination by tax authorities, based o									
intere	st and penalties related to income tax matters in income tax expense, if applic	able. A	As of December 31, 202	4, RPM	is not aware of					
any u	ncertain tax positions that require accrual.									

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer	identification numbe	r	
RPM FOUNDATION								20-2102643		
Part I General Information	on Grants and	Assistance							,	
and the selection criteria use 2 Describe in Part IV the organ Part II Grants and Other As	and the selection criteria used to award the grants or assistance?									
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	I	(h) Purpose of or assistant	•	
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
2 Enter total number of section3 Enter total number of other of		•								

	recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistar
ving expense funding for apprenticeships	11	96,271	0		
Supplemental Information. Provide	e the information r	equired in Part I, line	e 2; Part III, column	(b); and any other additi	onal information.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number **RPM FOUNDATION** 20-2102643 **Questions Regarding Compensation** Part I

	queenerie regarding compensation			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		Yes	No
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		~
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		~
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		~
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		~
b	Any related organization?	5b		~
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
0	compensation contingent on the net earnings of:			
а	The organization?	6a		~
b	Any related organization?	6b		~
b	If "Yes" on line 6a or 6b, describe in Part III.	OD.		
	The form of the state of the st			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		~
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		~
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?			l

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 ar			(C) Retirement and			(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	in column (B) reported as deferred on prior Form 990
David Madeira, Vice Chair &	(i)	0	0	0	0	0	0	0
1 CEO,AAT	(ii)	288,750	50,000	0	26,972	0	T	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							†
	(i)							
16	(ii)							

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J, Part I, Line 3 - Compensation and benefits are paid by LeMay America's Car Museum. LeMay has an established executive compensation policy and procedures.	Schedule J (For	990) (Rev. 12-2024)
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Part III	
for any additional information.		
	for any add	ional information.

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
RPM FOUNDATION	20-2102643
Form 990, Part VI, Section A, Line 1a - RPM Foundation is a supporting entity of America's Automotive Tru	st. It is governed by the executive
committee of ACM/AAT governing board. All members of the executive committee are board members of A	ACM/AAT board. The executive
committee was given authority to act on ACM/AAT board's behalf in all matters.	
Form 990, Part VI, Section A, Line 2 - Several board members have outside business relationships with each	ch other. None of these
businesses has a relationship with RPM Foundation.	
Form 990, Part VI, Section B, Line 11b - The Form 990 is reviewed by the VP of Finance and board chair for	final approval and then made
available to the remainder of the board before IRS submission.	
Form 990, Part VI, Section B, Line 12c - The board regularly and consistently monitors any conflicts of inte	erest At each board or committee
meeting any potential conflicts are introduced. After disclosure of the financial interest and all material fac	
the interested person, he/she shall leave the governing board or committee meeting while the determination	
discussed and voted upon. The remaining board or committee members shall decide if a conflict of interes	
Form 990, Part VI, Section B, Line 15 - The Director's wages are reviewed and adjusted by the Board Chair	man using the payroll data and
analysis from national, regional and local sources. The Director's wages were last adjusted in 2024.	
Form 990, Part VI, Section C, Line 19 - The organization's conflict of interest policy is available upon reque	st. Financial statements and
Form 990 are available on RPM Foundation's website.	
Form 990, Part VII, Section A, Line 1d - LeMay - America's Car Museum (EIN 91-1867848) is the common pa	numester for DDM. Employees
of RPM are paid under the common paymaster arrangement and are reported on RPM's Form 990 as paid I	
of Kr Ware paid under the common paymaster arrangement and are reported of Kr W 3 F of th 770 as paid to	23 KI W.

Schedule O, Statement 1 RPM FOUNDATION

Form: Form 990 (2024)
Page: 1
Part I, Line 1

Activity Or Mission Description

Description

of the collector vehicle industry by sustaining hands-on training for young adults. The RPM Foundation is based in Chicago, IL, and Ambassadors nationwide.

SCHEDULE R (Form 990)

Part I

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

(f)

Direct controlling

(d)

Total income

Legal domicile (state

or foreign country)

(e)

End-of-year assets

Name of the organization	Employer identification number
RPM FOUNDATION	20-2102643

(b)

Primary activity

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

			,, ,,				
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
Part II Identification of Related Tax-Exempt Organione or more related tax-exempt organizations of	zations. Complete if t during the tax year.	he organization a	nswered "Yes" o	n Form 990, Part	IV, line 34, becau	use it ha	ad
(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	Section s	g) 512(b)(13) rolled :ity?
						Yes	No
(1) LeMay Americas Car Museum (91-1867848) 2702 East D Street, Tacoma, WA 98421	Car Museum & Educational Center	WA	501c3	509a2	N/A		~
(2) LeMay Dome Parking Association (27-2511735) 2702 East D Street, Tacoma, WA 98421	Operates parking facilities	WA	501c3	509a3, Type 1	LeMay America's Car Museum	~	
(3) Harold E LeMay Museum (27-2511537) 2702 East D Street, Tacoma, WA 98421	Owns building leased by LACM	WA	501c3	509a3, Type 1	LeMay Americas Car Museum	~	
(4) Americas Automotive Trust (81-4337717)	Fundraising and social	WA	501(c)(3)	509(a)(2)	N/A		
2702 East D Street, Tacoma, WA 98421	events						'
(5)							
(6)							
(7)			1				

Name, address, and EIN (if applicable) of disregarded entity

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	alloca	ortionate tions?	Gene mana part	ral or aging ner?	(k) Percentage ownership
		Journal y)		sections 512-514)			Yes	No	Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	 (e)	(f)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 conti ent	(i) 512(b)(13) rolled tity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Yes No

1a

1b

1c

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

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

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?

Gift, grant, or capital contribution from related organization(s)

d	Loans or loan guarantees to or for related organization(s)													1d		~
е	Loans or loan guarantees by related organization(s)													1e		~
f	Dividends from related organization(s)													1f		~
g	Sale of assets to related organization(s)													1g		~
h	Purchase of assets from related organization(s)													1h		~
i	Exchange of assets with related organization(s)													1i		~
j	Lease of facilities, equipment, or other assets to related organization(s)													1j		~
k	Lease of facilities, equipment, or other assets from related organization(s)													1k		~
ı	Performance of services or membership or fundraising solicitations for related organization(s)													11		~
m	Performance of services or membership or fundraising solicitations by related organization(s)													1m		~
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)													1n		~
0	Sharing of paid employees with related organization(s)													10	~	
р	Reimbursement paid to related organization(s) for expenses													1p		~
q	Reimbursement paid by related organization(s) for expenses													1q		~
•																
																_
r	Other transfer of cash or property to related organization(s)													1r		~
r s	Other transfer of cash or property to related organization(s)													1r 1s		<u> </u>
r s 2	Other transfer of cash or property from related organization(s)													1s	esholo	~
r s 2	Other transfer of cash or property from related organization(s)		 ete thi	s line			 vered						nsact	1s ion thr	esholo	~
r s 2	Other transfer of cash or property from related organization(s)		 ete thi (t Transa	s line o) action	 e, inc	 ng co		rela		ships	and	 d trai	nsact (d	1s ion thr		ds.
r s 2	Other transfer of cash or property from related organization(s)		 ete thi (t	s line o) action	 e, inc	 ng co	 vered	rela		ships	and	 d trai	nsact (d	1s ion thr		ds.
- ,	Other transfer of cash or property from related organization(s)		 ete thi (t Transa	s line o) action	 e, inc	 ng co	 vered	rela		ships Me	s and	 d trai	nsact (d	1s ion thr		ds.
Α	Other transfer of cash or property from related organization(s)	omple	 ete thi (t Transa	s line o) action	 e, inc	 ng co	 vered	rela	tions	ships Me	s and	 d trai	nsact (d	1s ion thr		ds.
- ,	Other transfer of cash or property from related organization(s)	omple	 ete thi (t Transa	s line o) action	 e, inc	 ng co	 vered	rela	tions	ships Me	s and	 d trai	nsact (d	1s ion thr		ds.
Д (1)	Other transfer of cash or property from related organization(s)	omple	 ete thi (t Transa	s line o) action	 e, inc	 ng co	 vered	rela	tions	ships Me	s and	 d trai	nsact (d	1s ion thr		ds.
Α	Other transfer of cash or property from related organization(s)	omple	 ete thi (t Transa	s line o) action	 e, inc	 ng co	 vered	rela	tions	ships Me	s and	 d trai	nsact (d	1s ion thr		ds.
(1)	Other transfer of cash or property from related organization(s)	omple	 ete thi (t Transa	s line o) action	 e, inc	 ng co	 vered	rela	tions	ships Me	s and	 d trai	nsact (d	1s ion thr		ds.
Д (1)	Other transfer of cash or property from related organization(s)	omple	 ete thi (t Transa	s line o) action	 e, inc	 ng co	 vered	rela	tions	ships Me	s and	 d trai	nsact (d	1s ion thr		ds.
(1) (2) (3)	Other transfer of cash or property from related organization(s)	omple	 ete thi (t Transa	s line o) action	 e, inc	 ng co	 vered	rela	tions	ships Me	s and	 d trai	nsact (d	1s ion thr		ds.
(1)	Other transfer of cash or property from related organization(s)	omple	 ete thi (t Transa	s line o) action	 e, inc	 ng co	 vered	rela	tions	ships Me	s and	 d trai	nsact (d	1s ion thr		ds.
(1) (2) (3) (4)	Other transfer of cash or property from related organization(s)	omple	 ete thi (t Transa	s line o) action	 e, inc	 ng co	 vered	rela	tions	ships Me	s and	 d trai	nsact (d	1s ion thr		ds.
(1) (2) (3)	Other transfer of cash or property from related organization(s)	omple	 ete thi (t Transa	s line o) action	 e, inc	 ng co	 vered	rela	tions	ships Me	s and	 d trai	nsact (d	1s ion thr		ds.
(1) (2) (3) (4)	Other transfer of cash or property from related organization(s)	omple	 ete thi (t Transa	s line o) action	 e, inc	 ng co	 vered	rela	tions	ships Me	s and	 d trai	nsact (d	1s ion thr		ds.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) / Primary activi	ty Legal domicile (state or foreign country)	unrelated, excluded	Are all sec 501	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ttions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) ral or aging ner?	(k) Percentage ownership
			sections 512—514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII	Provide additional information for responses to questions on Schedule R. See instructions.