

# Sealcoating & Painting the Basketball Court and Tennis Court at Hinman Park

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*August 2026 Community Impact Grant Cycle*

## ***Community Foundation of Glenwood City, Corp***

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Mrs Anna Mewis  
624 Syme Ave  
Glenwood City, WI 54013

cfgcc57hills@gmail.com  
O: 651-226-5278  
M: 651-226-5278

## ***Mrs Anna Mewis***

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Glenwood City, WI 54013

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# Application Form

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## *Instructions*

### INSTRUCTIONS

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Complete the grant application by responding to the fields below. Note that any fields with an asterisk are required fields and must be completed prior to submitting an application.

As you complete the form, the system will auto-save every 100 characters typed or every time you click out of a field. You may collapse question groups as you go, as an indicator to yourself that you've completed that section and to reduce scrolling.

The system also allows you to Save an application and come back to it before submitting. There is also a Collaborator feature that allows applicants to work together on a single request. [https://docs.google.com/document/d/15NsdFgi3lBmBu0\\_pp1zj2HZ51l4mx8Wryjrx4FYOmdg/edit?usp=sharing](https://docs.google.com/document/d/15NsdFgi3lBmBu0_pp1zj2HZ51l4mx8Wryjrx4FYOmdg/edit?usp=sharing) Click here to learn about the collaborator feature. Contact the Community Foundation at (715) 232-8019 if you have any questions or problems with the form.

## *Request Overview*

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### **Project Title\***

Please provide a descriptive Name/Title for this grant request.

Sealcoating & Painting the Basketball Court and Tennis Court at Hinman Park

### **Amount Requested\***

Typical grant amounts range from \$500 to \$5,000 or more.

\$3,000.00

### **Program Area\***

Please check the program area that best categorizes this grant request.

Sports and Recreation

### **Geographic Area Served\***

Please select which geographic area is primarily being served by this request.

Dunn and surrounding county/counties

## Does your organization function within Dunn County?\*

Yes

## Population Served\*

Please select the specific population being served by this request. You can select age and income level in the next section. If the population this grant targets is not listed, please choose "General".

General

## Age Group Served\*

Please select the specific age group served by this grant request.

All ages

## Income Level Served\*

Please select the income level of the target population being served by this request.

All income levels

## Non Discrimination Policy\*

In accordance with federal regulations, the Community Foundation of Dunn County does not discriminate based on race, color, creed, sex, religion, age, disability, sexual orientation, marital status or national origin. Do the applicant organization's employment and service practices comply with this policy?

Yes

## About Your Organization

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### 1. Organization Overview\*

**Please provide a brief background about your organization, including a short summary of the organization's history, mission, goals, accomplishments, and challenges.**

Our mission is to make our small rural community more prosperous and inclusive through education, improved infrastructure and the promotion of the arts. Our first project is to revitalize Hinman Park. We started less than two years ago and, in that time, we have raised \$120,725 for this project. In addition to wonderful support and donations from the community, we have also received the following grants and matches:

\$4,000 St Croix Energy Round Up Grant  
\$1,000 Dunn Energy Round Up Grant  
\$2,000 Lundeborg Trust Gift

\$2,500 TYR Energy Development Grant  
 \$20,000 Anonymous donor who matched gifts of \$1,000 or more  
 \$1,051 Thrivent Choice donations  
 \$25,000 in employer matches

We feel truly blessed by the community support and feel this shows the need and impact this playground will have on our families across Dunn and St Croix counties as they enjoy this revitalized park.

## 2. Current Initiatives\*

**Please describe your current programs, activities, community impact and the community's involvement or support of your organization.**

Our current initiative is to revitalize the playground at Hinman Park. Our goal is \$135,000 and we have raised \$120,725 to date. Our community members have been very supportive of this project. In addition to the funds raised, we have in kind donations to tear down the existing equipment and remove all the sand base to prep the site. All the wood fiber base is being donated as well. We are doing a community build rather than pay the company to install the equipment which also significantly reduces our cost. Due to this overwhelming support, we were able to reduce our budget from \$250,000 originally to \$135,000.

Since we are giving the playground a huge facelift with all new equipment, we want to also update the basketball court and tennis courts. We want to sealcoat them both and repaint them. We also want to get some additional equipment for kids and adults alike to check out and use while at the park.

## 3. Organizational Structure\*

**Describe the current structure of your organization, including how the organization functions on a daily basis. (CEO, staff, volunteers, etc.)**

We are a complete volunteer organization. We have a 7-member board of directors. Everything is done on a volunteer basis.

## About the Grant

### What is the community need that this request addresses?\*

Hinman Park's playground equipment is nearly 40 years old, and it is tired to say the least. Hinman is the only playground that our city supports. Approximately 57% of the families in the Glenwood City School District area fall below the poverty threshold. Our municipal budget focuses on essential services, which has caused the park to fall in disrepair. Research shows the important that play has in growth and development for kids of all ages. We have raised enough to order the equipment for the park and expect to have enough to get it installed. We would like to have concrete sidewalks to surround the playground to make it more handicap accessible.

This particular request however is for sealcoating the basketball and tennis courts and repainting the lines on both courts. We would also like to purchase equipment that can be on loan for people to use at the park such as balls, rackets, etc.

## Project Goals and Activities\*

**Describe the specific goals and activities of your project and how they will be carried out or accomplished.**

The first shipment of equipment is stored at the city shop, and we expect the remaining equipment to arrive in about 4-6 weeks. Once we get a delivery date, we will arrange the logistics of a community build where we will gather 20-25 people to help unpack and assemble the equipment.

In addition to the playground equipment which has been funded already, we have a bid for the sealcoating and would love to see this get done prior to or just after the playground equipment is installed so our kids and their families can have a fun and safe place to play and the park can be complete.

## Project Outcomes\*

**Describe the anticipated outcomes resulting from this grant project, its impact and how the community will be better served.**

Our hope is to have the new playground equipment installed and the basketball and tennis courts seal coated and painted yet this fall, hopefully before Rustic Lore, but we realize this is an ambitious goal. This will serve the families in our area, and those who come from miles around to watch ball games at the park. Our entire community spirit will be bolstered by this new park. This park upgrade will be a draw to our community.

## Anticipated Challenges\*

**Describe any anticipated challenges and how you will meet them.**

We have had some issues with vandalism in our park recently as the existing equipment has fallen into disrepair. We feel this will correct itself if the kids have a nice area to play in that they can take pride in. While we upgrade the playground for the younger kids, the basketball and tennis courts will see more action from older teens and adults. We feel these upgrades will make them proud of what our city has and expect this issue to go away, but it continues to be a challenge. We feel we have to believe in our children and expect the best outcome possible.

## Sustainability\*

**Please describe how you will fund and continue to sustain these activities beyond the grant period.**

While our park is city owned, as noted earlier they focus on essential services. We have established the Community Foundation of Glenwood City to continue to make upgrades to the park and keep it fresh. The local library is also working to get a story time area set up in the park. This will complement the new playground very well. Our next project will be to work on getting our community swimming area open again next year.

## Staff - Project Summary\*

(Letter of support received in previous requests) The park in Glenwood city needs to be revitalized. It is a benefit to children and families. More than half of residents live below the poverty line.

## ***Grant Project Budget***

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### **Anticipated Project Income\***

Please list out all anticipated sources of income for this specific grant project with amounts and whether the funding is approved or pending.

Ex: Dunn Energy Cooperative: \$1,000 - Approved

We continue to fund raise for this project. We are currently on track to complete the playground and if you can help with the sealcoating project that would be so wonderful. Future income will help us do additional projects as time goes on.

### **Total Project Expenses\***

What are the total expenses for this particular grant project? This may be more than your grant request amount and helps us to understand if the Foundation is funding a portion of the project or the full cost of the project.

\$3,000.00

### **Project Expenses Description\***

Please itemize the expenses for this grant project, including a short description of each item and the anticipated cost. (Personnel, Materials and Supplies, etc.) If this grant is to cover a portion of the project, please list all expenses of the project and then specify which expenses you anticipate being supported by this CFDC grant.

Our bid is \$2,713.00 for the following:

- Crack sealer \$475

- Seal coat \$1,938

- Line Painting \$300

The additional nearly \$300 would go to purchase new nets for the basketball hoops, rackets, balls and other equipment.

### **Project Budget Upload**

(Optional) You may upload a separate file of your own, representing this grant request's Project Budget. For help creating the document, you can click here to download our Grant Project Budget template.

Bid for sealcoating of Hinman Park BB\_Tennis Courts.pdf

### **Letter of Support**

(Optional) Letters of Support are optional, unless another organization or individual is integral to the purchase or use of the program and/or is a fiscal sponsor. Then it is required.

## Additional Supporting Documents

(Optional) You may upload additional supporting documents to your request. If this grant request is to purchase a specific item or equipment, please upload a financial quote or spec sheet about the item here.

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(Optional) You may upload additional supporting documents to your request. If this grant request is to purchase a specific item or equipment, please upload a financial quote or spec sheet about the item here.

## Staff - Project Budget Summary\*

Brief sentence about how the grant budget is broken down by item.

Crack sealer \$475

Seal coat \$1,938

Line Painting \$300

Basketball equipment \$300

## *Required Organization Financials*

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### Current Board of Directors\*

Please upload a list of your organization's current Board of Directors.

CFoGCC Board of Directors.pdf

### Organizational Budget\*

Please upload your organization's most recent Operating Budget with projected revenues and expenses.

Community Foundation of GC Budget.pdf

## Audited Financials

Please upload a copy of your organization's current Audited Financial Statement, if you are required to file.

## Audit Opt-Out

Under Wis. Stat. § 202.12| a charitable organization with annual contributions over \$500,000 must file an audited financial statement and include the opinion of an independent CPA. A charitable organization with annual contributions less than \$500,000 and over \$300,000 must file a financial statement reviewed by an independent CPA. If you do not upload an audit or financial statement, please verify that your organization is not required to based on this state statute.

Our organization is not required to file an audited financial statement

## Proof of 990 Filing\*

Please upload proof of current IRS 990 Filing. You may upload the first page only; the full 990 document is not required.

Community Foundation of GC 990.pdf

## Authorization

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### Applicant Agreement\*

As the applicant submitting this request on behalf of the organization, you certify that:

- The information provided in this application is complete and accurate to the best of your knowledge.
- Falsification of information will result in termination of any award granted.
- You have discussed this project and grant request with the necessary authorized representatives at your organization. They support this request and the proposed allocation of funding.

If awarded a grant, the organization will:

- Carry out the activities and expend grant funds as described in the proposal, to the best of their ability.
- Submit significant changes in the scope or budget of the project to the Foundation for approval.
- Complete and submit written reports as required no later than 12 months from the date the grant is awarded.
- Acknowledge the role of the Community Foundation of Dunn County in supporting the organization in communications with their board and the public.
- Provide copies of all publicity, press releases or promotional materials. If available, provide photos in digital format.

I agree



## File Attachment Summary

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### *Applicant File Uploads*

- Bid for sealcoating of Hinman Park BB\_Tennis Courts.pdf
- CFoGCC Board of Directors.pdf
- Community Foundation of GC Budget.pdf
- Community Foundation of GC 990.pdf

# Eau Claire Sealcoat LLC

N4075 990th St.  
Eau Claire, WI 54703  
Phone (715)874-5335  
[jamie@eauclairesealcoat.com](mailto:jamie@eauclairesealcoat.com)

**DATE** 4/29/2026  
**Quote #** 2690

**Customer:**

Glenwood City Park  
Anna Mewis  
651-226-5278

Prepared by: *Jamie Johnson*

[anna.mewis@gmail.com](mailto:anna.mewis@gmail.com)

**Project Location:**

543-587 Maple St  
Glenwood City, Wi 54013

| Description                                                                                                                                                                                                                                                      | Quantity | Total                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------|
| <b>Crack sealer</b><br>All new structural cracks will be routed 1/2" X 1/2". The cracks will then be blown clean and torched dry prior to applying state spec 3405 crack sealer. Any previously sealed cracks open to the elements will be cleaned and resealed. |          | \$ 475.00               |
| <b>Sealcoat</b><br>The area to be sealed will be cleaned of all dirt and debris. Edging will be completed as needed prior to applying 2 coats of sealer to dry asphalt surface.                                                                                  |          | \$1,938.00              |
| <b>Patching</b>                                                                                                                                                                                                                                                  |          |                         |
| <b>Line Painting</b><br>Repaint basketball and tennis courts.                                                                                                                                                                                                    |          | \$ 300.00               |
| <b>Misc. Notes</b><br>This quote is for the basketball and tennis court. An additional \$100.00 to layout and paint pickleball courts in yellow paint.                                                                                                           |          |                         |
| <b>Return a signed and dated copy to be placed on the schedule. Thank you.</b>                                                                                                                                                                                   |          | <b>TOTAL</b> \$2,713.00 |

Payment due upon completion of project unless otherwise stated. Past due balances of 15 days are subject to 1.5% interest per month. Should collection or litigation become necessary to collect damage and/or loss, the person signing below (or on behalf of corporation) agrees to pay all collection charges, including reasonable attorney's fees and court costs.

Representative Signature

Date:

Customer Signature

Date:

## **Community Foundation of Glenwood City**

Board of directors:



Anna Mewis - Board President



Kristen Curvello - Board Member



Joan Bartz - Vice President



Jordan Bartz - Board Member



Katie Swenby - Secretary



Sean Lybert - Board Member



Felicia Schultz - Treasurer



We do not really have an organizational budget. At this point, the playground project is our sole focus, and we are completely volunteer driven, so we do not have any other operating expenses. Once this project is done, it is our intent to fundraise for future projects, a pool and/or a splashpad in being talked about. Below is the budget for the playground project.

### **Playground Project Budget**

\$95,000 Equipment  
\$12,000 Installation Costs  
\$10,000 Concrete Sidewalks  
\$8,000 Benches, Tables and accessories  
\$10,000 Signage & Landscaping

**Return of Organization Exempt From Income Tax****2025**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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**Open to Public  
Inspection**

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the 2025 calendar year, or tax year beginning <b>02/01/2025</b> and ending <b>01/31/2026</b>                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                     |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input checked="" type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>COMMUNITY FOUNDATION OF GLENWOOD CITY CORP</b><br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>624 Syme Avenue</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>Glenwood City, WI 54013</b> |
| <b>D</b> Employer identification number<br><b>33-3547469</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                     |
| <b>E</b> Telephone number<br><b>651-226-5278</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |
| <b>F</b> Group Exemption Number                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                     |
| <b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify): _____                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                     |
| <b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                     |
| <b>I</b> Website: _____                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                     |
| <b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                      |                                                                                                                                                                                                                                                                                                                     |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other: _____                                                                                                                              |                                                                                                                                                                                                                                                                                                                     |
| <b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ <b>78,584</b>                                                                     |                                                                                                                                                                                                                                                                                                                     |

| <b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)           |                                                                                                              |                                                                                                                                                                                                                               |               |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/> |                                                                                                              |                                                                                                                                                                                                                               |               |
| <b>Revenue</b>                                                                                                          | <b>1</b>                                                                                                     | Contributions, gifts, grants, and similar amounts received . . . . .                                                                                                                                                          | <b>78,374</b> |
|                                                                                                                         | <b>2</b>                                                                                                     | Program service revenue including government fees and contracts . . . . .                                                                                                                                                     | <b>0</b>      |
|                                                                                                                         | <b>3</b>                                                                                                     | Membership dues and assessments . . . . .                                                                                                                                                                                     | <b>0</b>      |
|                                                                                                                         | <b>4</b>                                                                                                     | Investment income . . . . .                                                                                                                                                                                                   | <b>210</b>    |
|                                                                                                                         | <b>5a</b>                                                                                                    | Gross amount from sale of assets other than inventory . . . . .                                                                                                                                                               | <b>0</b>      |
|                                                                                                                         | <b>5b</b>                                                                                                    | Less: cost or other basis and sales expenses . . . . .                                                                                                                                                                        | <b>0</b>      |
|                                                                                                                         | <b>5c</b>                                                                                                    | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .                                                                                                                             | <b>0</b>      |
|                                                                                                                         | <b>6</b>                                                                                                     | Gaming and fundraising events:                                                                                                                                                                                                |               |
|                                                                                                                         | <b>6a</b>                                                                                                    | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .                                                                                                                                               | <b>0</b>      |
|                                                                                                                         | <b>6b</b>                                                                                                    | Gross income from fundraising events (not including \$ <b>0</b> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . | <b>0</b>      |
| <b>6c</b>                                                                                                               | Less: direct expenses from gaming and fundraising events . . . . .                                           | <b>0</b>                                                                                                                                                                                                                      |               |
| <b>6d</b>                                                                                                               | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . | <b>0</b>                                                                                                                                                                                                                      |               |
| <b>Revenue</b>                                                                                                          | <b>7a</b>                                                                                                    | Gross sales of inventory, less returns and allowances . . . . .                                                                                                                                                               | <b>0</b>      |
|                                                                                                                         | <b>7b</b>                                                                                                    | Less: cost of goods sold . . . . .                                                                                                                                                                                            | <b>0</b>      |
|                                                                                                                         | <b>7c</b>                                                                                                    | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .                                                                                                                                      | <b>0</b>      |
|                                                                                                                         | <b>8</b>                                                                                                     | Other revenue (describe in Schedule O) . . . . .                                                                                                                                                                              | <b>0</b>      |
|                                                                                                                         | <b>9</b>                                                                                                     | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .                                                                                                                                                       | <b>78,584</b> |
| <b>Expenses</b>                                                                                                         | <b>10</b>                                                                                                    | Grants and similar amounts paid (list in Schedule O) . . . . .                                                                                                                                                                | <b>0</b>      |
|                                                                                                                         | <b>11</b>                                                                                                    | Benefits paid to or for members . . . . .                                                                                                                                                                                     | <b>0</b>      |
|                                                                                                                         | <b>12</b>                                                                                                    | Salaries, other compensation, and employee benefits . . . . .                                                                                                                                                                 | <b>0</b>      |
|                                                                                                                         | <b>13</b>                                                                                                    | Professional fees and other payments to independent contractors . . . . .                                                                                                                                                     | <b>0</b>      |
|                                                                                                                         | <b>14</b>                                                                                                    | Occupancy, rent, utilities, and maintenance . . . . .                                                                                                                                                                         | <b>0</b>      |
|                                                                                                                         | <b>15</b>                                                                                                    | Printing, publications, postage, and shipping . . . . .                                                                                                                                                                       | <b>0</b>      |
|                                                                                                                         | <b>16</b>                                                                                                    | Other expenses (describe in Schedule O) . . . . .                                                                                                                                                                             | <b>58,792</b> |
|                                                                                                                         | <b>17</b>                                                                                                    | <b>Total expenses.</b> Add lines 10 through 16 . . . . .                                                                                                                                                                      | <b>58,792</b> |
| <b>Net Assets</b>                                                                                                       | <b>18</b>                                                                                                    | Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .                                                                                                                                                     | <b>19,792</b> |
|                                                                                                                         | <b>19</b>                                                                                                    | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .                                                                    | <b>0</b>      |
|                                                                                                                         | <b>20</b>                                                                                                    | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                                                                                                                                | <b>0</b>      |
|                                                                                                                         | <b>21</b>                                                                                                    | Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .                                                                                                                                             | <b>19,792</b> |

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

|                                                                                                     | (A) Beginning of year | (B) End of year |
|-----------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| <b>22</b> Cash, savings, and investments                                                            | <b>0</b>              | <b>19,792</b>   |
| <b>23</b> Land and buildings                                                                        | <b>0</b>              | <b>0</b>        |
| <b>24</b> Other assets (describe in Schedule O)                                                     | <b>0</b>              | <b>0</b>        |
| <b>25</b> <b>Total assets</b>                                                                       | <b>0</b>              | <b>19,792</b>   |
| <b>26</b> <b>Total liabilities</b> (describe in Schedule O)                                         | <b>0</b>              | <b>0</b>        |
| <b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) | <b>0</b>              | <b>19,792</b>   |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? **See Schedule O, Statement 1**

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

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

|                                                                                                           |            |               |
|-----------------------------------------------------------------------------------------------------------|------------|---------------|
| <b>28</b> <u>We have purchased new playground equipment. This new park will benefit over 1,000 people</u> |            |               |
| (Grants \$ <b>0</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>         | <b>28a</b> | <b>58,792</b> |
| <b>29</b> _____                                                                                           |            |               |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                  | <b>29a</b> |               |
| <b>30</b> _____                                                                                           |            |               |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>                  | <b>30a</b> |               |
| <b>31</b> Other program services (describe in Schedule O) _____                                           |            |               |
| (Grants \$ <b>0</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>         | <b>31a</b> | <b>0</b>      |
| <b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a)                               | <b>32</b>  | <b>58,792</b> |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

| (a) Name and title                         | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| <u>anna mewis</u><br><u>President</u>      | <b>10.00</b>                                   | <b>0</b>                                                                            | <b>0</b>                                                                                | <b>0</b>                                   |
| <u>Joan Bartz</u><br><u>Vice President</u> | <b>2.00</b>                                    | <b>0</b>                                                                            | <b>0</b>                                                                                | <b>0</b>                                   |
| <u>Felicia Schultz</u><br><u>Treasurer</u> | <b>1.00</b>                                    | <b>0</b>                                                                            | <b>0</b>                                                                                | <b>0</b>                                   |
| <u>Katie Swenby</u><br><u>Secretary</u>    | <b>1.00</b>                                    | <b>0</b>                                                                            | <b>0</b>                                                                                | <b>0</b>                                   |
| <u>Jordan Bartz</u><br><u>member</u>       | <b>1.00</b>                                    | <b>0</b>                                                                            | <b>0</b>                                                                                | <b>0</b>                                   |
| <u>Kristen Curvello</u><br><u>member</u>   | <b>1.00</b>                                    | <b>0</b>                                                                            | <b>0</b>                                                                                | <b>0</b>                                   |
| <u>Sean Lybert</u><br><u>member</u>        | <b>1.00</b>                                    | <b>0</b>                                                                            | <b>0</b>                                                                                | <b>0</b>                                   |
| _____                                      |                                                |                                                                                     |                                                                                         |                                            |
| _____                                      |                                                |                                                                                     |                                                                                         |                                            |
| _____                                      |                                                |                                                                                     |                                                                                         |                                            |
| _____                                      |                                                |                                                                                     |                                                                                         |                                            |
| _____                                      |                                                |                                                                                     |                                                                                         |                                            |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes                      | No                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| <b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions                                                                                                                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III                                                                                                                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved <b>38b</b>                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>39</b> Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            |
| section 4911: 0; section 4912: 0; section 4955: 0                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>41</b> List the states with which a copy of this return is filed: WI                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>42a</b> The organization's books are in care of: <u>anna mewis</u> Telephone no. <u>651-226-5278</u><br>Located at: <u>624 Syme Avenue, Glenwood City, WI 54013</u> ZIP +4 <u>54013</u>                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country: _____<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States?<br>If "Yes," enter the name of the foreign country: _____                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions                                                                                                                                                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

|           | Yes | No                                  |
|-----------|-----|-------------------------------------|
| <b>46</b> |     | <input checked="" type="checkbox"/> |

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

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

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

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

|           | Yes | No                                  |
|-----------|-----|-------------------------------------|
| <b>47</b> |     | <input checked="" type="checkbox"/> |

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

|           |  |                                     |
|-----------|--|-------------------------------------|
| <b>48</b> |  | <input checked="" type="checkbox"/> |
|-----------|--|-------------------------------------|

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

|            |  |                                     |
|------------|--|-------------------------------------|
| <b>49a</b> |  | <input checked="" type="checkbox"/> |
|------------|--|-------------------------------------|

**b** If "Yes," was the related organization a section 527 organization? . . . . .

|            |  |  |
|------------|--|--|
| <b>49b</b> |  |  |
|------------|--|--|

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

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| None                                |                                                |                                                            |                                                                                         |                                            |
|                                     |                                                |                                                            |                                                                                         |                                            |
|                                     |                                                |                                                            |                                                                                         |                                            |
|                                     |                                                |                                                            |                                                                                         |                                            |
|                                     |                                                |                                                            |                                                                                         |                                            |
|                                     |                                                |                                                            |                                                                                         |                                            |
|                                     |                                                |                                                            |                                                                                         |                                            |

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

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

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
| None                                                         |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |

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

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

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

|                               |                                                      |                      |      |                                                 |      |
|-------------------------------|------------------------------------------------------|----------------------|------|-------------------------------------------------|------|
| <b>Sign Here</b>              | Signature of officer<br><b>anna mewis, President</b> |                      | Date |                                                 |      |
|                               | Officer's name and title                             |                      |      |                                                 |      |
| <b>Paid Preparer Use Only</b> | Preparer's name                                      | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name                                          |                      |      | Firm's EIN                                      |      |
|                               | Firm's address                                       |                      |      | Phone no.                                       |      |

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



SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF GLENWOOD CITY CORP

Employer identification number

33-3547469

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☒ An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                               | Yes                                                         | No |                                                   |                                                 |
| (A)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (B)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (C)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (D)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (E)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| Total                              |          |                                                                               |                                                             |    |                                                   |                                                 |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                          | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . .                                                                                                  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . .                                                                                                                                                                        |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4                                                                                                                                                                 |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                           | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025  | (f) Total                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                    |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                 |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                   |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                       |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                   |          |          |          |          | <b>12</b> |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>14</b> Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                       | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2024 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                              | <b>15</b> | %                        |
| <b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2025.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .                                                                                                                         |           | <input type="checkbox"/> |
| <b>b 33<sup>1</sup>/<sub>3</sub>% support test—2024.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .                                                                                                                      |           | <input type="checkbox"/> |
| <b>17a 10%-facts-and-circumstances test—2025.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/> |
| <b>b 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                            |           | <input type="checkbox"/> |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                       | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                       | 0        | 0        | 0        | 0        | 78,584   | 78,584    |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             | 0        | 0        | 0        | 0        | 78,584   | 78,584    |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          | 78,584    |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                 | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| <b>9</b> Amounts from line 6                                                                                                                                                                | 0        | 0        | 0        | 0        | 78,584   | 78,584                   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources                                                  |          |          |          |          |          |                          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                            |          |          |          |          |          |                          |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                              |          |          |          |          |          |                          |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on                                                       |          |          |          |          |          |                          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                   |          |          |          |          |          |                          |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                                                                    | 0        | 0        | 0        | 0        | 78,584   | 78,584                   |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> |          |          |          |          |          | <input type="checkbox"/> |

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

|                                                                                                   |           |       |
|---------------------------------------------------------------------------------------------------|-----------|-------|
| <b>15</b> Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | 100 % |
| <b>16</b> Public support percentage from 2024 Schedule A, Part III, line 15                       | <b>16</b> | 0 %   |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                                                                                                                                                                                                                                                           |                                     |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----|
| <b>17</b> Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))                                                                                                                                                                                                                                                    | <b>17</b>                           | 0 % |
| <b>18</b> Investment income percentage from 2024 Schedule A, Part III, line 17                                                                                                                                                                                                                                                                            | <b>18</b>                           | 0 % |
| <b>19a 33<sup>1</sup>/<sub>3</sub>% support tests—2025.</b> If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization         | <input checked="" type="checkbox"/> |     |
| <b>b 33<sup>1</sup>/<sub>3</sub>% support tests—2024.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization | <input type="checkbox"/>            |     |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions                                                                                                                                                                                                                        | <input type="checkbox"/>            |     |

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                    |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                                 |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>                                                                                                                                                                                                                                                               |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                        |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>                                                                                                                                                                                                                                                                                                                                           |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                            |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>                                                                                                                                                                               |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                              |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                         |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Part IV Supporting Organizations** (continued)

|                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  |     |    |
| <b>c</b> 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 <b>Part VI</b> .                             |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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 <b>Part VI</b> 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. |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                      |     |    |
| <b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental supported organization. Describe in <b>Part VI</b> how you supported a governmental supported organization (see instructions).                                                                                                                                                                                                                                                                                           |  |  |  |
| <b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |  |
| <b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                               |  |  |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer lines 3a, 3b, and 3c below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| <b>a</b> Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                         |  |  |  |
| <b>b</b> Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                         |  |  |  |
| <b>c</b> Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                             |  |  |  |

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A—Adjusted Net Income</b>  |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>1</b>                              | Net short-term capital gain                                                                                                                                                                              | <b>1</b>       |                             |
| <b>2</b>                              | Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>       |                             |
| <b>3</b>                              | Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>       |                             |
| <b>4</b>                              | Add lines 1 through 3.                                                                                                                                                                                   | <b>4</b>       |                             |
| <b>5</b>                              | Depreciation and depletion                                                                                                                                                                               | <b>5</b>       |                             |
| <b>6</b>                              | 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) | <b>6</b>       |                             |
| <b>7</b>                              | Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>       |                             |
| <b>8</b>                              | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | <b>8</b>       |                             |
| <b>Section B—Minimum Asset Amount</b> |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                              | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):                                                                          |                |                             |
| <b>a</b>                              | Average monthly value of securities                                                                                                                                                                      | <b>1a</b>      |                             |
| <b>b</b>                              | Average monthly cash balances                                                                                                                                                                            | <b>1b</b>      |                             |
| <b>c</b>                              | Fair market value of other non-exempt-use assets                                                                                                                                                         | <b>1c</b>      |                             |
| <b>d</b>                              | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                  | <b>1d</b>      |                             |
| <b>e</b>                              | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                                                                                           |                |                             |
| <b>2</b>                              | Acquisition indebtedness applicable to non-exempt-use assets                                                                                                                                             | <b>2</b>       |                             |
| <b>3</b>                              | Subtract line 2 from line 1d.                                                                                                                                                                            | <b>3</b>       |                             |
| <b>4</b>                              | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                                                                                           | <b>4</b>       |                             |
| <b>5</b>                              | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | <b>5</b>       |                             |
| <b>6</b>                              | Multiply line 5 by 0.035.                                                                                                                                                                                | <b>6</b>       |                             |
| <b>7</b>                              | Recoveries of prior-year distributions                                                                                                                                                                   | <b>7</b>       |                             |
| <b>8</b>                              | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | <b>8</b>       |                             |
| <b>Section C—Distributable Amount</b> |                                                                                                                                                                                                          |                | Current Year                |
| <b>1</b>                              | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                                                    | <b>1</b>       |                             |
| <b>2</b>                              | Enter 0.85 of line 1.                                                                                                                                                                                    | <b>2</b>       |                             |
| <b>3</b>                              | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                                                   | <b>3</b>       |                             |
| <b>4</b>                              | Enter greater of line 2 or line 3.                                                                                                                                                                       | <b>4</b>       |                             |
| <b>5</b>                              | Income tax imposed in prior year                                                                                                                                                                         | <b>5</b>       |                             |
| <b>6</b>                              | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                                                            | <b>6</b>       |                             |
| <b>7</b>                              | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                             |

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

| Section D—Distributions |                                                                                                                                                     | Current Year |  |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|
| <b>1</b>                | Amounts paid to supported organizations to accomplish exempt purposes                                                                               | <b>1</b>     |  |
| <b>2</b>                | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>     |  |
| <b>3</b>                | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                               | <b>3</b>     |  |
| <b>4</b>                | Amounts paid to acquire exempt-use assets                                                                                                           | <b>4</b>     |  |
| <b>5</b>                | Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )                                                       | <b>5</b>     |  |
| <b>6</b>                | <b>Total annual distributions.</b> Add lines 1 through 5.                                                                                           | <b>6</b>     |  |
| <b>7</b>                | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>7</b>     |  |
| <b>8</b>                | Distributable amount for 2025 from Section C, line 6                                                                                                | <b>8</b>     |  |
| <b>9</b>                | Line 7 amount divided by line 8 amount                                                                                                              | <b>9</b>     |  |

  

| Section E—Distribution Allocations (see instructions)                                                                                                                                    | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2025 | (iii)<br>Distributable<br>Amount for 2025 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b> Distributable amount for 2025 from Section C, line 6                                                                                                                            |                             |                                        |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2025 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.                                                  |                             |                                        |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2025                                                                                                                                 |                             |                                        |                                           |
| <b>a</b> From 2020 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>b</b> From 2021 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>c</b> From 2022 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>d</b> From 2023 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>e</b> From 2024 . . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>f</b> Total of lines 3a through 3e                                                                                                                                                    |                             |                                        |                                           |
| <b>g</b> Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| <b>h</b> Applied to 2025 distributable amount                                                                                                                                            |                             |                                        |                                           |
| <b>i</b> Carryover from 2020 not applied (see instructions)                                                                                                                              |                             |                                        |                                           |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                             |                                        |                                           |
| <b>4</b> Distributions for 2025 from Section D, line 6: \$                                                                                                                               |                             |                                        |                                           |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| <b>b</b> Applied to 2025 distributable amount                                                                                                                                            |                             |                                        |                                           |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                             |                                        |                                           |
| <b>5</b> Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |                                        |                                           |
| <b>6</b> Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |                                        |                                           |
| <b>7</b> <b>Excess distributions carryover to 2026.</b> Add lines 3j and 4c.                                                                                                             |                             |                                        |                                           |
| <b>8</b> Breakdown of line 7:                                                                                                                                                            |                             |                                        |                                           |
| <b>a</b> Excess from 2021 . . .                                                                                                                                                          |                             |                                        |                                           |
| <b>b</b> Excess from 2022 . . .                                                                                                                                                          |                             |                                        |                                           |
| <b>c</b> Excess from 2023 . . .                                                                                                                                                          |                             |                                        |                                           |
| <b>d</b> Excess from 2024 . . .                                                                                                                                                          |                             |                                        |                                           |
| <b>e</b> Excess from 2025 . . .                                                                                                                                                          |                             |                                        |                                           |

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)





Primary Exempt Purpose

Primary Exempt Purpose

Public charities. To make our small rural community more prosperous and inclusive through education, improved infrastructure, and the promotion of the arts