Return of Organization Exempt From Income Tax

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

2024 Open to Public Inspection Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Α	For the	e 2024 C	<u>alendar year, or tax y</u>	year beginning		, and ending					
В	Check if a	pplicable:	C Name of organization	COMMUNITY	FOUNDATI	ON FOR THE	TWIN		D	Employer	r identification number
	Address cl	hange		TIERS							
╡	Name cha	ungo L	Doing business as	CIL		1001		V	2	23 - 3	096312
믁	ivallie Clia	inge		O. box if mail is not delivere		ss)		П			e number
╛	Initial retur			CHART STREET,					5	70-	888-4759
	Final return terminated			vince, country, and ZIP or fo	• .						
	Amended	return l	SAYRE		PA 18840)			G	Gross rec	eipts\$ 3,323,014
╡			F Name and address of prin	·					H(a) Is this a group r	eturn for s	subordinates? Yes X No
Ш	Application	n pending	RAY DEPAO						• .		H H
			104 W LOC	KHART STRE					H(b) Are all subordin		
			SAYRE		PA_	<u> 18840 </u>			If "No," atta	ach a list.	See instructions
ı	Tax-exem	npt status:	X 501(c)(3)	501(c) () (inse	ert no.)	4947(a)(1) or	527				
J	Website:	W	<u>WW.</u> TWINTIER	SCF.ORG					H(c) Group exemption	on numbe	er
ĸ	Form of o	organization:	X Corporation T	Trust Association	Other			L Ye	ar of formation: 200)2	M State of legal domicile: PP
P	art I	Su	ımmary								
	1 8	Briefly de	scribe the organization	n's mission or most	significant act	tivities:					
ø		SEE	SCHEDULE O								
anc	'										
Governance											
Š	2 0	Check thi	s box if the organ	nization discontinued	its operations	or disposed of m	ore than	25%	of its net assets.		
დ ფ	1		of voting members of t			•				3	11
	4 1	Number o	of independent voting i	members of the gove	ernina body (F	Part VI. line 1b)				4	11
Activities			nber of individuals emp							5	3
Ę			nber of volunteers (est							6	148
∢			elated business revenu							7a	0
			ated business taxable							7b	0
	 5 1	tot dilion	ated business taxable	moonie nom rom s	50 1, 1 ait i,			<u>-</u>	Prior Year	1.0	Current Year
4	8 0	Contributi	ons and grants (Part	VIII, line 1h)					340,	648	249,106
nue	9 F	rogram	service revenue (Part	VIII, line 2g)				¨Г	46,	473	55,850
Revenue	10 h	nvestmei	nt income (Part VIII, co	olumn (A), lines 3, 4,	and 7d)			Г	121,		583,472
ď	11 0	Other rev	enue (Part VIII, colum	ın (A). lines 5. 6d. 8c	. 9c. 10c. and	I 11e)		··	,	0	0
	1		enue – add lines 8 thro					- 1	508,	652	888,428
			nd similar amounts pai						277,		298,228
	1		paid to or for members	•	∵ ⁻		0	0			
			other compensation, e			n (A), lines 5–10)		∵ ⁻	133,	690	169,772
Expenses			nal fundraising fees (F					∵ ⁻		0	0
ben	b T	Fotal fund	draising expenses (Par	rt IX column (D) line	e 25)	7.7	42				
$\overline{\Sigma}$	17 (Other ext	penses (Part IX, colum	nn (A) lines 11a–11d	11f–24e)		. =. =	··	90.	817	111,402
			enses. Add lines 13-1			line 25)		··	501,		579,402
			less expenses. Subtra							044	309,026
ъ		tovonao	TOGO OXPONOGO. CUDITO	200 1110 10 110111 11110 1	<u>' -</u>			•	Beginning of Current		End of Year
Net Assets or	20 T	Total ass	ets (Part X, line 16)					[12,185,		14,959,371
ASS	21 T		ilities (Part X, line 26)					- 1	2,790,	761	4,634,290
E SE	22 N	Net asset	s or fund balances. Si					<u>Г</u>	9,395,	115	10,325,081
P	art II	Sig	gnature Block								
U	nder pen	nalties of p	perjury, I declare that I ha	ave examined this return	n, including acc	companying schedule	es and sta	temen	ts, and to the best of	of my kn	owledge and belief, it is
tr	ue, corre	ect, and co	omplete. Declaration of pro-	reparer (other than office	er) is based or	n all information of v	vhich prepa	arer ha	as any knowledge.		
Sig	n	Signature	of officer							Date	
He		RAY	DEPAOLA			CHA]	RMAN				
			rint name and title								
		Preparer's	name		Preparer's signa	ature			Date	Check	if PTIN
Pai	d	THOMAS	P. MCMAHON, CPA		THOMAS P	MCMAHON, CPA			10/14/25		ployed P00358233
Pre	parer	Firm's nar	T 7 D C/			SOCIATES,	P.C.		Firm's		23-2723863
	Only	i iiii s iiai		HOATE CIR	_	2001111107	<u> </u>	•	1 111115	-114	25 2725005
	•	Firm's add		OURSVILLE,	PA 17	7754			Phone	a no	570-368-2941
Mar	v the IR		s this return with the p						Pnone	5 IIU.	Yes No
· ··u	,			p. spaidi dilowii abov	III II II II II II II II II II I						100 110

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O	<u></u>
	Public Inspection Cop	
3 4 4a N P B	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. If (Code: (Cod	LE OF TIOGA
	o (Code:) (Expenses \$ including grants of \$) (Revenue \$ N/A	
	: (Code:) (Expenses \$ including grants of \$) (Revenue \$ N/A	
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$ • Total program service expenses 503,993)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		3.7	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.0	37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	assemblets Calcadula D. Dart VII	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	IIa	21	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		21
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	-1.0		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			3.7
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	l		3.7
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	_		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,,		v
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		X
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
_	admiddle gordining on raiting defanir pag into rene roop demplote deflected fund raine raining and raining to the		1	

23-3096312 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Χ 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Χ 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

<u> Pa</u>	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	V		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		X
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds	-		Λ
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	35		21
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			7.5
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O. Section 504(a)(21) expenientions. Did the trust, any diagnalified or other person, angage in any activities.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	17		

Form 990 (2024) COMMUNITY FOUNDATION FOR THE TWIN 23-3096312 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, b 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 10a Χ If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16a X 16a T 16a T 16a T 16b

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed	led PA, NY
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- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - X Own website Another's website X Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

CHARITY FIELD

104 W LOCKHART ST UNIT 2

A 18840 570-888-4759

SAYRE

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 <u>See</u> the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) RAY DEPAOLA	0.00									
CHAIRMAN	0.00	X		X				0	0	0
(2) DAVE CARSON										
	0.00	3.7		3,7				0		
VICE CHAIRMAN (3) YVETTE FRANCISCO	0.00	X		X		\vdash		0	0	0
(6) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.00									
DIRECTOR	0.00	Х						0	0	0
(4) CHRIS DESROCHERS										
DIRECTOR	0.00	X						0	0	0
(5) SHANE NICKERSON	0.00	22						0	0	0
	0.00									
DIRECTOR	0.00	X						0	0	0
(6) BARRY HAYMAN	0.00									
DIRECTOR	0.00	X						0	0	0
(7) GAIL BARTON	0.00									
	0.00							_	_	_
DIRECTOR	0.00	X						0	0	0
(8) SUZIE PETERSON	0.00									
DIRECTOR	0.00	X						0	0	0
(9) SUSAN STORCH										
	0.00									
DIRECTOR (10) JOY GLASSMIRE	0.00	X				\vdash		0	0	0
(10)UUI GLASSMIRE	0.00									
SECRETARY	0.00	X		X				0	0	0
(11) WENDY SWARTZ										
	0.00	3,7		,,				^	_	_
TREASURER	0.00	X	<u> </u>	Х				0	0	0

Pa	rt VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	l Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	Pos check ess pe	rson i	than of s both or/trust employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	or	(F) timated of oth compens from t gganizati ed orga	amount er ation he	S
(12)														
(13)														
(14)														
(15)														
(16)														
(17)														
(18)														
(19)														
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) Name and business address									3 4 5	Yes (C) mpensati	No X X X			
	Total number of independent received more than \$100,000								se listed above) who	0				

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

. a				edule O conta	ains a	a respon	se or note	to any line in thi	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts j	1a	Federated camp	naigns	dia	1a	In	Ch	Octi			
Contributions, Gifts, Grants and Other Similar Amounts		Membership due			1b		50				
		Fundraising eve			1c						
if ts		Related organiz			1d					_	
B,°		Government grants (co			1e						
Sis		All other contributions,			-10						
he ti		and similar amounts no			1f		249,106				
풀히	g	Noncash contributions lines 1a-1f			1g	\$					
a So	h	Total. Add lines						249,106			
							Business Code				
ь	2a	FEE INCOME						55,850	55,850		
Ę,	b										
Program Service Revenue	С										
Seve	d										
, <u>j</u>	е										
٦	f	All other program	m serv	rice revenue							
	g	Total. Add lines	2a-2f	: 				55,850			
	3	Investment incor		-							
		other similar am	nounts)	٠				259,966	259,966		
	4	Income from inv				•					
	5	Royalties									
		_		(i) Real		(ii)	Personal				
	6a		6a								
		Less: rental expenses									
	C		6c	<u> </u>							
	d 7a	Net rental incom Gross amount from	ne or ((i) Securities							
		sales of assets	70	2,671,			0 Other 86,958				
a	h	other than inventory Less: cost or other	7a	2,071,	134		00,930				
Other Revenue	b	basis and sales exps.	7b	2,434,	586						
ě	c	Gain or (loss)	7c	236,			86,958				
<u>بر</u>		Net gain or (loss				•		323,506	323,506		
풀		Gross income from			<u> </u>	T		,	5_5,555		
Ŭ		(not including \$		•							
		of contributions rep									
		1c). See Part IV, lir	ne 18		8a						
	b	Less: direct exp			8b						
	С	Net income or (I	loss) fi	rom fundraising	events	<u></u>					
	9a	Gross income fr	-	-							
		activities. See P			9a						
	b	Less: direct exp	enses		9b						
		Net income or (I	,		<u>vities .</u>	<u> </u>					
	10a	Gross sales of in		•							
		returns and allow			10a						
		Less: cost of go			10b	•					
\dashv	С	Net income or (I	ioss) fr	rom sales of inve	entory						
SI	44-						Business Code				
e ge	11a										
Miscellaneous Revenue	b										
<u>8</u> 8	ب C										
≥		All other revenue Total. Add lines									
		Total revenue.						888,428	639,322	0	0
			11								

Part IX Statement of Functional Expenses

Form 990 (2024)

Sect	ion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			mplete column (A).	П
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Pb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
_	Grants and other assistance to domestic organizations	Inch/	action		h.V
	and domestic governments. See Part IV, line 21	11 1904	56UUI		UV
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	298,228	298,228		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	157 000	154 000	2 160	
7	Other salaries and wages	157,980	154,820	3,160	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,792	11,556	236	
10 11	Payroll taxes Fees for services (nonemployees):	11,192	11,550	230	
ıı a	` ' ' '				
a b	Management				
C	Legal Accounting	65,448	24,870	40,578	
d	Lobbying	03/110	21/0/0	10/3/0	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	19,619	7,456	12,163	
14	Information technology				
15	Royalties				
16	Occupancy	11,668	4,433	7,235	
17	Travel	651	247	404	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 2 5	F 1	0.4	
19	Conferences, conventions, and meetings	135	51	84	
20	Interest				
21	Payments to affiliates	1,892	719	1,173	
22 23	Depreciation, depletion, and amortization	1,092	416	679	
24	Insurance Other expenses. Itemize expenses not covered	1,000	110	015	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	FUNDRAISING	7,742			7,742
b	DUES	2,585	982	1,603	,
С	BANK SERVICE CHARGES	296	112	184	
d	ADMIN FEES	271	103	168	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	579,402	503,993	67,667	7,742
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pa	rt)	Balance Sheet					
		Check if Schedule O contains a response of	note to any line i	in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			99,672		83,343
	2	Savings and temporary cash investments	nch		132,494		167,254
	3	Pledges and grants receivable, net			7,500	3	6,000
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or f	ormer officer, dire	ector,			
		trustee, key employee, creator or founder, substant					
		controlled entity or family member of any of these	persons			5	
	6	Loans and other receivables from other disqualified					
ş		under section 4958(f)(1)), and persons described		6			
Assets	7	Notes and loans receivable, net			7		
⋖	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges			631	9	5,283
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	39,579			
	b	Less: accumulated depreciation	10b	20,850	8,471		18,729
	11	Investments—publicly traded securities			11,937,108		14,678,762
	12	Investments—other securities. See Part IV, line 1				12	
	13	Investments—program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
\dashv	16	Total assets. Add lines 1 through 15 (must equal			12,185,876	16	14,959,371
	17	Accounts payable and accrued expenses			5,477	17	10,522
	18	Grants payable		70,099	18	86,516	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		0 515 105	20	4 506 505	
	21	Escrow or custodial account liability. Complete Pa	D	2,715,185	21	4,526,597	
es	22	Loans and other payables to any current or forme					
≣		trustee, key employee, creator or founder, substan					
Liabilities		controlled entity or family member of any of these				22	
	23	Secured mortgages and notes payable to unrelate				23	10 655
	24	Unsecured notes and loans payable to unrelated				24	10,655
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1					
	•	of Schedule D			2 700 761	25	1 624 200
\dashv	26	Total liabilities. Add lines 17 through 25			2,790,761	26	4,634,290
တ္သ		Organizations that follow FASB ASC 958, chec	k nere 🔼				
ا <u>تو</u>	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			491,386	27	10,325,081
ala	28				8,903,729	28	10,323,001
<u>8</u>	20	Organizations that do not follow FASB ASC 95		۱۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	0,903,129	20	
[특		and complete lines 29 through 33.					
Assets or Fund Balances	29				29		
sts	30	Paid-in or capital surplus, or land, building, or equ				30	
SSE	31	Retained earnings, endowment, accumulated inco				31	
¥	32				9,395,115	32	10,325,081
ZI	33	Total liabilities and net assets/fund balances		12,185,876	33	14,959,371	
	აა	TOTAL HADIIILES AND HEL ASSETS/TUND DAIANCES			14,103,070	၂ ၁၁	<u> </u>

Form **990** (2024)

Pa	art XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	8	88,	428
2	Total expenses (must equal Part IX, column (A), line 25)	5	79,	402
3	Revenue less expenses. Subtract line 2 from line 1	3	09,0	026
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	9,3	95, <u>1</u>	<u> 115</u>
5	Net unrealized gains (losses) on investments	6:	20,9	940
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	0,32	25,(081
Pa	art XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			. Ш.
			Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both.			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2024)

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 for instructions and the latest information.

2024

Open to Public Inspection

COMMUNITY FOUNDATION FOR THE TWIN Name of the organization Employer identification number 23-3096312 TIERS 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 X 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)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% 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 1/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	454,918	3,609,632	398,090	340,648	249,106	5,052,394
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	454,918	3,609,632	398,090	340,648	249,106	5,052,394
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						5,052,394
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	454,918	3,609,632	398,090	340,648	249,106	5,052,394
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	275,951	199,202	486,805	246,546	259,966	1,468,470
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	24,297	168		257		24,722
11	Total support. Add lines 7 through 10						6,545,586
12	Gross receipts from related activities, etc.					12	102,323
13	First 5 years. If the Form 990 is for the or	ganization's first, se	econd, third, fourth	i, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public Su	• •					T
14	Public support percentage for 2024 (line 6	, column (f), divided	by line 11, colum	nn (f))		14	77.19 %
15	Public support percentage from 2023 Sche	edule A, Part II, line	· 14				71.41%
16a	33 1/3% support test — 2024. If the orga	nization did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this	_
	box and stop here. The organization quali						X
b	33 1/3% support test — 2023. If the orga						_
	this box and stop here. The organization						L
17a							
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa	cts-and-circumstand	ces test. The orga	nization qualifies a	s a publicly suppo	orted	_
	organization						L
b	10%-facts-and-circumstances test — 20	-					
	15 is 10% or more, and if the organization				-	•	
	in Part VI how the organization meets the			-			_
	organization						L
18	Private foundation. If the organization did instructions						[

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

(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.)

	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Ins	spe	CTIO	n (
2	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							<i>y</i>
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
<u>Sac</u>	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024		(f) Total
9	Amounts from line 6	(a) 2020	(b) 2021	(6) 2022	(u) 2023	(6) 2024		(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First 5 years. If the Form 990 is for the or organization, check this box and stop here	e		n, or fifth tax year a	•	, , ,		
Sec	tion C. Computation of Public Su	••						
15	Public support percentage for 2024 (line 8,						15	<u>%</u>
16	Public support percentage from 2023 Sche						16	%
	tion D. Computation of Investme					Г		
17	Investment income percentage for 2024 (li			3, column (f))			17	<u>%</u>
18	Investment income percentage from 2023						18	<u>%</u>
19a	33 1/3% support tests — 2024. If the orga							
	17 is not more than 33 1/3%, check this bo		=					Ц
b	33 1/3% support tests — 2023. If the organization 10 is not record than 22 1/20% when the							
20	line 18 is not more than 33 1/3%, check th		=			-		
20	Private foundation. If the organization did	ı not cneck a box (on line 14, 19a, or	19b, check this bo	x and see instruct	ions		·····

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 on 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

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

<u>. </u>	V		Yes	No
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S	che	dule A	(Form 9	990) 2024
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		V	
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
		\longrightarrow	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
04	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		.,	
	Mineral and the consideration of the second of the state		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity (see instru	ctions)).	
•	Asthetics Test, Assessed these Operand Obstacless		Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	·			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	2b		
	have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedu	lle A (Form 990) 2024 COMMUNITY FOUNDATION FOR THE	C T	WIN 23-3096	5312	Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions		
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	comp	plete Sections A through	E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Curre	
1	Net short-term capital gain	1			/
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Curre	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3_	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6_	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8_	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C – Distributable Amount			Curren	t Year
1_	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5_	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally integrated	Гуре І	II supporting organization		

Schedule A (Form 990) 2024

(see instructions).

Part	Type III Non-Functionally Integrated 509(a)(3)			90	312 Page I
		Japporting Organiza	are (continued)		
Secti	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported			
	organizations, in excess of income from activity	actioi		2	nv.
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		3	UV
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-provide deta	ails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	ation is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	•	Distributable
			Pre-2024		Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3_	Excess distributions carryover, if any, to 2024				
a	From 2019				
b	From 2020				
c	From 2021				
d	From 2022				
е	From 2023				
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
u	EAUGUU II OIII 2020				

Schedule A (Form 990) 2024

e Excess from 2024

Part VI	III, line 12;	Part IV, S	Prmation. Pr Section A, lin	nes 1, 2, 3b	, 3c, 4b, 4d	c, 5a, 6, 9	a, 9b, 9c, 1	l1a, 11b, a	nd 11c; Pa	rt IV, Sectio	n
	B, lines 1 a	and 2; Pa b: Part V. I	rt IV, Section	n C, line 1; l V. Section B	Part IV, Se 5. line 1e: F	ection D, III Part V. Sec	nes 2 and ction D. line	3; Part IV, es 5. 6. and	Section E, d 8: and Pa	lines 1c, 2a art V.	, 26,
	Section E,	lines 2, 5	, and 6. Als	so complete	this part for	or any add	ditional info				
PART II PAYROLI	I, LINE PROTE	10 - CTION	OTHER I	NCOME I	ETAIL \$		4,100		٥ر	Oy	
MISCELI	LANEOUS	INCOM	ΙE		\$		622				

COMMUNITY FOUNDATION FOR THE TWIN

Schedule B (Form 990) (Rev. December 2024))

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Organization type (check one):

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COMMUNITY FOUNDATION FOR THE TWIN

Employer identification number

23-3096312

Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
_	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.
Special Rules	
regulations under secti 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the literary, or educational	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering tead of the contributor name and address), II, and III.
contributor, during the contributions totaled m during the year for an of General Rule applies	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions a during the year \$
Caution: An organization that	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Employer identification number 23-3096312

COMMUNITY FOUNDATION FOR THE TWIN 23-309

Part I. Contributors (see instructions) Headqualisate series of Part I if additional space is needed.

Part I	Contributors (see instructions). Use duplicate copies of Pa	art i if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1	i done mapee	\$ 10,250	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 2		\$ 23,434	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.3		\$ 10,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 4		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 5		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$ 7,600	Person X Payroll Noncash (Complete Part II for noncash contributions.)

COMMUNITY FOUNDATION FOR THE TWIN

Employer identification number 23-3096312

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.7	T done mapee	\$ 25,150	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 8		\$ 26,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number COMMUNITY FOUNDATION FOR THE TWIN TIERS 23-3096312 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 9,250 209,980 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). a Public exhibition d Loan or exchange program b Scholarity research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table. c Beginning balance d Additions during the year e Distributions during the year f Ending balance f Ending balance 10 Additions during the year 11 During the explain include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table. C Beginning balance d Additions during the year e Distributions during the year f Ending balance 1 In
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
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XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? I Yes X No b If "Yes," explain the arrangement in Part XIII and complete the following table. Amount c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table. C Beginning balance d Additions during the year e Distributions during the year f Ending balance 10 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
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c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
d Additions during the year 1e Part V Endowment Funds Additions during the year 1e Distributions during the year 1e It I
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
1a Beginning of year balance 9,022,180 2,448,286 12,183,945 7,994,665 7,023,943 102,032 302,000 300,000 3,600,632 454,018
b Contributions 193,233 28,177 398,090 3,609,632 454,918
c Net investment earnings, gains,
and losses 1,166,094 363,481 -1,331,581 1,019,032 927,572 d Grants or scholarships 295,188 71,302 310,793 279,551 279,199
· ·······
e Other expenditures for facilities and programs
f Administrative expenses 147,026 53,457 193,092 159,833 132,569
g End of year balance 9,939,293 2,715,185 10,746,569 12,183,945 7,994,665
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 100.00 %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the
organization by:
(i) Unrelated organizations? 3a(i) X
(ii) Related organizations? 3a(ii) X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.
Part VI Land, Buildings, and Equipment
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value
(investment) (other) depreciation
1a Land
b Buildings
b Buildings c Leasehold improvements 5,700 5,700
b Buildings

	Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11b. See Form 990, F	Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-ye	ear market value
(3) Other	eld equity interests	ectic	n Co	ру
(D)				
(Þ) (Е)				
(- ,				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related	E 000 B (44 0 5 000 5	2 () (40
	Complete if the organization answered "Yes" on (a) Description of investment		ne 11c. See Form 990, F	
	(a) Description of investment	(b) Book value	Cost or end-of-ye	
(1)			,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	nn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11d. See Form 990, F	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
Part X	on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on line 25.			990, Part X,
 1.	(a) Description of liability			(b) Book value
	I income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8) (9)				
	nn (b) must equal Form 990, Part X, line 25, col. (B))			
	r uncertain tax positions. In Part XIII, provide the text of the foo	otnote to the organization's		orts the
-	liability for uncertain tax positions under FASB ASC 740. Che			Г

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	888,428
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
á	Net unrealized gains (losses) on investments	2a		
ı	b Donated services and use of facilities	2b		n\/
(c Recoveries of prior year grants	2c		\mathcal{U}^{V}
(d Other (Describe in Part XIII.)	2d		
•	e Add lines 2a through 2d		2e	
3			3	888,428
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ı	b Other (Describe in Part XIII.)	4b		
(c Add lines 4a and 4b		4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	888,428
Р	Part XII Reconciliation of Expenses per Audited Financial Stateme		Retur	n
	Complete if the organization answered "Yes" on Form 990, Pa			
1	Total expenses and losses per audited financial statements		1	579,402
2		1 1		
6	a Donated services and use of facilities	2a		
ı	b Prior year adjustments	2b		
•	c Other losses	2c		
(d Other (Describe in Part XIII.)	2d		
•	e Add lines 2a through 2d		2e	
3	- · · · · · · - · · · · · · · · · · · ·	·····	3	579,402
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
6	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ı	b Other (Describe in Part XIII.)	4b		
	- Add lines 4- and 4h		4c	
•	c Add lines 4a and 4b		-	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	579,402
5 P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information		5	•
5 P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	•
5 P Pro	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information	lines 1b and 2b; Part V, line 4;	5	•
5 P Pro	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	lines 1b and 2b; Part V, line 4; any additional information.	5 Part X, I	•
5 P Pro 2; F	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a PART IV, LINE 2B - ESCROW LIABILITY ARRANGEN	lines 1b and 2b; Part V, line 4; any additional information.	5 Part X, I	ine
Fro 2; F	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information wide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a PART IV, LINE 2B - ESCROW LIABILITY ARRANGENTASSETS TRANSFERRED FROM OTHER NONPROFIT ORGA	lines 1b and 2b; Part V, line 4; any additional information. MENT EXPLANATION NIZATIONS FOR T	Part X, I	urpose of
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	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a PART IV, LINE 2B - ESCROW LIABILITY ARRANGEN ASSETS TRANSFERRED FROM OTHER NONPROFIT ORGATION ESTABLISHING AN ENDOWMENT FOR THE BENEFIT OF ARE HELD AS AGENCY ENDOWMENTS	lines 1b and 2b; Part V, line 4; any additional information. MENT EXPLANATION NIZATIONS FOR TOTHE NONPROFIT	Part X, I	urpose of
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5 Pro 2; F	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a PART IV, LINE 2B - ESCROW LIABILITY ARRANGENT ASSETS TRANSFERRED FROM OTHER NONPROFIT ORGAT ESTABLISHING AN ENDOWMENT FOR THE BENEFIT OF ARE HELD AS AGENCY ENDOWMENTS PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION PART V, LINE 1A - BEGINNING OR YEAR BALANCE END OF YEAR BALANCE DUE TO RESTATEMENTS REPORTED.	lines 1b and 2b; Part V, line 4; any additional information. MENT EXPLANATION NIZATIONS FOR TO THE NONPROFIT ON ON DOES NOT AGREE	Part X, I HE P ORGA	urpose of Nizations Rior Year -
5 Pro 2; F	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a PART IV, LINE 2B - ESCROW LIABILITY ARRANGENT ASSETS TRANSFERRED FROM OTHER NONPROFIT ORGAT ESTABLISHING AN ENDOWMENT FOR THE BENEFIT OF ARE HELD AS AGENCY ENDOWMENTS PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION PART V, LINE 1A - BEGINNING OR YEAR BALANCE END OF YEAR BALANCE DUE TO RESTATEMENTS REPORTED.	lines 1b and 2b; Part V, line 4; any additional information. MENT EXPLANATION NIZATIONS FOR TO THE NONPROFIT ON ON DOES NOT AGREE	Part X, I HE P ORGA	urpose of Nizations Rior Year -
5 Pro 2; F	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a PART IV, LINE 2B - ESCROW LIABILITY ARRANGENT ASSETS TRANSFERRED FROM OTHER NONPROFIT ORGAT ESTABLISHING AN ENDOWMENT FOR THE BENEFIT OF ARE HELD AS AGENCY ENDOWMENTS PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION PART V, LINE 1A - BEGINNING OR YEAR BALANCE END OF YEAR BALANCE DUE TO RESTATEMENTS REPORTED.	lines 1b and 2b; Part V, line 4; any additional information. MENT EXPLANATION NIZATIONS FOR TO THE NONPROFIT ON ON DOES NOT AGREE	Part X, I HE P ORGA	urpose of Nizations Rior Year -
5 Pro 2; F	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a PART IV, LINE 2B - ESCROW LIABILITY ARRANGENT ASSETS TRANSFERRED FROM OTHER NONPROFIT ORGAT ESTABLISHING AN ENDOWMENT FOR THE BENEFIT OF ARE HELD AS AGENCY ENDOWMENTS PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION PART V, LINE 1A - BEGINNING OR YEAR BALANCE END OF YEAR BALANCE DUE TO RESTATEMENTS REPORTED.	lines 1b and 2b; Part V, line 4; any additional information. MENT EXPLANATION NIZATIONS FOR TO THE NONPROFIT ON ON DOES NOT AGREE	Part X, I HE P ORGA	urpose of Nizations Rior Year -

Part XI

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

COMMUNITY FOUNDATION FOR THE TWIN

Employer identification number

	TIERS	100					23	3-3096312	
Part I	General Information on Grants and	Assistance							
and	es the organization maintain records to substantiate the the selection criteria used to award the grants or ass scribe in Part IV the organization's procedures for mon	istance?	- 					Yes	X No
Part II	Grants and Other Assistance to Do Part IV, line 21, for any recipient that r							ered "Yes" on Form	990,
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gr or assistance	
(1)									
• • • • • • • • • • • • • • • • • • • •									
(2)									
• • • • • • • • • • • • • • • • • • • •									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	er total number of section 501(c)(3) and government of		d in the line	1 table					
3 Ente	er total number of other organizations listed in the line	1 table							

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance		
Public	recipients	cash grant	noncash assistance	FMV, appraisal, other)			
1 SCHOLARSHIPS	111206	143,355		DУ			
2 GRANTS		154,873					
3							
4							
5							
6							
7							
Part IV Supplemental Information. Prov	vide the information re	equired in Part I, line	2; Part III, column (b)	; and any other additional	information.		
PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS THE FOUNDATION GIVES OUT GRANTS AND SCHOLARSHIPS BASED ON THE STIPULATIONS SET UP BY THE DONOR REGARDING ANY RESTRICTIONS							
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SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION FOR THE TWIN	Employer identification number
TIERS	23-3096312
FORM 990 - ORGANIZATION'S MISSION	NITE A WITCH COLUMN
NONPROFIT, PHILANTHROPIC COMMUNITY BASED CHARITABLE ORGA	
SUPPORT THE QUALITY OF LIFE FOR PEOPLE LIVING IN THE TWI	
DEVELOP A SPIRIT OF PHILANTHROPY. SUPPORT NONPROFIT ORGA CONNECTING DONORS TO COMMUNITY NEEDS. BUILD PERMANENT CH	
BRING PEOPLE TOGETHER TO SOLVE COMMUNITY PROBLEMS.	IARTIABLE FUNDS.
BRING PEOPLE TOGETHER TO SOLVE COMMONITY PROBLEMS.	
FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED	
BOARD OF DIRECTORS OVERSEES ALL ACTIVITIES OF THE FOUNDA	TTON
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKH	OLDERS
BOARD MEMBERS	
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THE	IR RIGHTS
BOARD MEMBER VOTING	
FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROV	
BOARD OF DIRECTORS APPROVES ALL ELECTIONS OF MEMBERS THR	OUGH A VOTE.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO	
THE AUDIT COMMITTEE REVIEWS THE FINANCIAL STATEMENTS AND	
APPROVED, THE FORM WILL BE MADE AVAILABLE TO THE BOARD OR REVIEW AND FINAL SUBMISSION TO THE IRS.	F DIRECTORS FOR
REVIEW AND FINAL SUBMISSION TO THE IRS.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS P	OT.TCV
POLICIES ARE UPDATED AND SIGNED ANNUALLY BY BOARD MEMBER	
MEMBERS, AND BY ALL VOLUNTEERS AND EMPLOYEES.	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR T	OP OFFICIAL
EXECUTIVE DIRECTOR IS COMPENSATED, WHICH IS DECIDED FROM	THE BOARD AS TO
THE AMOUNT.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOS	
GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQU	
STATEMENTS ARE AVAILABLE UPON REQUEST AS WELL AS ON THE	ORGANIZATION'S
WEBSITE.	