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## $\mathsf{Form}\, 990\text{-}T$

## Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20

	nent of the Treasury Revenue Service	Go to www.irs.gov/Form990T for instructions and the latest information Do not enter SSN numbers on this form as it may be made public if your organization		Open to Public Inspection for 501(c)(3) Organizations Only	
_	Check box if address changed.	Name of organization ( Check box if name changed and see instructions.)	D En	nployer identification number	
	npt under section 01( )( )	Print or Number, street, and room or suite no. If a P.O. box, see instructions.  Type		oup exemption number ee instructions)	
=	08(e) 220(e) 08A 530(a)	City or town, state or province, country, and ZIP or foreign postal code	F	Check box if	
	29(a) 529A	C Book value of all assets at end of year		an amended return.	
<b>4</b>				ollege/university	
☐ 6417(d)(1)(A) Applicable entity  H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800					
J Enter the number of attached Schedules A (Form 990-T)					
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No					
If "Yes," enter the name and identifying number of the parent corporation					
	e books are in		number		
Part		nrelated Business Taxable Income			
1	Total of unrelat	ed business taxable income computed from all unrelated trades or businesses (see	instructions)	1	
2	Reserved .			2	
3	Add lines 1 an	d 2	/	3	
4	Charitable cor	stributions (see instructions for limitation rules)	7 /	4	
5		d business taxable income before net operating losses. Subtract line 4 from	ine 3	5	
6		net operating loss. See instructions		6	
7	Total of unrelated Subtract line 6	ated business taxable income before specific deduction and section 199A from line 5	deduction.	7	
8		ction (generally \$1,000, but see instructions for exceptions)		8	
9		n 199A deduction. See instructions		9	
10		ons. Add lines 8 and 9		10	
11		siness taxable income. Subtract line 10 from line 7. If line 10 is greater	than line 7,		
Part		muutation		11	
Part II Tax Computation  1 Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)					
2	_	e at trust rates. See instructions for tax computation. Income tax on the		•	
_		from: Tax rate schedule or Schedule D (Form 1041)		2	
3		e instructions		3	
4a	Chapter 1 tax	from Form 4255, line 3, column (q)		4a	
b	Other tax amo	unts. See instructions		4b	
5	Alternative min			5	
6		mpliant facility income. See instructions		6	
7		es 3 through 6 to line 1 or 2, whichever applies		7	
Part		I Payments			
1a	_	edit (corporations attach Form 1118; trusts attach Form 1116) .			
b		see instructions)			
c C		ess credit. Attach Form 3800 (see instructions)		-	
d e				1e	
2	<b>Total credits.</b> Add lines 1a through 1d			2	
2 3a		from Form 4255 (see instructions)		_	
b		rom Form 8611			
c		om Form 8697			
d		om Form 8866			
е	Other amount	s due (see instructions)			
f		due. Add lines 3a through 3e		3f	
4		I lines 2 and 3f (see instructions). $\square$ Check if includes tax previously deferre	ed under		
	section 1294.	Enter tax amount here		4	

Form 990-T (2024) Part III Tax and Payments (continued) Current net 965 tax liability paid from Form 965-A, Part II, column (k) . 5 Payments: Preceding year's overpayment credited to the current year . . . 6a Current year's estimated tax payments. Check if section 643(g) election applies 6b Tax deposited with Form 8868 . . . . . . . . . 6c Foreign organizations: Tax paid or withheld at source (see instructions) 6d 6e Credit for small employer health insurance premiums (attach Form 8941) 6f Elective payment election amount from Form 3800 . . . . . 6g Payment from Form 2439 6h Credit from Form 4136 6i j Other (see instructions) 6i 7 7 **Total payments.** Add lines 6a through 6i Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 Enter the amount of line 10 you want: Credited to 2025 estimated tax 11 Refunded 11 Part IV Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 2 If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 3 Enter available pre-2018 NOL carryovers here \$ . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I. line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions. **Business Activity Code** Available post-2017 NOL carryover Reserved for future use **b** Reserved for future use Part V **Supplemental Information** Provide any additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return Here with the preparer shown below (see instructions)? ☐Yes ☐ No

Date

Preparer's signature

Title

Date

Signature of officer

Firm's name

Firm's address

**Paid** 

**Preparer** 

**Use Only** 

Print/Type preparer's name

PTIN

Check \_\_\_\_ if

self-employed

Firm's EIN

Phone no.